

## REGULATORY INTELLIGENCE

## YEAR-END REPORT - 2021

Published 20-Dec-2021  
HPTS Issue Brief 12-20-21.19

Health Policy Tracking Service - Issue Briefs  
Healthcare Reform  
State Specific Responses

**This Issue Brief was compiled by Melissa D. Berry, a principal attorney editor with Thomson Reuters and a member of the Ohio bar.**

12/20/2021

### I. Introduction

This year see a continuation of responses from states to the coronavirus public health emergency as well as a recognition that the healthcare system may be leaving minority and vulnerable populations behind.

### II. CORONAVIRUS RESPONSES

#### Alaska

- 2021 AK H.B. 76 (NS), amended/substituted April 16, extending the January 15, 2021, governor's declaration of a public health disaster emergency in response to the novel coronavirus disease (COVID-19) pandemic; approving and ratifying declarations of a public health disaster emergency; providing for a financing plan; making temporary changes to state law in response to the COVID-19 outbreak in the following areas: occupational and professional licensing, practice, and billing; telehealth; fingerprinting requirements for health care providers; charitable gaming and online ticket sales; access to federal stabilization funds; and related provisions.
- The Department of Health and Social Services has adopted regulation changes dealing with Medicaid Coverage and Payment for Vaccine Products and Vaccine Administration. See 2020 AK REG TEXT 560623 (NS).
- The Department of Health and Social Services has adopted regulation changes dealing with Medicaid Coverage and Payment for Pharmacy Services During a Declared Disaster Emergency. See 2021 AK REG TEXT 561627 (NS).

#### Arizona

2021 AZ S.B. 1504 (NS), introduced February 1, relating to administration of COVID-19 vaccinations by dentists and dental hygienists.

#### Arkansas

- 2021 AR S.B. 13 (NS), introduced January 11, to codify Executive Orders 20-18 and 20-34 to ensure healthcare professionals are equipped with the tools necessary to combat COVID 19 and to declare an emergency.
- 2021 AR [S.B. 332](#) (NS), engrossed April 19, to establish the Public Health Readiness Act; to improve the ability of medical facilities to respond in a pandemic; to require manufacturers of electronic equipment used by medical facilities to make available documents, parts and service tools; to require disclosure of information in certain circumstances that is otherwise prohibited to be disclosed; to provide for civil action by certain persons and for other purposes.
- 2021 AR S.B. 598 (NS), introduced March 29, to amend the definitions within the Telemedicine Act; to authorize additional insurance reimbursement for telemedicine; to prohibit health benefit plan financial incentives and to declare an emergency.
- 2021 AR S.B. 603 (NS), adopted April 19, to clarify the law concerning a healthcare insurer's contracting with a temporary hospital facility and to regulate healthcare contracts to require good-faith cooperation.
- 2021 AR [S.B. 663](#) (NS), introduced April 8, to modify and defer the authority of the Department of Health to the Centers for Medicare & Medicaid Services concerning the Hospitals Without Walls Program and to declare an emergency.
- 2021 AR H.B. 1061 (NS), engrossed February 1, to create the No Patient Left Alone Act, concerning visitation rights of patients and to declare an emergency.



- 2021 AR H.B. 1063 (NS), engrossed April 12, to amend the Telemedicine Act, to authorize additional reimbursement for telemedicine via telephone and to declare an emergency.
- 2021 AR H.B. 1134 (NS), engrossed March 8, to allow pharmacists to prescribe, administer, deliver, distribute or dispense vaccines, immunizations and medications to treat adverse reactions to administered vaccines.
- 2021 AR H.B. 1176 (NS), adopted April 8, to ensure that reimbursement in the Arkansas Medicaid program for certain behavioral and mental health services provided via telemedicine continues after the public health emergency and to declare an emergency.
- 2021 AR H.B. 1521 (NS), engrossed March 3, to codify Executive Orders 20-18 and 20-34 to ensure healthcare professionals are equipped with the tools necessary to combat COVID-19 and to declare an emergency.
- 2021 AR H.B. 1547 (NS), engrossed March 29, to govern mandatory COVID-19 immunizations or vaccinations for students and employees and requirements for a vaccination or immunization for COVID-19 except in certain conditions and to declare an emergency.

### California

- 2021 CA S.B. 242 (NS), amended/substituted August 30, relating to healthcare provider reimbursements.
- 2021 CA A.B. 279 (NS), introduced January 21, an act to add and repeal Section 1287 of the Health and Safety Code, relating to care facilities, and declaring the urgency thereof, to take effect immediately.
- 2021 CA A.B. 449 (NS), introduced February 8, relating to COVID-19: death data: hospital reporting.
- 2021 CA S.B. 510 (NS), amended/substituted August 16, relating to healthcare coverage and COVID-19 cost sharing, and declaring the urgency thereof, to take effect immediately.
- 2021 CA A.B. 1064 (NS), amended/substituted March 15, relating to pharmacy practice: vaccines: independent initiation and administration.
- This emergency rulemaking action adopts a regulation allowing for the expeditious transfer of patients (pursuant to state or local emergency public health orders that direct or allow hospitals to transfer patients to other health care facilities) from the most highly impacted hospitals to hospitals with more available capacity and preventing health plan prior authorization requirements for the transfer of enrollees between hospitals from causing unnecessary delays. The regulation requires reimbursement by patients' health plans for transfer costs and reimbursement for receiving hospitals' health care services, as specified, including receiving hospitals that do not have contracts with patients' health plans. See 2021 CA REG TEXT 575955 (NS).

### Colorado

- 2021 CO S.B. 213 (NS), engrossed April 9, concerning the increased money received due to the federal 'Families First Coronavirus Response Act' and, in connection therewith, making and reducing appropriations.
- 2021 CO S.B. 214 (NS), engrossed April 19, concerning state payments to licensed hospice facilities for residential care provided to certain persons enrolled in the Medical Assistance program, and, in connection therewith, making an appropriations.
- 2021 CO H.B. 1005 (NS), enrolled June 21, concerning the establishment of the Health Care Services Senate Reserve Corps Task Force and making an appropriation.
- 2021 CO H.B. 1256 (NS), engrossed April 27, concerning the promulgation of rules by the Department of Health Care Policy and Financing as it relates to entities that deliver services predominately through telemedicine.
- 2021 CO H.B. 1281 (NS), introduced April 16, concerning the creation of the Community Behavioral Health Disaster Preparedness and Response Program in the Department of Public Health and Environment to ensure behavioral health is adequately represented within disaster preparedness and response efforts across the state.
- The purpose of this emergency regulation is to require carriers offering health benefit plans to reimburse providers for provision of telehealth services using non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. See 2021 CO REG TEXT 564785 (NS).
- This rule revision aligns the home health services rule with the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, and federal regulation, by adding nurse practitioners, clinical nurse specialists, and physician assistants to the definition of 'ordering physician.' See 2020 CO REG TEXT 572168 (NS).
- The purpose of this emergency regulation is to require carriers offering health benefit plans to reimburse providers for provision of telehealth services using non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. See 2020 CO REG TEXT 572523 (NS).
- These Emergency Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574517 (NS).



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.



healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574531 (NS).

- These Emergency Scope Expansion/Delegation Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574532 (NS).

- These Emergency Licensing Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574533 (NS).

- These Emergency Scope Expansion/Delegation Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574534 (NS).

- These Emergency Scope Expansion/Delegation Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574535 (NS).

- These Emergency Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574536 (NS).

- These Emergency Scope Expansion/Delegation Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020 271 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2021 CO REG TEXT 574537 (NS).

- This rule revision will allow the Department to reimburse pharmacies for administration of the COVID-19 vaccine in Long-term Care Facilities through the Centers for Disease Control and Prevention's (CDC's) Pharmacy Partnership for Long-term Care Program or other partnership between an LTC and a pharmacy. These revisions are required to facilitate administration of the forthcoming COVID-19 vaccine to nursing home facility residents. See 2021 CO REG TEXT 575226 (NS).

- The Department of Health Care Policy and Financing intends to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to modify the services that licensed pharmacists can receive reimbursement for pursuant to House Bill 21-1275, effective September 6, 2021. The changes are required under House Bill 21-1275. See 2021 CO REG TEXT 591747 (NS).

## Connecticut

- 2021 CT [S.B. 234](#) (NS), introduced January 22, to provide health care professionals and health care facilities with immunity from suit for civil liability for injury or death allegedly caused by acts and omissions undertaken in good faith in support of the state of Connecticut's COVID-19 response.

- 2021 CT [S.B. 403](#) (NS), introduced January 26, requiring the Department of Public Health to develop and disclose a clearly articulated plan for the distribution of COVID-19 vaccines.

- 2021 CT [S.B. 538](#) (NS), introduced January 27, to allow certain victims of negligence that occurred in a nursing home facility, which negligence is related to the operation of the nursing home facility during the COVID-19 pandemic, to bring a civil action against the nursing home facility.

- 2021 CT [S.B. 660](#) (NS), approved June 30, expanding workers' compensation benefits for certain mental or emotional impairments suffered by healthcare providers in connection with COVID-19.

- 2021 CT [S.B. 826](#) (NS), introduced February 3, to establish a new cause of action against licensed nursing home facilities for negligence related to the COVID-19 pandemic.

- 2021 CT [H.B. 5072](#) (NS), introduced January 11, concerning infection control and staff safety at nursing home facilities.

- 2021 CT [H.B. 5675](#) (NS), introduced January 27, eliminating immunity for nursing homes and other health care providers for negligence to ensure long-term care residents and others treated by health care providers have protection and opportunity for redress when the providers are negligent in providing care.

- 2021 CT [H.B. 5986](#) (NS), introduced January 28, to ensure that residents in long-term care facilities have access to their loved ones, that their mental health needs are met and to establish guidelines and reporting protocols for long-term care facilities' visitation policies.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 CT H.B. 6023 (NS), introduced January 28, to require laboratories to release the cycle threshold value when reporting polymerase chain reaction test results for COVID-19 and to prohibit laboratories from using a cycle threshold value of thirty-seven or higher as an indicator that a person is positive for COVID-19.
- 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.
- 2021 CT H.B. 6636 (NS), amended/substituted April 19, to expand access to care under the Medicaid program by using enhanced federal matching funds provided to states during the COVID-19 pandemic to increase Medicaid provider rates.

#### **District of Columbia**

- 2021 DC L.R. 349 (NS), introduced August 5, to declare the existence of an emergency with respect to the need to amend the Uniform Emergency Volunteer Health Practitioners Act of 2010 to allow qualified volunteer health practitioners to practice in the District, notwithstanding the existence of an emergency declaration, until December 31, 2021.
- 2021 DC L.R. 373 (NS), introduced October 4, to amend, on an emergency basis, the Uniform Emergency Volunteer Health Practitioners Act of 2010 to allow qualified volunteer health care professionals and licensed health care providers to practice in the District without a District license until August 10, 2022; the Emergency Medical Services Act of 2008 to allow an individual to provide emergency medical services without a District license or certification until August 10, 2022; the Health Occupation revision Act of 1985 to allow health care professionals to practice in the District without a District license until August 10, 2022; and to make conforming amendments to the District of Columbia Municipal Regulations.
- 2021 DC L.B. 400 (NS), introduced October 4, to amend, on an emergency basis, the Uniform Emergency Volunteer Health Practitioners Act of 2010 to allow qualified volunteer health care professionals and licensed health care providers to practice in the District without a District license until August 10, 2022; the Emergency Medical Services Act of 2008 to allow an individual to provide emergency medical services without a District license or certification until August 10, 2022; and the Health Occupation revision Act of 1985 to allow health care professionals to practice in the District without a District license, registration, or certification until August 10, 2022; and to make conforming amendments to the District of Columbia Municipal Regulations.

#### **Florida**

- 2021 FL S.B. 74 (NS), filed February 3, providing preliminary procedures for civil actions based on COVID-19-related claims; providing the standard of proof required at trial for such claims; providing immunity from liability for COVID-19-related claims under certain circumstances; requiring COVID-19-related claims to commence within a specified timeframe, etc.
- 2021 FL S.B. 1608 (NS), introduced March 2, defining the term 'personal protective equipment'; prohibiting a person from knowingly and willfully making a materially false or misleading statement or disseminating false or misleading information, with the intent to defraud, relating to personal protective equipment under certain circumstances with specified intent; prohibiting a person from knowingly and willfully making a materially false or misleading statement or disseminating false or misleading information, with the intent to defraud, regarding the availability of or access to certain vaccines under certain circumstances with specified intent, etc.
- 2021 FL H.B. 7005 (NS), filed February 22, provides requirements for civil action based on COVID-19-related medical claim; provides requirements for civil action based on COVID-19-related negligence claim; requires such actions to be commenced within specified timeframe; provides retroactive application; specifies exception of application of this act.
- Emergency rule 64DER20-43 sets forth the reporting requirements for all practitioners and other enrolled COVID-19 vaccine providers administering COVID-19 vaccines. See 2020 FL REG TEXT 572337 (NS).
- Emergency rule 64DER20-44 sets forth the requirements to permit the redistribution of COVID-19 vaccines between enrolled COVID-19 vaccine providers. See 2020 FL REG TEXT 572792 (NS).
- This Emergency Rule establishes a requirement for all nursing homes to comply with Department of Health infection control directives concerning COVID-19, including allowing entry for purposes of testing, and requiring facility staff to submit to COVID-19 testing. See 2021 FL REG TEXT 575929 (NS).
- This Emergency Rule establishes a requirement for all assisted living facilities to comply with Department of Health infection control directives concerning COVID-19, including allowing entry for purposes of testing, and requiring facility staff to submit to COVID-19 testing. See 2021 FL REG TEXT 575930 (NS).
- This Emergency Rule establishes a requirement for all hospitals to confirm long-term care residents are negative for COVID-19 before they are discharged from the hospital to any long-term care facility, unless the receiving long-term care facility has a dedicated wing, unit or building with dedicated staff to accept COVID-19 positive residents. See 2021 FL REG TEXT 575931 (NS).

#### **Georgia**

- 2021 GA S.R. 281 (NS), introduced March 22, to create a Senate Study Committee on Violence Against Health Care Workers.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 GA H.B. 592 (NS), introduced February 23, to clarify gross negligence standard in actions involving COVID-19 liability claims against healthcare facilities, healthcare providers, entities, and individuals.
- 2021 GA H.B. 649 (NS), introduced February 26, to provide for visitation by essential visitors to patients in hospitals and residents in long-term care facilities.

## Hawaii

- 2021 HI S.B. 59 (NS), introduced January 21, requires operators of adult residential care homes, assisted living facilities, long-term care facilities, nursing homes, and community care facilities to establish and implement infectious disease control and prevention training and other related protocols. Requires the Department of Health to ensure compliance with infectious disease control and prevention training programs prior to the issuance or renewal of a license. Authorizes the Department of Health to conduct random audits to determine compliance with infectious disease control and prevention training program or course.
- 2021 HI S.B. 237 (NS), introduced January 22, raises the standard of care for the State's veteran homes, long term care facilities and nursing homes in response to the COVID-19 pandemic by describing requirements for care facility licensing and leadership, implementing standards of recordkeeping, creating protocols for emergencies and personal protective equipment, and establishes a hotline for complaints. Sunsets 6/30/2026.
- 2021 HI H.B. 473 (NS), amended/substituted February 18, authorizes the establishment of a physician-patient relationship via a telehealth interaction, if the physician is licensed to practice medicine in the state.
- 2021 HI H.B. 540 (NS), amended/substituted February 19, makes immune from civil or criminal liability a health care provider who acts in good faith during a state of emergency or local state of emergency and adheres to crisis standards of care.
- 2021 HI S.B. 970 (NS), amended/substituted April 7, authorizes the establishment of a physician-patient relationship via a telehealth interaction if the physician is licensed to practice medicine in the state.
- 2021 HI H.B. 1186 (NS), introduced January 27, requires the department of health to disclose the exact location where covid-19 cluster cases have originated in each county, including the name and address of each establishment, and the number of individuals involved in each case.

## Idaho

2021 ID H.B. 97 (NS), introduced February 5, adds to existing law to provide that at least 70% of COVID-19 vaccine doses must be administered within fourteen days of being received by the organization responsible for vaccine administration.

## Illinois

- 2021 IL S.B. 2137 (NS), adopted August 27, provides that the Department of Public Health shall require each long-term care facility in the State, as a condition of facility licensure, to adopt and implement written policies, provide for the availability of technology to facility residents, and ensure that appropriate staff and other capabilities are in place to prevent the social isolation of facility residents. Contains specified requirements for the social isolation prevention policies.
- 2021 IL H.B. 2406 (NS), introduced February 17, introduced February 17, provides that an individual or group policy of accident and health insurance or managed care plan in effect on and after March 9, 2020 must provide coverage for the cost of administering a COVID-19 vaccination. Makes conforming changes in the Illinois Public Aid Code.
- 2021 IL H.B. 3119 (NS), introduced February 19, provides that, subject to federal approval, children younger than age 19 shall be eligible for medical assistance when countable income is at or below 313% (rather than 133%) of the federal poverty level as determined by the Department of Healthcare and Family Services and in accordance with applicable federal requirements. Provides that any individual determined eligible for medical assistance as of or during the COVID-19 public health emergency may be treated as eligible for such medical assistance benefits during the COVID-19 public health emergency.
- 2021 IL H.B. 3666 (NS), adopted November 30, amends the Nursing Home Care Act. In provisions regarding involuntary transfer or discharge of a resident, provides that a facility may submit to a resident or a resident's legal representative a bill for all charges for which payment was not made during the COVID-19 pandemic. Provides that if payment is not made or if the resident or the resident's legal representative does not contact the facility to set up a payment schedule acceptable to the facility within 45 days after submission of a bill, the facility may submit a request for payment and, 30 days after receipt of the request for payment, the facility may initiate an involuntary transfer or discharge of the resident. Provides that if the resident or the resident's legal representative submits evidence of the resident's financial inability to cover all charges, the facility shall make application on behalf of the resident for Medicaid services, and, upon approval of the resident's application, the State shall pay the resident's bill, retroactive to the date the resident failed to make payment. Provides that a resident's discharge prior to this action does not eliminate a resident's responsibility to pay for all services rendered. Effective immediately.
- 2021 IL H.B. 3734 (NS), introduced February 22, provides that capitation rates established by the Department of Healthcare and Family Services for managed care organizations shall be reduced by 20% for the duration of a disaster proclamation, and any subsequent disaster proclamation, issued by the Governor in response to the COVID-19 public health emergency. Requires the Department to reduce future capitation payments to managed care organizations on a prorated basis to reflect any amounts paid by



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

the Department before the effective date of the amendatory Act that were in excess of the lower capitation rates authorized by the amendatory Act. Provides that the amendatory Act applies to capitation rates in effect during a disaster period established by the Gubernatorial Disaster Proclamation issued by the Governor on March 9, 2020 concerning the COVID-19 public health emergency and any subsequent Gubernatorial Disaster Proclamation issued by the Governor in response to the COVID-19 public health emergency. Effective immediately.

- 2019 IL S.B. 4027 (NS), filed January 4, provides that capitation rates established by the Department of Healthcare and Family Services for managed care organizations shall be reduced by 20% for the duration of a disaster proclamation, and any subsequent disaster proclamation, issued by the Governor in response to the COVID-19 public health emergency. Requires the Department to reduce future capitation payments to managed care organizations on a prorated basis to reflect any amounts paid by the Department before the effective date of the amendatory Act that were in excess of the lower capitation rates authorized by the amendatory Act. Provides that the amendatory Act applies to capitation rates in effect during a disaster period established by the Gubernatorial Disaster Proclamation issued by the Governor on March 9, 2020 concerning the COVID-19 public health emergency and any subsequent Gubernatorial Disaster Proclamation issued by the Governor in response to the COVID-19 public health emergency. Effective immediately.

- 2019 IL H.B. 5867 (NS), introduced January 8, provides that capitation rates established by the Department of Healthcare and Family Services for managed care organizations shall be reduced by 20% for the duration of a disaster proclamation, and any subsequent disaster proclamation, issued by the Governor in response to the COVID-19 public health emergency. Requires the Department to reduce future capitation payments to managed care organizations on a prorated basis to reflect any amounts paid by the Department before the effective date of the amendatory Act that were in excess of the lower capitation rates authorized by the amendatory Act. Provides that the amendatory Act applies to capitation rates in effect during a disaster period established by the Gubernatorial Disaster Proclamation issued by the Governor on March 9, 2020 concerning the COVID-19 public health emergency and any subsequent Gubernatorial Disaster Proclamation issued by the Governor in response to the COVID-19 public health emergency. Effective immediately.

- Due to the COVID-19 pandemic, this rulemaking adds additional respite hours to a Home Services Program (HSP) Customer's plan if the Customer's allotted respite hours expire during the COVID-19 Gubernatorial Disaster Proclamations; and provides an exception to allow electronic approval in writing via fax/email or verbal assent by telephone, constituting a telephonic signature during the COVID-19 Gubernatorial Disaster Proclamations. See 2021 IL REG TEXT 580058 (NS).

- Due to the COVID-19 pandemic, this rulemaking makes reference to a corresponding amendment to [89 Ill. Adm. Code 676.130\(a\)](#) that provides an exception during the COVID-19 Gubernatorial Disaster Proclamations to allow electronic approval in writing via fax/email or verbal assent by telephone, constituting a telephonic signature that will provide temporary allowances so services are not ceased or decreased during the COVID-19 pandemic. See 2021 IL REG TEXT 580059 (NS).

- These emergency amendments are adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued related to COVID-19, and in response to new federal regulations requiring long-term care facilities to develop policies to administer the COVID-19 vaccine to facility staff and residents. Currently, only 59 percent of facility staff in Illinois are vaccinated. These emergency amendments are needed to bring that figure to as close to 100 percent as possible. See 2021 IL REG TEXT 595132 (NS).

- These emergency amendments are adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued related to COVID-19, and in response to new federal regulations requiring long-term care facilities to develop policies to administer the COVID-19 vaccine to facility staff and residents. Currently, only 59 percent of facility staff in Illinois are vaccinated. These emergency amendments are needed to bring that figure to as close to 100 percent as possible. See 2021 IL REG TEXT 595133 (NS).

## Indiana

- 2021 IN S.B. 1 (NS), engrossed January 27, provides civil tort immunity for damages arising from COVID-19 on the premises owned or operated by a person, on any premises on which the person or an employee or agent of the person provided property or services to the individual, or during an activity managed, organized, or sponsored by the person. Specifies that the immunities do not affect the duty of care owed by a nursing home to a patient.

- 2021 IN [S.B. 3](#) (NS), introduced January 7, prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement and voids administrative rules with these requirements. Changes the use of the term 'telemedicine' to 'telehealth.' Specifies certain activities that are considered to be health care services for purposes of the telehealth laws. Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers. Amends the definition of 'telehealth.'

- 2021 IN [S.B. 4](#) (NS), introduced January 7, adds (1) admissions to health facilities or housing with services establishments; and (2) services provided by additional health care professionals; to the definition of 'health care services' for purposes of immunity for providing services during a declared disaster emergency. Provides civil immunity for the provision of certain services by persons during an event that is declared a disaster emergency. Removes the immunity requirement that the health care service be provided by a person who has an Indiana license to provide the health care service and that the service is within the scope of practice of the license. Specifies instances that do not constitute gross negligence or willful misconduct for purposes of immunity. Specifies information



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

that must be included in a cause of action. Specifies that health care immunity provisions during a disaster emergency do not modify specified statutes.

- 2021 IN S.B. 47 (NS), amended/substituted March 11, allows a: a: (1) pharmacist; and (2) pharmacy technician under direct supervision; to administer an immunization for coronavirus disease. (Current law allows a pharmacist intern and pharmacist student who meets certain requirements to administer immunizations that pharmacists are allowed to administer.) Provides that a registered nurse may provide for the direct supervision of the pharmacist intern or pharmacist student who administers an immunization. Immunizations and prescriptions. Requires the Indiana board of pharmacy to adopt emergency rules concerning the administration of the influenza and coronavirus disease immunizations by July 1, 2021. Prohibits a pharmacy benefit manager from requiring a pharmacy to obtain a signature from an individual for a prescription or immunization during a public health emergency.
- 2021 IN S.B. 292 (NS), amended/substituted April 1, requires the state department of health to compile case and death data related to COVID-19 reported by health facilities and residential care facilities in a specified manner and publish the information on the state department's Internet web site. Requires the state department to update the data at least every seven days. Provides that the reporting and publishing requirements expire April 1, 2022.
- 2021 IN H.B. 1002 (NS), engrossed April 6, protects health care providers from professional discipline for certain acts or omissions arising from a disaster emergency unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a health care provider is not protected from professional discipline for actions that are outside the skills, education, and training of the health care provider, unless certain circumstances apply.
- Temporary Licensing of Health Care Workers Extended. As provided by Executive Orders 20-13, -19, -21, -33 and -45, any individual in the below categories may apply for an initial temporary health care license if he or she is not currently licensed to practice in the state, either because his or her Indiana license is no longer active or they are licensed by another state to provide health care services during this public health emergency. See 2020 IN REG TEXT 573318 (NS).

#### **Iowa**

- 2021 IA S.F. 192 (NS), introduced February 1, an act creating a line of duty reimbursement for COVID-19 pandemic-related health care costs of qualified volunteer emergency services providers, providing an appropriation, and providing effective and applicability dates.
- 2021 IA S.F. 507 (NS), introduced March 2, relating to long-term care facility and hospital practices including patient visitation and protections, and providing civil penalties.

#### **Kansas**

- 2021 KS S.B. 200 (NS), introduced February 10, expanding the pharmacist's scope of practice to include point-of-care testing for and treatment of certain health conditions, including COVID-19.
- 2021 KS S.B. 283 (NS), adopted March 31, continuing the governmental response to the COVID-19 pandemic in Kansas by extending the expanded use of telemedicine, the authority of the board of healing arts to grant certain temporary emergency licenses, the suspension of certain requirements related to medical care facilities and immunity from civil liability for certain healthcare providers and certain persons conducting business in this state for COVID-19 claims until March 31, 2022.
- 2021 KS S.B. 304 (NS), introduced March 23, removing the sunset provision in the COVID-19 contact tracing privacy act.
- 2021 KS H.B. 2126 (NS), adopted April 9, providing immunity from civil liability for COVID-19 claims for certain covered facilities, including adult care homes, community mental health centers, crisis intervention centers, community service providers and community developmental disability organizations.
- 2021 KS H.B. 2208 (NS), enrolled April 16, establishing certification and funding for certified community behavioral health clinics, enacting the rural emergency hospital act to provide for the licensure of rural emergency hospitals, authorizing telemedicine waivers for out-of-state healthcare providers, reducing certain requirements for licensure by the behavioral sciences regulatory board and expanding out-of-state temporary permits to practice behavioral sciences professions.
- 2021 KS H.B. 2385 (NS), introduced February 12, expanding the pharmacist's scope of practice to include point-of-care testing for and treatment of certain health conditions, including COVID-19.

#### **Kentucky**

2021 KY H.B. 276 (NS), introduced January 13, to require the Department for Medicaid Services to accept the employment of temporary COVID-19 personal care attendants as meeting necessary training for State Registered Nurse Aides; require the Department for Medicaid Services to apply for any Medicaid waivers or state plan amendments necessary; incorporate the provisions into the nurse aide training and competency evaluation program requirements; promulgate any necessary administration regulations; and declare an emergency.

#### **Louisiana**

- 2021 LA H.B. 103 (NS), enrolled June 8, provides for liability relative to the administration of COVID-19 vaccinations.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.



- 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.B. 176 (NS), engrossed April 29, to provide for Medicaid reimbursement paid to health care providers for COVID-19 testing; to provide for reimbursement under the Louisiana Medical Assistance Program; to provide for claim and billing procedures; to provide for separate reimbursement for COVID-19 testing; and to provide for related matters.
- 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.
- 2021 LA S.B. 198 (NS), engrossed May 4, to prohibit denial of access to state facilities based on COVID-19 vaccination status; and to provide for related matters.

#### **Maine**

- 2021 ME S.P. 29 (NS), introduced January 11, to establish the COVID-19 Patient Bill of Rights.
- 2021 ME H.P. 1153 (NS), adopted June 23, to alleviate the disproportionate impact of COVID-19 and public health outcomes.

#### **Maryland**

- 2021 MD H.B. 836 (NS), introduced January 29, concerning COVID-19 testing, contact tracing.
- 2021 MD H.B. 983 (NS), introduced February 5, relating to nursing homes - COVID-19 - visitation.
- 2021 MD H.B. 1202 (NS), introduced February 8, relating to hospitals and birth centers - COVID-19 visitation policies - doulas.

#### **Massachusetts**

- Chapter 130 CMR 409.000 governs MassHealth providers of durable medical equipment and supplies (DME) services and provides program requirements and conditions of payment for the provision of durable medical equipment to MassHealth members. The amendments to 130 CMR 409.000 codify existing policy and to update and clarify requirements applicable to MassHealth-enrolled DME providers and services provided under the regulation. See 2021 MA REG TEXT 549897 (NS).
- In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, EOHHS is implementing measures to protect against the spread of COVID-19. Specifically, EOHHS is issuing this administrative bulletin, which supersedes any relevant provisions in Administrative Bulletins 20-73 and 20-81, to align with and incorporate the testing requirements established under the Department of Public Health's Updates to Long-Term Care Surveillance Testing guidance (DPH LTC Testing Guidance). See 2021 MA REG TEXT 560947 (NS).
- Chapter 101 CMR 420.00 governs the payment rates for adult long-term residential services provided to publicly aided individuals by governmental units. See 2020 MA REG TEXT 570271 (NS).
- This amendment is adopted as an emergency to ensure expanded access to vaccines for the prevention of vaccine preventable diseases, including COVID-19. See 2020 MA REG TEXT 572331 (NS).
- This amendment is adopted as an emergency to ensure expanded access to vaccines for the prevention of vaccine preventable diseases, including COVID-19. DPH made an emergency filing of the initial emergency regulation on November 19, 2020. The required public hearing has been held and the regulation is ready for final promulgation. See 2021 MA REG TEXT 573263 (NS).
- Chapter 101 CMR 445.00 establishes the payment rates for certain day programs in response to the coronavirus disease 2019 (COVID-19) emergency. See 2021 MA REG TEXT 575430 (NS).
- Chapter 101 CMR 446.00 governs the payment rates paid by MassHealth and other governmental purchasers for certain COVID-19-related community health care services rendered to publicly aided individuals by providers. See 2021 MA REG TEXT 575431 (NS).
- This regulation requires that home care agencies that contract with state agencies and provide direct care to clients in a home-based setting, ensure that home care agency workers have received the COVID-19 vaccination no later than October 31, 2021. It also requires that certain non-agency based home care workers receive the COVID-19 vaccination no later than October 31, 2021. The purpose of this regulation is to strengthen infection control among home care workers to protect vulnerable individuals. See 2021 MA REG TEXT 595300 (NS).
- Updated COVID-19 ongoing surveillance testing requirements for nursing facilities. See MA Bulletin No. 8-18-2021.
- Due to the continued risks of COVID-19 for MassHealth members seeking and/or receiving Adult Day Health services, MassHealth is extending existing COVID-19 guidance for Adult Day Health (ADH) programs until the end of the federal COVID-19 public health emergency. See MA Bulletin No. 9-21-2021 (#2).
- Due to the continued risks of COVID-19 for MassHealth members seeking and/or receiving Day Habilitation services, MassHealth is extending existing COVID-19 guidance for Day Habilitation (DH) programs until the end of the federal COVID-19 public health emergency. See MA Bulletin No. 9-21-2021 (#4).



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- This bulletin contains updated telehealth policy requirements for Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care plans, Senior Care Organizations (SCOs), and the behavioral health vendor (collectively referred to as ‘managed care plans’) in response to the 2019 Coronavirus Disease (COVID-19) outbreak. The telehealth requirements stated below align with certain policies that apply to MassHealth’s fee-for-service (FFS) program, the Primary Care Clinician (PCC) plan, and Primary Care Accountable Care Organizations (ACOs). For members enrolled in MassHealth’s FFS program, the PCC plan, or a Primary Care ACO, please refer to MassHealth All Provider Bulletin 327 for telehealth policy requirements. See MA Bulletin No. 11-15-2021 (November 15, 2021).

- On October 29, 2021, the U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine to include children 5 through 11 years of age. MassHealth will cover administration of the Pfizer-BioNTech COVID-19 vaccine to children 5 through 11 year years of age consistent with the EUA. MassHealth expects to pay \$45.87 for the administration of Pfizer-BioNTech COVID-19 pediatric vaccine doses, the same rate it pays for the administration of all other doses of COVID-19 vaccine. This bulletin also provides consolidated lists of codes, rates, and effective dates for COVID-19 vaccines and monoclonal antibodies, supplementing and updating All Provider Bulletins 304, 307, 312, 313, 317, 318, 322, 326, and 328. Rates and billing codes are or will be established through an administrative bulletin or the promulgation of regulations by the Executive Office of Health and Human Services, as appropriate. This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a primary care accountable care organization (ACO). Information about coverage through MassHealth managed care entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be included in a forthcoming MCE bulletin. See MA Bulletin No. 11-18-2021 (November 18, 2021).

### **Michigan**

- 2019 MI H.R. 314 (NS), adopted December 16, resolves to affirm the right of patients and families to direct health care decisions.
- 2021 MI S.B. 457 (NS), engrossed May 25, to prohibit a requirement for a minor to obtain a COVID-19 vaccination in an emergency order issued in response to an epidemic.
- 2019 MI S.B. 920 (NS), amended/substituted December 18, health occupations: pharmacists; enhancements to operational capacity, flexibility, and efficiency of pharmacies; provide for during a declared emergency.
- 2019 MI [S.B. 1185](#) (NS), enrolled December 18, torts: liability; pandemic health care immunity act; create.
- 2021 MI H.B. 4258 (NS), introduced February 16, health facilities: hospitals; use of certain colleges and universities as hospitals during a declared emergency; allow.
- 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.
- 2021 MI H.B. 4789 (NS), introduced May 5, to prohibit proof of COVID-19 vaccination or immunity status by state agencies; and to provide remedies.
- 2021 MI H.B. 4790 (NS), introduced May 5, to prohibit proof of COVID-19 vaccination or immunity status by political subdivisions; and to provide remedies.
- 2021 MI H.B. 4791 (NS), introduced May 5, to prohibit employment discrimination based on vaccination or immunity status; and to provide remedies.
- 2021 MI H.B. 4792 (NS), introduced May 5, to prohibit proof of COVID-19 vaccination or immunity status for certain purposes; and to provide remedies.

### **Minnesota**

- 2021 MN H.F. 3 (NS), introduced January 7, COVID-19; long-term care protection and support, temporary staffing, emergency housing services, isolation spaces, and housing support funding provided; and money appropriated.
- 2019 MN H.F. 9, introduced December 14, COVID-19; commissioner of health and human services funding provided for long-term care and protection and support activities, and money appropriated.
- 2019 MN H.F. 16 (NS), introduced December 14, COVID-19; emergency paid leave provided to health care workers excluded from the federal Families First Coronavirus Response Act.
- 2019 MN H.F. 20 (NS), introduced December 14, COVID-19; electronic monitoring requirements modified, long-term care setting infection control requirements modified, hospice and assisted living bill of rights modified, assisted living service termination during peacetime emergency prohibited, SARS-CoV-2 infection control plant in long-term care setting establishment required, Long-Term Care COVID-19 Task Force established, and money appropriated.
- 2019 MN S.F. 23 (NS), introduced December 14, health-related electronic monitoring requirements modifications; long-term care and assisted living provisions modifications; SARS-CoV-2 infections state plan; long-term care covid-19 task force; appropriation.
- 2021 MN H.F. 41 (NS), introduced January 11, COVID-19; emergency paid sick leave provided to health care employees excluded from Families First Coronavirus Response Act.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 MN S.F. 475 (NS), engrossed March 1, relating to dentist administration of coronavirus vaccinations authorization.
- 2021 MN S.F. 496 (NS), engrossed February 15, human services background study subjects fingerprints acquisition from additional entities; COVID-19 executive orders human services programs background study requirements modifications waiver extension.
- 2021 MN H.F. 571 (NS), introduced February 1, COVID-19;immunity from liability based on level or manner of care specified.
- 2021 MN H.F. 598 (NS), introduced February 1, COVID-19; licenses dentists permitted to administer vaccines.
- 2021 MN H.F. 789 (NS), introduced February 4, dentists authorized to administer coronavirus vaccinations.
- 2021 MN S.F. 935 (NS), introduced February 11, long-term care facilities regulation, rights, cause of action, requirements, and governance modifications; Long-Term Care COVID-19 task force establishment; appropriation.
- 2021 MN S.F. 1054 (NS), introduced February 17, COVID-19 culturally appropriate messages, information, and community engagement services for diverse communities commissioner of health appropriation.
- 2021 MN S.F. 1156 (NS), engrossed March 10, relating to COVID-19 vaccination administration medical reimbursement rate increase and appropriation.
- 2021 MN S.F. 1085 (NS), introduced February 17, dentist administration of coronavirus vaccinations authorization.
- 2021 MN H.F. 1087 (NS), introduced February 15, COVID-19; electronic monitoring requirements modified, long-term care setting infection control requirements modified, hospice and assisted living bill of rights modified, assisted living service termination during peacetime emergency prohibited, SARS-CoV-2 infection control plant in long-term care setting establishment required, Long-Term Care COVID-19 Task Force established, and money appropriated.
- 2021 MN S.F. 1156 (NS), introduced February 18, COVID-19 vaccination administration medical reimbursement rate increase.
- 2021 MN H.F. 1438 (NS), adopted March 26, COVID-19; medical assistance reimbursement rate increased for administration of vaccine.
- 2021 MN S.F. 2553 (NS), introduced May 15, minors to consent to certain vaccines authorization; disclosures related to consenting to vaccines modification.

#### **Mississippi**

- 2021 MS H.B. 1031 (NS), introduced January 18, provide certain requirements for Medicaid reimbursement for telemedicine services provided by FQHCs and RHCs.
- 2021 MS H.B. 1166 (NS), introduced January 18, health insurance; prohibit premium surcharges based on vaccination or nonvaccination for the prevention of COVID-19.

#### **Missouri**

- 2021 MI H.B. 584 (NS), introduced January 6, modifies provisions relating to licensure reciprocity to ensure the state will have access to healthcare professionals during the ongoing COVID-19 pandemic.
- 2021 MO H.B. 838 (NS), introduced January 14, creates provisions relating to COVID-19 vaccination.
- This emergency rule would allow pharmacy technicians to administer vaccines as authorized by the U.S. Department of Health and Human Services during the COVID-19 pandemic. See 2021 MO REG TEXT 573364 (NS).

#### **Montana**

2021 MT H.B. 250 (NS), introduced January 26, to revise immunization requirements for pharmacists.

#### **Nevada**

2021 NV A.B. 260 (NS), introduced March 12, providing, with certain exceptions, that information obtained for the purpose of or in the course of contact tracing for COVID-19 is confidential and privileged and is not subject to discovery or subpoena; prohibiting a law enforcement agency from conducting such contact tracing; prescribing the circumstances under which the disclosure of such information is authorized; authorizing the Division of Public and Behavioral Health of the Department of Health and Human Services to take certain actions to stop or prevent unauthorized disclosure; creating a cause of action for a person or entity aggrieved by unauthorized disclosure; and providing other matters properly relating thereto.

#### **New Jersey**

- 2021 MN S.B. 475 (NS), engrossed February 23, authorizing dentist administration of coronavirus vaccinations.
- 2020 NJ S.B. 2354 (NS), amended/substituted December 17, prohibits cancellation or nonrenewal of insurance policies and insurance premium finance agreements for a period of at least 60 days under certain circumstances after declaration of public health emergency, or state of emergency, or both.
- 2020 NJ S.B. 2384 (NS), adopted February 4, requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2020 NJ S.B. 2410 (NS), amended/substituted January 28, establishes Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.
- 2020 NJ S.B. 3267 (NS), introduced December 14, authorizes certain health care professionals to administer COVID-19 vaccine.
- 2020 NJ S.B. 3351 (NS), introduced January 12, makes FY 2021 supplemental appropriation of \$210,000 to DHS for temporary 25 percent increase to certain assisted living facilities in Medicaid.
- 2020 NJ S.B. 3370 (NS), introduced January 21, requires hospitals to collect and report demographic data on people with disabilities who are tested or treated for COVID-19 during declared public health emergency.
- 2020 NJ S.B. 3625 (NS), introduced April 19, authorizes certain forms of testing for coronavirus disease 2019.
- 2020 NJ S.B. 3692 (NS), introduced April 26, establishes criminal penalties for production, sale, and use of false COVID-19 vaccination verification card; requires AG to establish COVID-19 vaccination fraud prevention program.
- 2020 NJ A.B. 4004 (NS), amended/substituted January 28, establishes Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.
- 2020 NJ S.B. 4125 (NS), introduced November 12, requires health insurance carriers to provide coverage for hospitalizations resulting from coronavirus disease 2019 without imposing cost-sharing requirements.
- 2020 NJ A.B. 4129 (NS), amended/substituted December 14, requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.
- 2020 NJ S.B. 4139 (NS), introduced November 12, extends temporary emergency licensure of certain health care professionals.
- 2020 NJ A.B. 4861 (NS), amended/substituted January 13, requires DOH to publish total number of COVID-19 deaths and cases in long-term care facilities.
- 2020 NJ A.B. 5203 (NS), introduced January 4, requires DOH to establish public awareness campaign regarding potential fraud related to COVID-19 vaccine.
- 2020 NJ A.B. 5215 (NS), amended/substituted March 8, requires Medicaid Fraud Division to enter into data sharing agreement upon request of county to provide access to third party insurance liability data regarding certain COVID-19 related health claims.
- 2020 NJ A.B. 5254 (NS), introduced January 12, requires hospitals to collect and report demographic data on people with disabilities who are tested or treated for COVID-19 during declared public health emergency.
- 2020 NJ A.B. 5360 (NS), introduced February 23, requires certain providers to restore level of care to pre-COVID-19 levels following end of declared public health emergency.
- 2020 NJ A.B. 5642 (NS), introduced May 12, establishes criminal penalties for production and display of false COVID-19 vaccination card.
- 2020 NJ A.B. 5654 (NS), introduced May 12, establishes COVID-19 emergency medical services assistance grant program in DOH and appropriates \$2 million.
- 2020 NJ A.B. 5734 (NS), introduced May 17, establishes criminal penalties for production, sale, and use of false COVID-19 vaccination verification card; requires AG to establish COVID-19 vaccination fraud prevention program.

#### **New Mexico**

2021 NM H.B. 104 (NS), introduced January 19, expanding the rural health care practitioner tax credit to apply to all registered nurses and licensed midwives and also essential health care workers who provided assistance during the coronavirus pandemic.

#### **New York**

- 2021 NY S.B. 614 (NS), introduced January 6, provides for the authorization and regulation of visitation of personal care visitors and compassionate care visitors at nursing homes and residential health care facilities.
- 2021 NY A.B. 737 (NS), introduced January 6, permits any uninsured individual to receive free coronavirus disease 2019 (COVID-19) testing.
- 2021 NY A.B. 750 (NS), introduced January 6, requires that nursing home patients who previously tested positive for COVID-19 shall produce a negative test result before he or she can be readmitted to such nursing home.
- 2021 NY S.B. 900 (NS), adopted February 16, relates to the confidentiality of contact tracing information.
- 2021 NY A.B. 1010 (NS), introduced January 7, directs the department of health to publish the results of inspections conducted by the department in residential health care facilities in the state during the COVID-19 state disaster emergency.
- 2021 NY A.B. 1052 (NS), introduced January 7, provides for the authorization and regulation of visitation of personal care visitors and compassionate care visitors at nursing homes and residential health care facilities.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 NY A.B. 1070 (NS), introduced January 7, relates to providing a patient of a residential health care facility essential caregiver visitation during COVID-19.
- 2021 NY S.B. 1080 (NS), amended/substituted March 19, relates to establishing requirements for residential health care facilities during a state disaster emergency involving a disease outbreak.
- 2021 NY S.B. 1177 (NS), introduced January 7, rules and regulations requiring nursing homes and residential health care facilities to test all residents of such nursing homes and residential healthcare facilities for the novel coronavirus (COVID-19).
- 2021 NY A.B. 1253 (NS), introduced January 7, relates to the confidentiality of contact tracing information.
- 2021 NY S.B. 1620 (NS), introduced January 14, permits any uninsured individual to receive free coronavirus disease 2019 (COVID-19) testing.
- 2021 NY S.B. 1621 (NS), introduced January 14, requires the commissioner of health to ensure all nursing home residents and staff receive COVID-19 testing.
- 2021 NY A.B. 1999 (NS), introduced January 14, directs the department of health to establish and implement an infection inspection audit and checklist on residential care facilities, nursing homes and long-term care facilities.
- 2021 NY S.B. 2022 (NS), introduced January 16, directs the department of health to publish the results of inspections conducted by the department in residential health care facilities in the state during the COVID-19 state disaster emergency.
- 2021 NY S.B. 2050 (NS), introduced January 19, extends the provisions found in Section 3000-a of the Public Health Law (Good Samaritan Law) to any individual or non-profit organization who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment to an individual who is suffering and/or has been infected with coronavirus disease 2019 (COVID-19).
- 2021 NY S.B. 2051 (NS), introduced January 19, requires the department of health to collect and report certain data concerning COVID 19.
- 2021 NY A.B. 2081 (NS), introduced January 14, relates to directing the commissioner of health to mandate a COVID-19 vaccine for residential health care facilities and to prioritize the distribution of such vaccines to such facilities.
- 2021 NY A.B. 2218 (NS), introduced January 14, rules and regulations requiring nursing homes and residential health care facilities to test all residents of such nursing homes and residential healthcare facilities for the novel coronavirus (COVID-19).
- 2021 NY S.B. 2543 (NS), introduced January 21, relates to payments for personal protective equipment for home and community based long term care services.
- 2021 NY S.B. 2549 (NS), introduced January 21, provides eligibility for the basic health program for individuals who have or have had a confirmed or suspected case of novel coronavirus, COVID-19, household income below two hundred percent of the federal poverty line as defined and annually revised by the United States department of health and human services for a household of the same size, and is ineligible for federal financial participation in the basic health program under [42 U.S.C. section 18051](#) on the basis of immigration status, but otherwise meets the eligibility requirements.
- 2021 NY S.B. 2655 (NS), introduced January 22, relates to providing for nursing home residents to designate an essential person who would be permitted to be present and provide aid to a resident at a nursing home with unrestricted access; provides for regular testing of essential persons during COVID-19.
- 2021 NY S.B. 3061 (NS), amended/substituted February 10, relates to reporting COVID-19, communicable diseases and deaths caused by such communicable diseases.
- 2021 NY A.B. 3113 (NS), introduced January 22, relates to providing for nursing home residents to designate an essential person who would be permitted to be present and provide aid at a nursing home.
- 2021 NY A.B. 3131 (NS), introduced January 22, relates to establishing requirements for residential healthcare facilities during a state disaster emergency involving a disease outbreak.
- 2021 NY A.B. 3162 (NS), introduced January 22, establishes a temporary state commission to study and investigate the effects of the COVID-19 pandemic response on deaths in nursing homes; and providing for the repeal of such provisions upon expiration thereof.
- 2021 NY S.B. 3601 (NS), introduced January 30, relates to placing a moratorium on closing hospital during the coronavirus disease 2019 (COVID-19) pandemic.
- 2021 NY S.B. 3788 (NS), introduced January 30, requires the reimbursement of certain novel coronavirus, COVID-19 costs and expenses.
- 2021 NY S.B. 3879 (NS), introduced February 1, relates to providing a patient of a residential health care facility essential caregiver visitation during COVID-19.
- 2021 NY S.B. 4029 (NS), introduced February 1, requires the department of health to post on its website certain data relating to COVID-19 cases in hospitals and nursing homes.



- 2021 NY S.B. 4113 (NS), introduced February 2, relates to providing a daily report on unused COVID-19 vaccines.
- 2021 NY S.B. 4516 (NS), introduced February 5, prohibits the falsification or alteration of COVID-19 vaccination record cards and digital vaccine passports; makes such falsification a class A misdemeanor for non-medical professionals and a class E felony for licensed medical professionals.
- 2021 NY S.B. 4530 (NS), introduced February 5, prohibits the prioritization of elected officials over healthcare workers, members of vulnerable populations, or first responders for purposes of receiving any vaccine against COVID-19.
- 2021 NY A.B. 4539 (NS), amended/substituted February 17, requires New York state to develop and implement a plan for the distribution of a COVID-19 medical countermeasure in a manner that prioritizes those communities serving the most vulnerable residents of the state.
- 2021 NY A.B. 4585 (NS), introduced February 4, requires health care providers to inform eligible patients who have tested positive and who are at high risk of severe illness from COVID-19 of the option for monoclonal antibody treatment and to administer such therapy or assist the patient in obtaining the treatment from another provider.
- 2021 NY A.B. 4592 (NS), introduced February 4, relates to providing a daily report on unused COVID-19 vaccines.
- 2021 NY A.B. 4622 (NS), introduced February 4, requires insurers to issue healthcare policies in the state to include all costs of any COVID-19 test without a copayment or deductible.
- 2021 NY S.B. 4807 (NS), introduced February 12, authorizes pharmacists to provide immunizations which are recommended by centers for disease control and prevention to patients eighteen years or older.
- 2021 NY S.B. 6012 (NS), introduced March 26, relates to an audit of state agency response to COVID-19 in nursing homes, adult care facilities, and assisted living residences.
- 2021 NY A.B. 6966 (NS), approved May 13, provides for the authorization and regulation of visitation at nursing homes and residential health care facilities.
- To assist providers in maintaining capacity to operate during the public health emergency. See 2021 NY REG TEXT 564989 (NS).
- To allow reimbursement for COVID-19 testing when benefits are sought due to workplace exposure to COVID-19. See 2021 NY REG TEXT 571142 (NS).
- 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 and influenza testing in several settings to improve case statistics and contact tracing. See 2020 NY REG TEXT 572173 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 573642 (NS).
- To assist providers in administering the COVID-19 vaccine. See 2021 NY REG TEXT 574415 (NS).
- To waive cost-sharing for in-network telehealth services. See 2021 NY REG TEXT 575553 (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXT 575554 (NS).
- To ensure that all general hospitals maintain a 90-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 575973 (NS).
- To ensure that all general hospitals maintain a 90-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 575974 (NS).
- To waive cost-sharing for in-network telehealth services. See 2021 NY REG TEXT 579635 (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXT 579636 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 580087 (NS).
- To update fees for ambulatory surgery services fees, especially due to the COVID-19 pandemic. See 2021 NY REG TEXT 580097 (NS).
- To assist providers in administering the COVID-19 vaccine. See 2021 NY REG TEXT 580723 (NS).
- To waive copayments, coinsurance, and annual deductibles for essential workers for in-network outpatient mental health services. See 2021 NY REG TEXT 581124 (NS).
- To waive cost-sharing for in-network telehealth services. See 2021 NY REG TEXT 581809 (NS).



- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXT 581810 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 581811 (NS).
- To allow telemedicine in some circumstances for social distancing purposes due to outbreak of COVID-19. See 2021 NY REG TEXT 582283 (NS).
- To ensure that all general hospitals maintain a 90-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 582791 (NS).
- To ensure that all nursing homes maintain a 60-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 582792 (NS).
- To require nursing homes and adult care facilities to conduct ongoing COVID-19 vaccinations of their residents and personnel. See 2021 NY REG TEXT 582793 (NS).
- To waive copayments, coinsurance, and annual deductibles for essential workers for in-network outpatient mental health services. See 2021 NY REG TEXT 583325 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 583794 (NS).
- To waive cost-sharing for in-network telehealth services. See 2021 NY REG TEXT 584264 (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXT 584265 (NS).
- To require confirmatory COVID-19 testing in several settings to improve case statistics and contact tracing. See 2021 NY REG TEXT 584716 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 585731 (NS).
- To control and promote the control of communicable diseases to reduce their spread. See 2021 NY REG TEXT 585732 (NS).
- Control of communicable disease. See 2021 NY REG TEXT 585736 (NS).
- To require NH's and ACF's to establish policies and procedures relating to personal caregiving and compassionate caregiving visitors. See 2021 NY REG TEXT 585737 (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXY 586231 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 587998 (NS).
- To control and promote the control of communicable diseases to reduce their spread. See 2021 NY REG TEXT 587999 (NS).
- To ensure that all general hospitals maintain a 90-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 588000 (NS).
- To ensure that all nursing homes maintain a 60-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 588001 (NS).
- To require nursing homes and adult care facilities to conduct ongoing COVID-19 vaccinations of their residents and personnel. See 2021 NY REG TEXT 588002 (NS).
- To clarify application of Insurance Law sections 3217-h and 4306-g. See 2021 NY REG TEXT 588640 (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXT 588641 (NS).
- To require nursing homes and adult care facilities to conduct ongoing COVID-19 vaccinations of their residents and personnel. See 2021 NY REG TEXT 590950 (NS).
- To ensure that all general hospitals and nursing homes maintain a 60-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 590951 (NS).
- To require confirmatory COVID-19 testing in several settings to improve case statistics and contact tracing. See 2021 NY REG TEXT 591952 (NS).
- To require covered entities to ensure their personnel are fully vaccinated against COVID-19 subject to certain exemptions. See 2021 NY REG TEXT 593545 (NS).



- To control and promote the control of communicable diseases to reduce their spread. See 2021 NY REG TEXT 593546 (NS).
- Control of communicable disease. See 2021 NY REG TEXT 593551 (NS).
- To establish minimum standards to control the spread of COVID-19 at residential congregate programs. See 2021 NY REG TEXT 595194 (NS).
- To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 596092 (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See 2021 NY REG TEXT 596653 (NS).
- To allow telemedicine in some circumstances due to COVID-19 and keep in effect during permanent telehealth proposal process. See 2021 NY REG TEXT 597199 (NS).
- To implement a COVID-19 vaccination program in OMH Operated or Licensed Hospitals. See 2021 NY REG TEXT 597203 (NS).
- To require vaccinations in certain OPWDD settings. See 2021 NY REG TEXT 597204 (NS).
- To ensure that all general hospitals and nursing homes maintain a 60-day supply of PPE during the COVID-19 emergency. See 2021 NY REG TEXT 599113 (NS).
- To require nursing homes and adult care facilities to conduct ongoing COVID-19 vaccinations of their residents and personnel. See 2021 NY REG TEXT 599114 (NS).
- To continue telehealth flexibilities allowed under the COVID-19 disaster emergency to become permanent. See 2021 NY REG TEXT 599724 (NS).

#### **North Carolina**

- 2021 NC H.B. 96 (NS), adopted August 20, to authorize immunizing pharmacists to dispense, deliver and administer certain treatment and medications and to require parental consent for administration of vaccines under an emergency use authorization to a minor.
- 2021 NC [S.B. 191](#) (NS), adopted October 15, an act providing patient visitation rights will not be impacted during declared disasters and emergencies and directing the Department of Health and Human Services to impose a civil penalty for any violation of those rights.
- 2021 NC H.B. 572 (NS), amended/substituted May 6, to prohibit a vaccine mandate by executive order, rule or agency.
- 2021 NC S.B. 594 (NS), introduced April 7, an act modifying certain Medicaid-related provisions of the 2020 COVID-19 Recovery Act, updating the Medicaid program beneficiary appeals processes, increasing the amount of allowable therapeutic leave under the Medicaid program, revising the transfer of area authority fund balances and making various technical corrections to the statutes governing the North Carolina Medicaid program, as requested by the Department of Health and Human Services.
- 2021 NC H.B. 682 (NS), introduced April 27, to appropriate federal COVID funds to provide funding for freezers that are necessary for storing COVID-19 vaccines.

#### **Ohio**

- 2021 OH H.B. 32 (NS), introduced February 4, to halt the collection of all debt owed to any state institution of higher education or hospital operated by a state institution of higher education, to freeze the accrual of interest and collection of fees on all outstanding debt owed to those entities, and to declare an emergency.
- 2021 OH H.B. 120 (NS), introduced February 16, to permit compassionate care visits in long-term care facilities during the COVID-19 state of emergency, to establish criteria for those visits, and to declare an emergency.
- 2019 OH [S.B. 310](#) (NS), adopted December 30, to provide for the distribution of some federal coronavirus relief funding to local subdivisions and businesses, to revise the formula used to determine Medicaid rates for nursing facility services, to exclude loan amounts forgiven under the federal CARES Act from the commercial activity tax, to apply the Prevailing Wage Law to transportation improvement district projects under certain circumstances, to allow certain state employees' salaries and pay supplements to be frozen during the pay period that includes July 1, 2020, through the pay period that includes June 30, 2021, to temporarily expand the use of certain tax increment financing payments, to exempt certain political subdivision purchases from competitive bidding requirements during the COVID-19 emergency, to suspend certain county hospital bidding requirements during the COVID-19 emergency, to allow a county, township, or municipal corporation appointing authority to establish a mandatory cost savings program in response to COVID-19, to make capital reappropriations for the biennium ending June 30, 2022, to make other appropriations, and to declare an emergency.
- 2019 OH H.B. 412, adopted December 21, to establish the Rare Disease Advisory Council, to authorize the Emergency Response Commission to exempt a local emergency planning committee from conducting certain annual exercises, and to declare an emergency.
- 2021 OH H.B. 461 (NS), introduced October 25, to provide for the distribution of some federal coronavirus relief funding to nursing facilities and to make an appropriation.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.



## Oklahoma

[2021 S.B. 674](#) (NS), approved May 5, relating to telemedicine; amending 36 O.S. 2011, Section 6802, which relates to definitions; modifying and adding definitions; amending 36 O.S. 2011, Section 6803, which relates to coverage of telemedicine services; modifying term; requiring certain coverage of health care services provided through telemedicine; prohibiting certain exclusion of service for coverage; requiring certain reimbursement; prohibiting application of certain deductible; requiring certain copayment or coinsurance not exceed certain amount; prohibiting imposition of certain limits or maximums; and related provisions.

## Oregon

- 2021 OR H.B. 3407 (NS), introduced June 8, relating to vaccination against COVID-19; declaring an emergency.
- The repeal of [OAR 410-123-1245](#) The 'Incentive' for Oral Health Prevention Fee-for-Service Program' is necessary due to termination of the project. Due to low utilization of services, lack of increase in new providers and the COVID-19 pandemic adverse effects on the dental community and delivery system, the project did not yield the desired effects. See 2021 OR REG TEXT 566372 (NS).
- The Oregon Department of Human Services (ODHS), Office of Developmental Disabilities Services (ODDS) needs to permanently amend [OAR 411-375-0070](#) about Inactivation and Termination of Independent Providers to allow ODDS to immediately inactivate or terminate the provider number for an independent provider who knowingly engages in activities that may result in exposure of an individual to COVID-19. See 2020 OR REG TEXT 567142 (NS).
- These rules are necessary to ensure continued access to health services for OHP members enrolled in CCOs. Revisions are to align with changes in the CCO contracting cycle beginning January 1, 2021 and to facilitate continued access to needed telephone and telemedicine services. The change helps mitigate the risk of financial harm to providers and reduce barriers to provision of key services with less risk of spread of COVID-19. See 2020 OR REG TEXT 568304 (NS).
- In response to the COVID pandemic and in an effort to help keep Oregonians safe during a declared emergency, the Authority is adopting rules that clarify that it is a violation for a licensed ambulance service agency to not comply with a Governor's Executive Order and any guidance issued by the Authority as a result of an Executive Order. The Authority may investigate such actions and potentially take licensing action. Additionally, it is expected that licensed EMS providers also comply with Governor's Executive Orders and any subsequent guidance. See 2021 OR REG TEXT 569420 (NS).
- The Oregon Department of Human Services (Department) is adopting rules in OAR chapter 411, division 60 to establish COVID-19 testing requirements for all residents and staff in nursing facilities, assisted living facilities, and residential care facilities. These long-term care facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population. A primary strategy for reducing the likelihood and severity of outbreaks is testing of both residents and staff. The rules were developed at Governor Kate Brown's direction and in collaboration with OHA. See 2021 OR REG TEXT 569928 (NS).
- Due to the COVID pandemic and as a result of the Governor's Executive Order to slow the spread of COVID-19 and mitigate the public health impacts of the pandemic, the Oregon Health Authority is amending administrative rules that will allow trauma hospital surveys to be conducted using electronic and telecommunication technologies in specific circumstances versus requiring an on-site survey. See 2021 OR REG TEXT 570561 (NS).
- The Oregon Health Authority, Public Health Division needs this rule to support appropriate response during an outbreak or epidemic of an infectious disease. The rule allows Newborn Nurse Home Visiting services provided under [OAR 333-006-0120](#) to be provided by telehealth during the COVID-19 pandemic to protect the health and safety of the home visiting workforce and families receiving the services. See 2020 OR REG TEXT 573076 (NS).
- APD needs to immediately amend [OAR 411-031-0050](#) to allow APD to immediately terminate the provider number of a homecare worker who knowingly engages in activities that may result in exposure of an individual to COVID-19. APD needs to file this change to protect vulnerable individuals receiving services during the COVID-19 pandemic. See 2021 OR REG TEXT 574610 (NS).
- These temporary rules align state rule requirements with the requirements in the Centers for Disease Control and Prevention (CDC)'s COVID-19 Vaccination Program Provider Agreement, that is required to be signed by any person who receives COVID-19 vaccine for administration. In addition, the temporary rules make clear the state's authority to manage and oversee the COVID-19 vaccine inventory that is distributed and allocated within the state, clearly establish additional state requirements for persons receiving COVID-19 vaccine, and establishes civil penalties for violations of the rules. See 2021 OR REG TEXT 575875 (NS).
- Due to the extraordinary expenses incurred as a result of the COVID-19 crisis, the Legislature and the Executive Branch authorized a five percent rate increase for nursing facilities effective January 1, 2021 thru June 30, 2021. The Department is amending OAR chapter 411, division 070 to increase rates to assist with extraordinary business costs associated with the COVID-19 pandemic. See 2021 OR REG TEXT 578847 (NS).
- Due to the extraordinary expenses incurred as a result of the COVID-19 crisis, the Legislature and the Executive Branch extended the five percent rate increase for nursing facilities from June 30, 2021 to March 31, 2022. The Department is amending OAR chapter 411, division 070 to extend increased rates to assist with extraordinary business costs associated with the COVID-19 pandemic. See 2021 OR REG TEXT 589062 (NS).

## Pennsylvania



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- The Insurance Department (Department) is issuing this Bulletin to assist individuals and entities regulated by the Department addressing health insurance related services that may arise in the context of the ongoing novel coronavirus (COVID-19) pandemic. All health insurers, other insurance industry representatives and other interested parties are encouraged to review the latest Commonwealth information about COVID-19 released by the Department of Health at [www.health.pa.gov](http://www.health.pa.gov). See PA Notice No. 3-6-2021.
- The Department of Human Services announces that it will increase fees in the Medical Assistance Program Fee Schedule for the administration of vaccines for the novel coronavirus in both the Fee-for-Service and managed care delivery systems, effective March 15, 2021. See 2021 PA REG TEXT 582555 (NS).
- In accordance with [55 Pa. Code s. 1150.61\(a\)](#) (relating to guidelines for fee schedule changes), the Department of Human Services announces the addition of a procedure code and updates to procedure codes on the Medical Assistance Program Fee Schedule for the administration of vaccines for the novel coronavirus. See 2021 PA REG TEXT 592588 (NS).

#### Rhode Island

- 2021 RI [S.B. 746](#) (NS), introduced March 26, would provide that employers pay essential health care facility employees at a rate of one hundred fifty percent (150%) of their regular pay during a declared public health emergency.
- 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.
- 2021 RI H.B. 5097 (NS), introduced January 22, would make it unlawful for health care facilities or their workers to circumvent the state's COVID-19 vaccination schedule.
- 2021 RI H.B. 6208 (NS), amended/substituted June 16, would prohibit insurance carriers from charging any out-of-pocket expenses to the insured for treatment related to the COVID-19 pandemic while the state of emergency order is in effect. This act would further mandate that all COVID-19 testing or vaccination is free during and upon the expiration of the state of emergency order.
- 2021 RI H.R. 6236 (NS), introduced April 14, House resolution directing the Rhode Island Department of Health to require licensed nursing facilities to report on the number and percentage of residents and staff receiving COVID-19 vaccinations during the declared federal and state health emergency and annually thereafter if COVID-19 outbreaks occur.
- 2021 RI H.R. 6317 (NS), introduced May 7, respectfully requesting the Executive Office of Health and Human Services to create a COVID-19 surge plan for handling the increasing need for behavioral health services and substance use disorder treatments.
- 2021 RI H.R. 6472 (NS), adopted June 25, a resolution supporting provisions for requiring essential caregivers for residents of nursing homes and long-term care facilities during health disaster emergencies.
- To allow EMS practitioners to collect specimens to test for COVID-19 in order to restrict the spread of the disease. See 2020 RI REG TEXT 552437 (NS).
- To allow certain pharmacy practices and procedures in order to prevent costly delay of actions necessary to combat the COVID-19 emergency response. See 2021 RI REG TEXT 553136 (NS).
- MAGI Financial Eligibility Determinations and Verification During the COVID-19 Emergency. See 2020 RI REG TEXT 553514 (NS).
- To establish alternative criteria that must be met for hiring clinical laboratory personnel during the state of emergency caused by COVID-19. See 2021 RI REG TEXT 561624 (NS).
- Establishes routine testing for COVID-19 of all personnel which includes employees, as well as volunteers, students, trainees or any individual whether paid or unpaid directly employed by or under contract with the assisted living residences on a part time or full-time basis. By testing all personnel routinely, the transmission of COVID-19 in assisted living residences can be reduced. See 2020 RI REG TEXT 573159 (NS).
- Establishes routine testing for COVID-19 of all nursing home residents and personnel which includes employees, as well as volunteers, students, trainees or any individual whether paid or unpaid directly employed by or under contract with the nursing home on a part time or full-time basis. By testing all personnel routinely, the transmission of COVID-19 in nursing facilities can be reduced. See 2021 RI REG TEXT 574541 (NS).
- To ensure patients with disabilities are not denied support persons when hospital visitation is restricted due to the COVID-19 pandemic. See 2021 RI REG TEXT 574542 (NS).
- In response to the novel Coronavirus (COVID-19), EOHHS will temporarily permit providers who are licensed by state health-professional licensing authorities outside of Rhode Island, who are also practicing outside of Rhode Island's boundaries, or network, and who are also not excluded by Medicaid to a RI Medicaid enrollee, temporarily waive the provider application fee, pause criminal background checks, pause provider enrollment revalidation requirements, and waive in state licensure requirements. See 2021 RI REG TEXT 586787 (NS).
- Establishes routine testing for COVID-19 of all unvaccinated nursing home residents and vaccinated and unvaccinated personnel which includes employees, as well as volunteers, students, trainees or any individual whether paid or unpaid directly employed by or



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

under contract with the nursing home on a part time or full-time basis. By testing all unvaccinated personnel routinely, the transmission of COVID-19 in nursing facilities can be reduced. See 2021 RI REG TEXT 591585 (NS).

- Establishes routine testing for COVID-19 of all unvaccinated and vaccinated personnel which includes employees, as well as volunteers, students, trainees or any individual whether paid or unpaid directly employed by or under contract with the assisted living residences on a part time or full-time basis. By testing all unvaccinated personnel routinely, the transmission of COVID-19 in assisted living residences can be reduced. See 2021 RI REG TEXT 591587 (NS).
- Establishes routine testing for COVID-19 of all unvaccinated and vaccinated personnel which includes employees, as well as volunteers, students, trainees or any individual whether paid or unpaid directly employed by or under contract with the assisted living residences on a part time or full-time basis. By testing all unvaccinated personnel routinely, the transmission of COVID-19 in assisted living residences can be reduced. See 2021 RI REG TEXT 592333 (NS).
- Establishes routine testing for COVID-19 of all unvaccinated nursing home residents and vaccinated and unvaccinated personnel which includes employees, as well as volunteers, students, trainees or any individual whether paid or unpaid directly employed by or under contract with the nursing home on a part time or full-time basis. By testing all unvaccinated personnel routinely, the transmission of COVID-19 in nursing facilities can be reduced. See 2021 RI REG TEXT 592459 (NS).

### South Carolina

- 2021 SC S.J.R. 147 (NS), adopted April 28, a joint resolution to enact the 'South Carolina COVID-19 Liability Immunity Act' so as to provide liability protections for a limited time period for healthcare providers and businesses that follow public health guidance in response to the coronavirus public health emergency, to define necessary terms, to provide liability protection for certain covered entities and covered individuals for coronavirus-related claims, to provide that defenses are cumulative and to provide a timeframe that this liability protections is in effect.
- 2021 SC S.J.R. 558 (NS), introduced February 17, to authorize certain podiatrists to administer premeasured doses of the COVID-19 vaccine.
- 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.
- 2021 SC H.J.R. 3900 (NS), adopted April 12, a joint resolution to authorize certain podiatrists to administer premeasured doses of the COVID-19 vaccine.

### Tennessee

- 2021 TN S.B. 187 (NS), prohibits state and local authorities from forcing, requiring, or coercing a person to receive an immunization or vaccination for COVID-19 against the person's will.
- 2021 TN S.B. 410 (NS), introduced February 8, as introduced, specifically authorizes a licensed medical professional who draws blood at a nonprofit blood bank or blood center, a dentist, or a nurse to administer a vaccination against COVID-19 as long as the professional, dentist, or nurse has received appropriate training on how to administer the vaccination.
- 2021 TN H.B. 565 (NS), introduced February 8, as introduced, specifically authorizes a licensed medical professional who draws blood at a nonprofit blood bank or blood center, a dentist, or a nurse to administer a vaccination against COVID-19 as long as the professional, dentist, or nurse has received appropriate training on how to administer the vaccination.

### Texas

- 2021 TX S.B. 436 (NS), introduced January 26, relating to health benefit plan coverage of preexisting conditions including COVID-19.
- 2021 TX H.B. 1221 (NS), introduced January 20, relating to communicable disease and infection prevention and control measures for certain long-term care facilities; authorizing an administrative penalty.
- The Department of Aging and Disability Services is renewing the effectiveness of emergency new s.19.2802 for a 60-day period. The text of the emergency rule was originally published in the August 21, 2020, issue of the Texas Register (45 TexReg 5711). See 2020 TX REG TEXT 563116 (NS).
- The Texas Health and Human Services Commission (HHSC) adopts in Texas Administrative Code (TAC) Title 1, Part 15, Chapter 355, Subchapter B, new s.355.205, concerning Rule for Emergency Temporary Reimbursement Rate Increases and Limitations on Use of Emergency Temporary Funds for Medicaid in Response to Novel Coronavirus (COVID-19). Section 355.205 is adopted without changes to the proposed text as published in the October 23, 2020, issue of the Texas Register (45 TexReg 7513). Therefore, the rule will not be republished. See 2020 TX REG TEXT 568384 (NS).
- The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 26 Texas Administrative Code, Chapter 558 Licensing Standards for Home and Community Support Services Agencies, new s.558.950, concerning an emergency rule in response to COVID-19, in order to describe requirements for visitation in a hospice inpatient unit. As authorized by Government Code s.2001.034, HHSC may adopt an emergency rule without prior notice or hearing



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

upon finding that an imminent peril to the public health, safety, or welfare requires adoption on fewer than 30 days' notice. See 2020 TX REG TEXT 572587 (NS).

- The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis new s.19.2804 in Title 40, Texas Administrative Code, Chapter 19, Nursing Facility Requirements for Licensure and Medicaid Certification, Subchapter CC, COVID-19 Emergency Rule. HHSC is adopting this emergency rule to track vaccinations of staff and residents in long-term care facilities in Texas in response to COVID-19. See 2021 TX REG TEXT 575475 (NS).
- The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 26 Texas Administrative Code, Chapter 554, Nursing Facility Requirements for Licensure and Medicaid Certification, new s.554.2802. This emergency rule is adopted in response to COVID-19 and requires nursing facilities to take certain actions to reduce the risk of spreading COVID-19. The emergency rule also permits nursing facilities to request temporary increases in capacity and Medicaid bed allocations to aid in preventing the transmission of COVID-19 and related provisions. See 2021 TX REG TEXT 577515 (NS).
- The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 40 Texas Administrative Code, Chapter 30, Medicaid Hospice Program, an amendment to s.30.14, concerning an emergency rule amendment in response to COVID-19 to allow determination of an individual's continued eligibility for hospice care for a period of care after the initial period through a telemedicine medical service. See 2021 TX REG TEXT 589121 (NS).

## Utah

- 2021 UT [H.J.R. 13](#) (NS), introduced February 16, is a joint resolution of the Legislature declares racism to be a moral and public health crisis and states the Legislature's commitment to address the crisis.
- The purpose of this change is to provide individuals concerned with the Coronavirus (COVID-19) Pandemic, a length-of-stay exemption at intermediate care facilities (ICFs), to help them qualify for services within the Community Supports Waiver (CSW) while the COVID-19 public health emergency continues. 2021 UT REG TEXT 577007 (NS).

## Vermont

2021 VT S.B. 117 (NS), adopted March 29, relating to extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone.

## Virginia

- 2020 VA [S.B. 1445](#) (NS), adopted February 15, requires the Department of Health (the Department) to establish a program to enable eligible health care providers to volunteer to administer the COVID-19 vaccine to residents of the Commonwealth during a state of emergency related to the COVID-19 pandemic declared by the Governor.
- 2020 VA H.B. 1987 (NS), adopted March 24, requires the Board of Medical Assistance Services to amend the state plan for medical assistance to provide for payment of medical assistance for remote patient monitoring services provided via telemedicine for certain high-risk patients, makes clear that nothing shall preclude health insurance carriers from providing coverage for services delivered through real-time audio-only telephone that are not telemedicine, and clarifies rules around the prescribing of Schedule II through VI drugs via telemedicine, including establishing a practitioner-patient relationship via telemedicine. This bill is identical to [SB 1338](#).
- 2020 VA H.B. 2124 (NS), enrolled March 9, directs the Department of Medical Assistance Services to, during a public health emergency related to COVID-19 declared by the United States Secretary of Health and Human Services, deem testing for, treatment of, and vaccination against COVID-19 to be emergency services for which payment may be made pursuant to federal law for certain aliens not lawfully admitted for permanent residence.
- 2020 VA H.B. 2333 (NS), enrolled February 8, to facilitate the administration of the COVID-19 vaccine; emergency.

## Washington

- 2021 WA H.B. 1065 (NS), introduced January 11, relating to epidemic or pandemic vaccines, including vaccines used to prevent SARS-CoV-2 or COVID-19; adding new sections to chapter 70.54 RCW; and declaring an emergency.
- 2021 WA H.B. 1120 (NS), amended/substituted January 27, concerning state of emergency operations impacting long-term services and supports.
- 2021 WA H.B. 1127 (NS), enrolled April 21, relating to protecting the privacy and security of COVID-19 health data collected by entities other than public health agencies, health care providers, and health care facilities; amending [RCW 42.56.360](#); adding a new chapter to Title 70 RCW; providing an expiration date; and declaring an emergency.
- 2021 WA S.B. 5088 (NS), introduced January 11, addressing a shortage of primary care services by increasing the scope of practice of naturopathic physicians.
- 2021 WA S.B. 5169 (NS), amended/substituted January 29, relating to provider reimbursement for personal protective equipment during the state of emergency related to COVID-19; adding a new section to chapter 48.43 RCW; creating new sections; providing a contingent expiration date; and declaring an emergency.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 WA S.B. 5294 (NS), amended/substituted January 29, concerning the creation of statewide epidemic preparedness and response guidelines for long-term care facilities.
- 2021 WA S.B. 5335 (NS), introduced January 22, concerning the acquisition of healthcare facilities.
- WAC 246-945-014 Electronic prescribing mandate waiver. The pharmacy quality assurance commission and the department of health have jointly adopted a new section of rule to outline the electronic prescribing mandate, exceptions allowing a waiver, and related waiver process as required by SSB 5380 passed during the 2019 legislative session. See 2021 WA REG TEXT 546052 (NS).
- The department is enacting WAC 388-845-2019 on an emergency basis to make temporary modifications to developmental disabilities administration's (DDA) home and community-based services waivers in order to control the spread of the COVID-19 virus and to meet immediate health and safety needs. This is the seventh filing on WAC 388-845-2019, however, this rule language differs from that of the sixth filing. The language in this filing removes a limit to distance-based observation and reporting to allow clients receiving residential habilitation to receive the service. See 2021 WA REG TEXT 552057 (NS).
- The department is extending the amendment of the rules listed below to ensure assisted living facilities are not significantly impeded during the hiring process due to an administrator's inability to obtain a certificate of completion of a recognized administrator training as referenced in WAC 388-78A-2521. This will help to increase the number of long-term care administrators necessary to provide essential services to some of Washington's most vulnerable adults during the outbreak of COVID-19. See 2021 WA REG TEXT 554942 (NS).
- WAC 246-840-010, 246-840-365, 246-840-367, 246-840-533, 246-840-840, and 246-840-930. Licensed practical nurse (LPN), registered nurse (RN), and advanced registered nurse practitioner (ARNP) specific credential and license requirements. The nursing care quality assurance commission (commission) is continuing the adoption of emergency rules in response to the coronavirus disease 2019 (COVID-19). This is the sixth emergency rule for these amendments and differs from the emergency rule that was filed on May 20, 2021, under WSR 21-12-012. See 2021 WA REG TEXT 554944 (NS).
- The department is extending the amendment of the rules listed below to assure 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 were suspended or amended to help facilitate care during the COVID-19 pandemic. The federal rules were amended to allow physicians to delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist. Current state rules specify physicians must perform some tasks. See 2021 WA REG TEXT 554950 (NS).
- WAC 246-335-510 Definitions - Home health, the department of health (department) is continuing the emergency rule amendment to WAC 246-335-510(3) to include physician assistants in the list of practitioners authorized to order home health services and to sign plans of care, consistent with federal regulation changes due to the coronavirus disease (COVID-19) pandemic. This continues previous emergency rules, without changes, while expedited rule making is in progress to adopt permanent rules. See 2021 WA REG TEXT 557536 (NS).
- WAC 246-841-405, 246-841-420, 246-841-470, 246-841-490, 246-841-500, 246-841-510, and 246-841-555. Amending specific training requirements for nursing assistant certified (NAC) and nursing assistant registered (NAR). The nursing care quality assurance commission is continuing the adoption of emergency rules as the permanent rule-making process continues. The rules in chapter 246-841 WAC provide regulatory requirements for NACs and NARs. These amendments allow additional pathways to comply with current standards. See 2021 WA REG TEXT 559815 (NS).
- The department is extending the suspension of the rules listed below to ensure long-term care facilities and providers are not significantly impeded during the hiring process due to an inability to access required tuberculosis (TB) testing as a result of the COVID-19 epidemic. Clinics providing TB testing continue to be short of staff and have limited availability throughout the state. These clinics are unable to provide the TB testing required as a part of the hiring process in many long-term care programs. See 2021 WA REG TEXT 562837 (NS).
- WAC 246-101-017 Novel coronavirus (SARS-CoV-2), coronavirus disease 2019 (COVID-19) reporting, the Washington state board of health has adopted a fifth emergency rule to continue to designate novel coronavirus, also known as coronavirus disease 2019, as a notifiable condition and extends reporting requirements for health care providers, health care facilities, laboratories, local health jurisdictions, and the department of agriculture (DOA) to report certain data with each COVID-19 test, including test results, relevant demographic details (e.g., patient's age, race, ethnicity, sex), and related information. See 2021 WA REG TEXT 562840 (NS).
- The department is extending the amendment of the rule listed below to assure certified community residential services and supports (CCRSS) providers are not significantly impeded from providing services and support to clients during the COVID-19 pandemic. Governor Inslee's Proclamation 20-18 and subsequent extensions identified that the pandemic has resulted in disruptions of long-term care systems, including the ability to safely conduct inspections. See 2021 WA REG TEXT 563896 (NS).
- 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 30 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 extending the amendment of the rule listed below to ensure nursing homes are not significantly impeded from admitting and caring for residents during the COVID-19 epidemic. These amendments align state nursing home rules with federal rules that were suspended or amended to help facilitate care during the COVID-19 pandemic. The federal rules were amended to allow nursing facilities to provide clinical records to residents and resident representatives in ten working days instead of two working days. See 2021 WA REG TEXT 566934 (NS).
- WAC 246-843-130 Continuing education requirements for nursing home administrators, the board of nursing home administrators (board) is adopting an emergency rule to continue to allow continuing education credit for pandemic related training and experience. This is a continuance of the emergency rule filed on October 12, 2020, under WSR 20-21-035 and on February 10, 2021, under WSR 21-05-030. While this emergency rule allows continuing education credit for training and experience related to coronavirus disease 2019 (COVID-19), it also allows for other pandemic related trainings. See 2021 WA REG TEXT 569059 (NS).
- WAC 246-338-020 and 246-338-026, medical test site licensure and notification requirements, the department of health is adopting an emergency rule to amend WAC 246-338-026 mandating reporting of test results intended to detect SARS-CoV-2 or diagnose a possible case of the coronavirus disease 2019 (COVID-19) in alignment with the federal changes published in [85 F.R. 54820](#). WAC 246-338-020 is amended to add language referencing the new subsection in WAC 246-338-026. See 2021 WA REG TEXT 569064 (NS).
- The health care authority is revising this section to allow for payment of office visits for clients under the alien emergency medical (AEM) program when the visit is specifically for the assessment and treatment of the COVID-19 virus. See 2021 WA REG TEXT 571418 (NS).
- WAC 246-335-510 Definitions - Home health, the department of health adopted amendments to WAC 246-335-510(3) to add physician assistants to the list of practitioners authorized to order home health services and to sign plans of care. See 2021 WA REG TEXT 571488 (NS).
- WAC 246-817-580 Novel coronavirus disease 2019 screening, this emergency rule allows dentists to delegate administration of novel coronavirus disease 2019 (COVID-19) screening tests to registered dental assistants, licensed expanded function dental auxiliaries, and licensed dental hygienists with appropriate supervision and demonstration of competency. See 2021 WA REG TEXT 574909 (NS).
- The health care authority (HCA) and the aging and long-term support administration (AL TSA) in the department of social and health services (DSHS) intend to submit Medicaid SPA 21-0004 in order to add language regarding the COVID-related add-on rate for nursing facilities. See 2021 WA REG TEXT 574933 (NS).
- The department is amending the rules listed below to ensure nursing homes are not obstructed from offering the COVID-19 vaccine to residents and staff because of clinical interference from required tuberculosis (TB) testing. See 2021 WA REG TEXT 577053 (NS).
- WAC 246-945-171 Retired active pharmacist license status, establishing a new section of rule. This adopted emergency rule will extend WSR 21-12-096 filed on June 2, 2021, without change. On March 26, 2020, Governor Inslee signed Proclamation 20-32 to help increase the number of health care workers available to meet the needs of patients during the coronavirus disease 2019 (COVID-19) pandemic. This proclamation included a provision that allows a pharmacist with a retired active pharmacist license status to practice pharmacy. See 2021 WA REG TEXT 577063 (NS).
- WAC 246-817-580 Novel coronavirus disease 2019 screening. The dental quality assurance commission adopted a new, permanent rule to allow a dentist to delegate novel coronavirus disease 2019 (COVID-19) screening tests to dental staff under appropriate supervision and demonstration of competency. See 2021 WA REG TEXT 577137 (NS).
- 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 align state nursing home rules with federal rules that were suspended or amended to help facilitate care during the COVID-19 pandemic. See 2021 WA REG TEXT 578165 (NS).
- Addressing the impact COVID-19 response measures are having on the dentist profession with regard to meeting the continuing competency/education requirements. See 2021 WA REG TEXT 578181 (NS).
- WAC 246-817-581 Novel coronavirus disease 2019 vaccination. The dental quality assurance commission is extending the emergency rule that allows dentists to delegate administration of novel coronavirus disease 2019 (COVID-19) vaccination to licensed dental hygienists with close supervision and demonstration of competency. This emergency rule will extend WSR 21-13-091 filed on June 18, 2021. The rule was originally filed on February 19, 2021 (WSR 21-06-012). See 2021 WA REG TEXT 579224 (NS).
- The health care authority (HCA) intends to submit Medicaid SPA 21-0008 to implement policies and procedures that may be different from the policies and procedures otherwise applied under the Medicaid state plan, during the period of the presidential and secretarial emergency declarations related to the COVID-19 outbreak. SPA 21-0008 addresses fees for administering COVID vaccines. See 2021 WA REG TEXT 579239 (NS).
- The health care authority (HCA) intends to submit Medicaid SPA 21-0012 to implement policies and procedures that may be different from the policies and procedures otherwise applied under the Medicaid state plan, during the period of the presidential and secretarial emergency declarations related to the COVID-19 outbreak. SPA 21-0012 allows Washington Medicaid the flexibility to automatically enroll COVID-19 vaccine administration providers who have already completed Medicare application processes for participation. See 2021 WA REG TEXT 579261 (NS).

- The health care authority (HCA) intends to submit Medicaid SPA 21-0012 to implement policies and procedures that may be different from the policies and procedures otherwise applied under the Medicaid state plan, during the period of the presidential and secretarial emergency declarations related to the COVID-19 outbreak. SPA 21-0012 allows Washington Medicaid the flexibility to automatically enroll COVID-19 vaccine administration providers who have already completed Medicare application processes for participation. See 2021 WA REG TEXT 579268 (NS).
- The developmental disabilities administration (DDA) is amending this rule to remove the daily rate multiplier from rule, to remove the DSHS 10-234 requirement, and to establish requirements for clients who require a positive behavior support plan and receive services from a companion home provider. See 2021 WA REG TEXT 583967 (NS).
- The department is extending the rules listed below to ensure 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).
- 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 align state nursing home rules with federal rules that were suspended or amended to help facilitate care during the COVID-19 pandemic. See 2021 WA REG TEXT 587295 (NS).
- In response to the current public health emergency surrounding the outbreak of the coronavirus disease (COVID-19), along with the governor of Washington's emergency proclamations related to COVID-19, HCA is creating these new rules to identify income and resources that HCA does not count when determining apple health eligibility. See 2021 WA REG TEXT 589971 (NS).
- The board will consider amending chapter 246-101 WAC, Notifiable conditions, to ensure all federally required data components continue to be reported for COVID-19 tests, support statewide COVID-19 disease surveillance, and allow the governmental public health system to identify appropriate public health interventions through the end of the COVID-19 pandemic and beyond. See 2021 WA REG TEXT 589980 (NS).
- The health care authority (HCA) intends to submit Medicaid SPA 21-0036 to implement policies and procedures that may be different from the policies and procedures otherwise applied under the Medicaid state plan, during the period of the presidential and secretarial emergency declarations related to the COVID-19 outbreak. SPA 21-0033 addresses fees for administering COVID-19 vaccines. See 2021 WA REG TEXT 595369 (NS).
- The health care authority (HCA) intends to submit Medicaid SPA 21-0034 to update the fee schedule effective dates for several Medicaid programs and services. This is a regular, budget neutral update to keep rates and billing codes in alignment with the coding and coverage changes from the Centers for Medicare and Medicaid Services, the state, and other sources. See 2021 WA REG TEXT 595374 (NS).
- The health care authority (HCA) intends to submit Medicaid SPA 21-0036 to implement policies and procedures that may be different from the policies and procedures otherwise applied under the Medicaid state plan, during the period of the presidential and secretarial emergency declarations related to the COVID-19 outbreak. SPA 21-0008 addresses fees for administering COVID-19 vaccines. See 2021 WA REG TEXT 595375 (NS).
- The department is requiring long-term care workers (LTCW) to complete training requirements by certain dates that would potentially be before the suspension of the training requirements end. The department is dividing the group of LTCWs who are working now and started within 120 days of when the suspension went into place in early 2020, into cohorts based on length of time working. The rule would then require each cohort to complete the requirements by deadlines in rule with the 'oldest' LTCWs having the first deadline and then working through the groups chronologically. See 2021 WA REG TEXT 596734 (NS).
- 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 epidemic. These amendments align state nursing home rules with federal rules that were suspended or amended to help facilitate care during the COVID-19 pandemic. See 2021 WA REG TEXT 596755 (NS).
- Extending the 18-month expiration date for the dental hygiene initial limited license while in-person examinations required to renew are cancelled or postponed during the ongoing COVID-19 response. See 2021 WA REG TEXT 596766 (NS).

### **West Virginia**

2021 WV H.B. 2368 (NS), introduced February 13, to preserve the religious liberty and other rights during COVID-19 pandemic of patients to have visitation by clergy and family and to protect hospitals, residential and inpatient health care facilities from costly lawsuits and administrative complaints that could potentially arise by allowing patients such visitation.

### **Wisconsin**

- 2021 WI A.B. 5 (NS), introduced January 19, facilitating and prioritizing COVID-19 vaccine distribution.
- 2021 WI S.B. 13 (NS), introduced January 28, regarding dentists administering certain vaccines.
- 2021 WI S.B. 129 (NS), introduced February 24, relating to out-of-network charges and payments related to health coverage during COVID-19 pandemic.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 WI S.B. 131 (NS), introduced February 24, relating to coverage of COVID-19 testing and vaccination without cost sharing.
- 2021 WI S.B. 133 (NS), introduced February 24, relating to Medical Assistance coverage of COVID-19 testing and vaccine administration by pharmacies.
- 2021 WI S.B. 134 (NS), introduced February 24, relating to Medical Assistance payments for outpatient services provided by hospitals.
- 2021 WI S.B. 135 (NS), introduced February 24, relating to Medical Assistance payments to hospitals for nursing facility care.
- 2021 WI S.B. 137 (NS), introduced February 24, relating to practice by health care providers from other states.
- 2021 WI A.B. 148 (NS), adopted March 26, state response to COVID-19 related to health services and practice of health care providers licensed outside of this state.
- 2021 WI S.B. 202 (NS), introduced March 12, state response to COVID-19 related to health services and practice of health care providers licensed outside of this state.

### **III. MEDICAID EXPANSION**

#### **Medicaid Eligibility**

##### **Arkansas Overhauls Medicaid Expansion**

Arkansas lawmakers gave final approval to Governor Asa Hutchinson (R) to overhaul the state's Medicaid expansion by encouraging work rather than requiring it.<sup>[FN2]</sup> The program will continue to use Medicaid funds to put recipients on private insurance, but those do not work or attend school could be moved to the traditional fee-for-service Medicaid program. This would impact 300,000 people currently on the expansion program.

The overhaul was proposed after the work requirement was blocked by federal courts and the Biden administration. President must still approve these changes. The state plans to submit its proposal by July.

##### **Arkansas Medicaid Expansion Reauthorization Vote Falls Short**

An effort to keep Arkansas' Medicaid expansion program another year fell short of the votes needed for reauthorization in the state legislature.<sup>[FN3]</sup> The House voted 53-31 for the budget bill for Medicaid and the expansion program, falling short of the 75 votes needed for its reauthorization. The bill failed after the House rejected a proposal to consider the expansion budget separately from the Medicaid budget.

Arkansas' Medicaid expansion has sharply divided Republicans, who control a majority of the Legislature, since it was first approved in 2013. Past efforts to reauthorize the program have faced repeated votes before winning narrow approval.

Lawmakers had previously approved a plan to overhaul the expansion program to encourage participants to work, but it was blocked by the courts and the Biden administration.

#### **Connecticut**

2021 CT S.B. 1056 (NS), amended/substituted April 19, would expand access to Medicaid to persons under age 65 with income not exceeding 200% of the federal poverty level.

##### **Three More States Could Get Medicaid Expansion**

Florida, Mississippi and South Dakota are 3 states where Medicaid expansion could be possible soon.<sup>[FN4]</sup> These are the last few states where expansion can be passed via ballot initiative. However, there is significant Republican opposition in those statehouses. The success of past ballot measures in other red states gives advocates confidence. They argue that the COVID-19 pandemic has shone a light on the need for health coverage, but social distancing has posed some logistical challenges for signature collection.

In Florida, an effort to bring expansion to the 2020 election ballot failed after the legislature made changes to the initiative process increasing the cost for collecting signatures and the number of signatures needed. Currently, it is unclear whether another ballot measure could be revived under some of the old rules or must begin again under the new rules.

South Dakota has two separate drives to put expansion on the 2022 ballot. One group has begun collecting signatures after getting ballot language approved late last year. South Dakota is the first out of the gate where ballot measures could appear in 2022. The other group is backing an effort supported by various health organizations.

Mississippi's ballot initiative effort is at an early state. Advocates expect to have ballot language before the secretary of state by the spring. However, signatures must be collected by the end of 2021. Support from the Mississippi Hospital Association (MHA) is considered crucial so an effective campaign can be run and funded. The MHA is expected to come on board if the legislature fails to pass an expansion bill this session.

##### **Georgia Delays Medicaid Expansion**





Georgia delayed the rollout of its limited Medicaid expansion, originally planned for July 1, until at least August 1, according to a letter the state Department of Community Health sent to Washington.<sup>[FN5]</sup> The delay came after the plan has come under scrutiny by the Biden Administration because of the state's requirements that beneficiaries either work or attend school or engage in other qualifying activities.

In several other states, the administration has already revoked Medicaid work requirements, citing the pandemic and economic environment and saying such rules present barriers to those lacking access to transportation or child care, among other issues.

Gov. Brian Kemp's administration in turn has told federal officials that any attempt to rescind approval for the requirements would be 'arbitrary, unreasonable, and unlawful.' This delay adds time for Georgia to negotiate with Washington over differences. Kemp worked with the previous Trump administration to craft its plan and seek a waiver of parts of the federal law to implement the limited expansion with work requirements.

### **Illinois**

- 2021 IL H.B. 64 (NS), introduced January 14, extends medical assistance coverage to all women of childbearing age regardless of income level.
- 2021 IL H.B. 3119 (NS), introduced February 19, provides that, subject to federal approval, children younger than age 19 shall be eligible for medical assistance when countable income is at or below 313% (rather than 133%) of the federal poverty level as determined by the Department of Healthcare and Family Services and in accordance with applicable federal requirements. Provides that any individual determined eligible for medical assistance as of or during the COVID-19 public health emergency may be treated as eligible for such medical assistance benefits during the COVID-19 public health emergency.

### **Mississippi Medicaid Expansion Ballot Initiative Suspended**

An organizing committee working to get Medicaid expansion on the ballot in Mississippi called 'Yes on 76' suspended its campaign after the Mississippi Supreme Court ruled that the state's entire ballot initiative process is 'unworkable and inoperative' due to outdated language in the state's constitution.<sup>[FN6]</sup> Ballot initiatives have been an effective tool in getting Medicaid expansion passed in six conservative states that were traditionally against the measure.

It was estimated that Initiative 76 would extend coverage to about 200,000 more people. About 25% of the state's population currently receives benefits under Medicaid or CHIP. The committee said it continue to 'urge elected leaders in Mississippi to expand Medicaid to deliver healthcare, help keep our rural hospitals open and bring our tax dollars home from Washington.'

However, Governor Tate Reeves (R) opposes expansion, making it unlikely that the state will take up expansion through legislation.

### **Mississippi**

- 2021 MS H.B. 918 (NS), introduced January 18, to expand Medicaid eligibility under federal health care reform law.
- 2021 MS H.B. 968 (NS), introduced January 18, to expand Medicaid eligibility under federal health care reform law.
- 2021 MS S.B. 2161 (NS), introduced January 8, to expand Medicaid eligibility to include individuals entitled to benefits under federal Patient Protection and Affordable Care Act.
- 2021 MS [S.B. 2735](#) (NS), introduced January 18, to expand Medicaid eligibility to include individuals entitled to benefits under federal Patient Protection and Affordable Care Act.

### **Missouri Republicans Block Medicaid Expansion Funding**

Even though Missouri voters approved Medicaid expansion last August, Republicans in the state house have blocked funding multiple times.<sup>[FN7]</sup> State Democrats are calling the move a threat to the state's Medicaid program and billions of dollars' worth of federal aid.

The state House Budget Committee voted on partisan lines, 20-9 to drop \$130 million for Medicaid expansion from the budget of Gov. Mike Parson, also a Republican. The House is expected to pass the budget, sending it to the state Senate.

The \$130 million would have secured a federal match of about \$1.4 billion to pay for the program and bring 230,000 Missourians earning less than \$18,000 a year under the health care coverage beginning July 1. The state would also get an additional \$1 billion over the next two years to help implement the program.

Now Missourians are left to wonder whether the legislature will fulfill the will of its voters only by stretching the state's Medicaid program to the financial breaking point. Because expansion is an amendment to the state constitution, the state will still have to provide those additional 230,000 Missourians with Medicaid coverage — it will just have less money for Medicaid services.

### **Missouri Legislature Refuses to Expand Medicaid**

A constitutional amendment voters approved last summer set the stage for Missouri to become the 38th state to expand Medicaid coverage through the Affordable Care Act.<sup>[FN8]</sup> However, the state legislature has moved to strip funding for such an expansion.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

Expansion money was separated from the budget into its own bill, which a GOP-controlled committee voted down in March. Expansion opponents argued that extra spending is irresponsible, even though the federal government covers 90% of the cost. In addition, Missouri currently has a \$1.1 billion budget surplus.

Republicans argue that the more rural districts they represent voted against expansion or were misled. Democrats say Republicans are pushing ideology over the will of the people, who voted by more than 6% to expand Medicaid. They also contend the legislature is now required to fund expansion because it's in the state's constitution.

Governor Mike Parson (R) opposed expansion in the run-up to the vote, but now considers it his duty to carry out the will of the people. If expansion is not funded, there will be legal challenges. The result of those challenges will depend on what the Department of Social Services does with the money it is budgeted.

The state Senate also voted down expansion, where Republicans were split.<sup>[FN9]</sup> The deadline for disputes to be resolved is July 1, when expansion was intended to take place.

### **Missouri Governor Tries to Expand Medicaid Despite Lack of Funding**

Governor Mike Parson's (R) administration appears to be laying the groundwork for voter-approved Medicaid expansion, despite the state legislature providing no money to add more people to the program.<sup>[FN10]</sup> The Department of Social Services has filed a proposed rule change with the Secretary of State's office seeking to expand Medicaid for adults between ages 19 and 64.

The proposed rule change would give providers the ability to begin enrolling people earning less than \$18,000 per year beginning July 1. Rule changes generally undergo a review process that goes relatively unnoticed, but this rule would likely face a significant challenge given its high cost and political ramifications. Advocates, such as the Missouri Hospital Association, support the move since it would expedite enrollment but are fairly certain it will not stop the issue from being decided by litigation.

The GOP-controlled House and Senate sent a budget plan to Parson that added no additional money, even though the state budget is brimming with emergency stimulus cash from the federal government. Expansion is estimated to cost \$1.85 billion, with the federal government paying \$1.57 billion of that bill.

### **Missouri Judge Says Medicaid Expansion Ballot Measure Was Unconstitutional**

A Missouri circuit court judge has ruled that the ballot measure to expand Medicaid was unconstitutional since it sought to force lawmakers to set aside expansion money.<sup>[FN11]</sup> Under the state constitution, lawmakers cannot be forced to make appropriations unless the ballot measure includes a funding mechanism.

This probably means that hundreds of thousands of newly eligible adults will not be able to access the program by July 1 as intended. 3 low-income women sued the state to try to force Governor Mike Parson's (R) administration to give them coverage. They plan to appeal the ruling.

### **First Missourians Enrolled in Medicaid Expansion**

Roughly 4,300 Missourians eligible for health care under Medicaid expansion have been enrolled, which represents a little over a quarter of the more than 17,000 applications the state has received since it began accepting applications in August.<sup>[FN12]</sup>

The first application was processed on October 1, as the state said it would. The state has up to 45 days to determine eligibility on applications. Despite a county judge ruling in August that eligible citizens must be allowed to enroll, the Department of Social Services said it would need 2 months to make necessary system updates and train staff. Applications submitted after July 1, when expansion was supposed to go into effect, were denied, kept in a queue and are currently being re-evaluated for eligibility.

The state will also be eligible to draw down an estimated \$968 million in federal funds for its Medicaid program over the next two years through the American Rescue Plan. Approximately 275,000 Missourians are eligible for healthcare under Medicaid expansion.

### **North Carolina**

2021 NC H.B. 809 (NS), introduced May 5, to expand Medicaid in North Carolina.

### **North Dakota**

On January 18, 2021, 2021 ND H.B. 1203 (NS) and 2021 ND [S.B. 2222](#) (NS) were introduced. If adopted, they will repeal the Medicaid Expansion program.

### **Oklahoma Expands Medicaid**

The Centers for Medicare & Medicaid Services (CMS) announced that Oklahoma expanded eligibility for Medicaid to individuals between the ages of 19-64. The expansion was possible under the Affordable Care Act (ACA). Approximately 190,000 people living in Oklahoma will become eligible for the program due to the eligibility expansion.

The state started accepting applications on June 1, 2021. Over 120,000 people applied for coverage and were determined eligible. People who enrolled will receive coverage beginning on July 1. Full Medicaid benefits include access to primary and preventive care, emergency, substance abuse, and prescription drug benefits.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

The American Rescue Plan (ARP) made additional federal funding available for the Medicaid program for Oklahoma. The funding is estimated at almost \$500 million over two years. Approximately 70,000 Oklahoma residents are now eligible for Medicaid coverage who have not yet applied.

'Today is a victory for the nearly 200,000 Oklahomans who have been waiting for health care,' said HHS Secretary Xavier Becerra. 'I want to congratulate Oklahoma on joining the ranks of states that are bringing quality health coverage to our neighbors and families. I encourage the remaining 13 states to look at the opportunities included in the American Rescue Plan and join us, so that every person eligible can get covered.'

### **Oklahoma Medicaid Expansion Enrollment Tops 100K**

More than 100,000 Oklahomans have qualified for Medicaid since enrollment began in June under an expansion of the program that voters approved last year.<sup>[FN13]</sup> The Oklahoma Health Care Authority, which oversees the Medicaid program, reported that 101,001 state residents have already qualified for benefits, including about 60,000 from urban areas and more than 41,000 from rural Oklahoma. Benefits began July 1.

After a decade of Republican resistance, Oklahoma voters narrowly approved a constitutional amendment last year to expand eligibility for benefits. The Health Care Authority has projected that about 215,000 residents would qualify for expanded Medicaid for a total annual cost of about \$1.3 billion. The estimated state share would be about \$164 million.

However, those numbers could be considerably higher given the number of Oklahomans who lost their jobs and work-related health insurance because of the economic shutdown amid the coronavirus pandemic.

### **Medicaid Expansion Likely to Appear on South Dakota Ballot**

South Dakotans Decide Healthcare announced Friday its collected 33,921 valid signatures, which the group says means Medicaid expansion will be on South Dakota ballots in November 2022.<sup>[FN14]</sup> South Dakotans Decide Healthcare is a group made up of patient advocates, nurses, health care providers, farmers, faith leaders, educators and more.

A release by the group states that Medicaid expansion will boost the economy, create jobs, save rural hospitals and that 'every dollar that South Dakotans don't have to spend paying down medical debt means more money to spend in their local communities.' The status of the potential ballot initiative has not yet been updated on the South Dakota Secretary of State website.

### **South Carolina**

2021 SC H.B. 3226 (NS), introduced January 12, to provide that beginning January 1, 2022, an adult 65 year of age or younger whose income is at or below 133% of the FPL, with a 5% income disregard, is eligible for Medicaid as provided for in the PPACA and amendments to that act.

### **South Dakota Is Next Target for Medicaid Expansion**

South Dakota is the next Republican-leaning state to be targeted for Medicaid expansion by The Fairness Project, a group that has already put together a half dozen other successful ballot campaigns to extend healthcare coverage to poor Americans.<sup>[FN15]</sup> The group says more than 40,000 people would gain healthcare coverage and the state could save tens of millions of dollars thanks to funding in the American Rescue Plan Act.

The expansion effort has backing from groups that include AARP, the South Dakota Association of Healthcare Organizations, the Community HealthCare Association of the Dakotas, the Farmer's Union, the South Dakota Education Association, the South Dakota State Medical Association, the American Cancer Society Cancer Action Network and the American Heart Association. Supporters are working to get the question on the November 2022 general election ballot.

### **Texas May Be Forced to Reconsider Medicaid Expansion**

The COVID-19 pandemic may force the Texas legislature to reconsider its position against expanding Medicaid in the upcoming legislative session.<sup>[FN16]</sup> Texas is one of 12 states that has yet to expand its program, due to ideological and budgetary reasons.

The state has long had the highest uninsured rate in the country, but the pandemic has made the situation even worse. A recent study found that 29% of Texas adults under 65 did not have health insurance and that 659,000 people lost coverage between February and May.

Advocates argue that expansion is a cost-effective and already-established mechanism for covering millions of Texans who remain uninsured. They believe expansion is becoming more palatable to some lawmakers because an influx of federal dollars could assist with budget constraints Texas will be facing in the coming years. However, both legislative houses are controlled by Republicans, who typically oppose expansion.

### **Texas Plans to Re-Submit Medicaid Expansion Waiver**

The Texas Health and Human Services Commission plans to resubmit an 1115 waiver extension application to prolong Medicare and Medicaid services for 10 years, allowing it to run through 2030.<sup>[FN17]</sup> The state recently sued the Biden administration after it rescinded



a Medicaid waiver extension put in place by the former Trump administration. Some think this was a move by Biden to force Texas to expand Medicaid more permanently, as intended by the Affordable Care Act.

Texas has been depending on the waiver since the Affordable Care Act became law a decade ago and has been granted three extensions since then. It was originally meant as a temporary safety net, but Republicans have been leaning on it to oppose full expansion.

The Texas Hospital Association supports both the renewal of the waiver, and the permanent expansion of Medicaid coverage in Texas. The organization said the two can work hand in hand. The state will now be trying to amend the waiver to get approval from the federal government before the current waiver expires in 2022.

## Texas

- 2021 TX S.J.R. 11 (NS), introduced September 27, proposing a constitutional amendment requiring the state to develop and seek appropriate authorization under the federal Medicaid program to implement the Live Well Texas program to provide health benefit coverage to certain individuals.
- 2021 TX S.B. 41 (NS), introduced September 27, relating to the development and implementation of the Live Well Texas program to provide health benefit coverage to certain individuals; imposing penalties.
- 2021 TX S.B. 217 (NS), introduced March 3, relating to expanding eligibility for medical assistance to certain persons under the federal Patient Protection and Affordable Care Act and ensuring the provision of quality care under and the effectiveness of the medical assistance program.

## Wisconsin Republicans Kill Medicaid Expansion Effort

The Republican-controlled Wisconsin legislature quickly ended a special session called by Governor Tony Evers (D) to expand Medicaid in the state and receive a one-time \$1 billion bonus in federal coronavirus funding.<sup>[FN18]</sup> The Assembly session lasted all of about 40 seconds, while the Senate was done in less than 10 seconds. There was no debate, let alone any votes taken.

It marked the latest in a long line of defeats for Democrats on the issue. Democrats have for years advocated in vain to expand eligibility for the state's Medicaid program known as BadgerCare Plus. This time, with the \$1 billion in federal stimulus money at play, Democrats said it made no sense not to join 38 other states in accepting expansion.

Republicans who have long opposed expansion called the latest attempt a political stunt. They don't want to move people from private insurance to the BadgerCare Plus plan and worry the federal money will dry up, forcing the state to pay a higher share for coverage.

Evers called the special session, promising to use \$850 million of the \$1 billion in federal money for a host of economic development projects. He called for saving the other \$150 million. Republicans have said if Evers wanted to fund those projects, he could instead tap some of the \$2.5 billion coming to the state under the coronavirus stimulus bill.

## Wisconsin

2021 WI S.B. 439 (NS), introduced June 24, expanding eligibility under the Medical Assistance program; funding infrastructure, land acquisition, and building projects; providing assistance and local government grants; maintaining an opioid and methamphetamine data system; transferring moneys to the budget stabilization fund; creating a University of Wisconsin System partnership program and admissions application fees; providing an exemption from rule-making procedures; and making an appropriation.

## Medicaid Expansion Fails in Wyoming

The Wyoming legislature has rejected Medicaid expansion despite testimony providing overwhelming support.<sup>[FN19]</sup> The Senate Labor and Health Committee voted 3 to 2 against an expansion bill.

An estimated 25,000 residents would have qualified for insurance under expansion. The federal government offered a larger match for states that have not yet expanded. Critics voiced concerns of expansion being too expensive and that the federal government wouldn't continue supporting the program after the initial 2-year match.

## Medicaid Buy-In

### Georgia

- 2021 GA S.B. 83 (NS), introduced February 4, to provide a Medicaid public option program to provide healthcare coverage to individuals not eligible for Medicare, Medicaid, or the PeachCare for Kids Program.
- 2021 GA H.B. 214 (NS), introduced February 2, to allow individuals to buy-in to Medicaid coverage.

### Tennessee

- 2021 TN S.B. 418 (NS), introduced February 8, as introduced, enacts the 'Medicaid Buy-In Act.'
- 2021 TN H.B. 602 (NS), introduced February 10, as introduced, enacts the 'Medicaid Buy-In Act.'

### West Virginia



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2021 WV H.B. 2241 (NS), introduced February 10, creating the Affordable Medicaid Buy-In Program; requiring the Department of Health and Human Resources to develop and administer the Affordable Medicaid Buy-In Plan; creating the Health Care Affordability And Access Improvement Fund; establishing an advisory council to the Affordable Medicaid Buy-In Program; requiring a study and reports be made; defining terms; and related provisions.
- 2021 WV H.B. 3001 (NS), introduced March 9, creating the Affordable Medicaid Buy-in Program.

## **Medicaid Work Requirements**

### **U.S. Supreme Court Scraps Arguments in Medicaid Work Case**

(Reuters) - At the request of President Joe Biden's administration, the U.S. Supreme Court on Thursday canceled an upcoming oral argument on a policy introduced under his predecessor Donald Trump backing work requirements for people who receive healthcare under the Medicaid program for the poor. <sup>[FN20]</sup>

The court granted a request made by Acting Solicitor General Elizabeth Prelogar on Feb. 22, who said the new administration has started the process of reversing the previous policy. The oral argument concerning pilot programs adopted by the states of Arkansas and New Hampshire had been scheduled for March 29.

Under Trump, the Department of Health and Human Services (HHS) in 2018 approved the pilot projects in those two states as part of a push to put a conservative stamp on Medicaid, a program that was expanded under the Affordable Care Act, also known as Obamacare, to provide medical coverage to millions more Americans.

Biden, a Democrat, succeeded Trump, a Republican, on Jan. 20. Under Biden, HHS made a preliminary finding that work requirements would be inconsistent with the objectives of Medicaid, which provides medical insurance for the poor, Prelogar told the court.

Biden's Justice Department has reversed course in several cases originally filed by the Trump administration. In response to one such shift, the court on Tuesday dismissed an upcoming case on Trump's policy barring immigrants deemed likely to need government benefits from legal permanent residency.

The Supreme Court on Feb. 3 canceled oral arguments in two other cases after Biden's administration changed course from Trump policies. Both were appeals by Trump's administration - one defending his funding of the U.S.-Mexico border wall and the other defending his so-called "remain in Mexico" asylum policy.

### **Georgia Officials Vow to Fight If Feds Kill State's Medicaid Waiver**

Georgia officials have appealed the Biden administration's positions on the state's Medicaid waiver, which requires low-income adults to meet work or other eligibility standards. <sup>[FN21]</sup> It is set to take effect July 1. In a letter from Frank Berry, the state's commissioner of Community Health, to CMS, it stated that Georgia will challenge a federal decision to revoke the waiver plan and argued that work and other eligibility requirements were core to the waiver.

In a February letter to the state, CMS criticized Georgia's plan to condition coverage on work or community engagement, as well as pointing to other uncertainties related to COVID-19. Berry's letter cites that officials worked with CMS in good faith during the Trump administration to adopt an innovative program that delivers coverage and helps build important skills needed for independence.

Some argue that Georgians would benefit more from the state expanding Medicaid. Currently, enhanced incentives are available under newly-approved COVID-19 relief legislation. States that expand now would receive an additional 5% increase in federal matching rate funding for 2 years. Even factoring in the cost of implementing expansion in the state, Georgia would net \$700 million with the incentives.

### **Medicaid Work Requirements Rescinded in Michigan and Wisconsin**

The Biden administration has rescinded permission for Michigan and Wisconsin to require Medicaid beneficiaries to work or attend school or job training as a condition of enrollment. <sup>[FN22]</sup> Michigan and Wisconsin's Democratic governors opposed work requirements, which they inherited from their Republican predecessors.

Similar programs have been revoked in Arkansas and New Hampshire. The Trump administration embraced work requirements, granting permission to 12 states. Currently, there are 7 states still waiting for a decision, but they are unlikely to be approved by President Biden.

In letters to both states, CMS said work requirements were not consistent with the objectives of Medicaid, particularly during a pandemic. CMS also noted that all but a small minority of beneficiaries already work or are ill or disabled and thus would be eligible for exemptions.

## **IV. OTHER STATE ACTIONS**

### **2021 State Actions in Review**

#### **A. Balance and Surprise Billing**

##### **Alabama**



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

2021 AL H.B. 279 (NS), adopted May 6, to require hospitals to bill an injured person's health insurance and only seek compensation from health insurance unless certain circumstances apply, clarifying hospital lien provisions, Sec. 27-12-25 added; Sec. 35-11-371 amended.

#### **California**

2021 CA A.B. 1020 (NS), adopted October 4, relating to health care debt and fair billing.

#### **Connecticut**

2021 CT S.B. 683 (NS), adopted July 7, to (1) restrict (A) the amount that a hospital or collection agent may recover from an uninsured or underinsured patient for the unpaid cost of health care, and (B) the manner in which a hospital or collection agent may secure or recover payment for the unpaid cost of health care, and (2) modify provisions concerning hospital billing practices to protect patients who receive health care at outpatient clinics that are owned by, or affiliated with, hospitals.

#### **Texas**

The Texas Health and Human Services Commission (HHSC) adopts amended s.353.4, concerning Managed Care Organization Requirements Concerning Out-of-Network Providers; and new s.353.7, concerning Coordination of Benefits with Primary Health Insurance Coverage in Title 1, Part 15, Chapter 353, Medicaid Managed Care. See 2021 TX REG TEXT 576923 (NS).

### **B. Cost Controls**

#### **Colorado**

- 2021 CO S.B. 123 (NS), enrolled April 16, concerning expanding the Canadian Prescription Drug Importation Program to include prescription drug suppliers from nations other than Canada upon the enactment of legislation by the United States Congress authorizing such practice.

- The purpose of the regulation is to establish standards for health insurance carriers to enhance the affordability of their products by implementing payment system reforms. These reforms reduce overall health care costs by increasing utilization of primary and preventive care and value-based alternative payment models. The regulation establishes requirements for carrier investments in primary care, per the requirements of HB19-1233, and targets for carrier total medical expenditures in alternative payment models. See 2020 CO REG TEXT 565034 (NS).

#### **Illinois**

2019 IL H.B. 156 (NS), adopted April 2, creates the Prescription Drug Pricing Transparency Act. Requires health insurers to disclose certain rate and spending information concerning prescription drugs and certain prescription drug pricing information to the Department of Public Health. Requires the Department and health insurers to create annual lists of prescription drugs on which the State spends significant health care dollars and for which costs have increased at a certain rate over time. Requires the Department and health insurers to provide their lists to the Attorney General and related provisions.

#### **Nevada**

- 2021 NV S.B. 40 (NS), adopted June 4, authorizing the Patient Protection Commission to request certain reports from a state or local governmental entity; requiring the Department of Health and Human Services to establish an all-payer claims database containing information relating to health insurance claims for benefits provided in this State under certain circumstances; requiring certain insurers to submit data to the database; authorizing certain additional insurers to submit data to the database; providing for the release and use of data in the database under certain circumstances; requiring the Department to publish a report on the quality and cost of health care using data from the database; requiring the Department to submit certain other reports concerning the database to the Legislature; providing immunity from civil and criminal liability for certain persons and entities; authorizing the imposition of administrative penalties and other administrative sanctions for violations of certain requirements concerning the database; prescribing authorized uses for certain administrative penalties; requiring the Department to compile a report containing an inventory of certain data; making an appropriation; and providing other matters properly relating thereto.

- 2021 NV A.B. 346 (NS), introduced March 22, relating to health care; establishing procedures for fixing the rates charged by hospitals, independent centers for emergency medical care, surgical centers for ambulatory patients and physicians for certain goods and services; authorizing the imposition of a civil penalty and initiation of disciplinary action against such a facility or a physician who fails to comply with provisions concerning rate fixing; creating certain causes of action to enforce those provisions; and providing other matters properly relating thereto.

- 2021 NV S.B. 396 (NS), introduced March 26, relating to prescription drugs; authorizing for-profit health benefit plans to participate in certain arrangements for the purchasing of prescription drugs; authorizing the Department of Health and Human Services to enter into agreements with certain entities in other jurisdictions for the collaborative purchasing of prescription drugs; exempting a contract between the Department and a pharmacy benefit manager or health maintenance organization entered into pursuant to such an agreement from certain requirements; and providing other matters properly relating thereto.

#### **Texas**



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

2021 TX S.B. 1136 (NS), adopted June 7, relating to implementation of certain health care provider initiatives and measures designed to reduce costs and improve recipient health outcomes under Medicaid.

### **C. Direct Care Agreements**

#### **Indiana**

2021 IN H.B. 1421 (NS), adopted April 29, provides that the state employee health plan statute does not prohibit the state personnel department from directly contracting with health care providers for health care services for state employees.

#### **Iowa**

2021 IA S.F. 81 (NS), introduced January 14, relating to a pilot program to allow Medicaid members to participate in direct primary care agreements.

#### **West Virginia**

2021 WV H.B. 2877 (NS), adopted April 29, to expand direct health care agreements beyond primary care to include more medical care services.

### **D. Healthcare Inequalities**

#### **Georgia**

2021 GA H.R. 78 (NS), introduced February 3, to declare racism a public health crisis in Georgia.

#### **Hawaii**

- 2021 HI S.R. 52 (NS), introduced March 5, requesting the Department of Human Services to convene a task force to plan the certification and training process for community health workers to help address the social determinants of poor health that disproportionately affect low-income, minority populations.
- 2021 HI S.C.R. 70 (NS), introduced March 5, requesting the Department of Human Services to convene a task force to plan the certification and training process for community health workers to help address the social determinants of poor health that disproportionately affect low-income, minority populations.
- 2021 HI H.R. 90 (NS), adopted March 31, declaring racism as a public health crisis.
- 2021 HI H.C.R. 111 (NS), introduced March 12, asserting that racism is a public health crisis and urging the state to commit to recognizing and addressing the resulting inequities.
- 2021 HI H.R. 112 (NS), introduced March 12, declaring racism as a public health crisis.
- 2021 HI H.C.R. 140 (NS), introduced March 12, asserting that racism is a public health crisis and urging the state to commit to recognizing and addressing the resulting inequities.
- 2021 HI S.B. 1285 (NS), amended/substituted February 17, to require any hospital that serves a community including more than five hundred COFA benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

#### **Illinois**

2021 IL H.B. 4085 (NS), introduced May 19, provides that it shall be a matter of state policy that the Department of Healthcare and Family Services shall set nursing facility rates by rule utilizing an evidenced-based methodology that rewards appropriate staffing, quality-of-life improvements for nursing facility residents, including the cessation of payments for rooms with 3 or more people residing in them by January 1, 2027, and the reduction of racial inequities and health disparities for nursing facility residents enrolled in Medicaid and related provisions.

#### **Kentucky**

2021 KY H.J.R. 40 (NS), introduced February 2, declaring racism a public health and safety crisis and demanding redress through current budgetary assets, resources, and capital across all branches of government in Kentucky.

#### **Maine**

2021 ME H.P. 1153 (NS), adopted June 23, to alleviate the disproportionate impact of COVID-19 and public health outcomes.

#### **Nevada**

2021 NV A.B. 327 (NS), engrossed May 18, requiring certain mental health professionals to complete continuing education concerning cultural competency and diversity, equity and inclusion; and providing other matters properly relating thereto.

#### **New Jersey**

- 2020 NJ S.R. 127 (NS), introduced May 11, declares racism a public health crisis in New Jersey.



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

- 2020 NJ S.B. 2410 (NS), amended/substituted January 28, establishes Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.
- 2020 NJ A.B. 4004 (NS), amended/substituted January 28, establishes Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.

### **Ohio Allows Health Care Providers to Deny LGBTQ Health Care on Moral Grounds**

A clause in Ohio's Budget Bill (2021 OH H.B. 110 (NS), enacted July 1, 2021) allows medical providers to refuse to administer any medical treatment that violates their moral, ethical, or religious beliefs.

The bill defines a Medical practitioner<sup>1</sup> as any person who facilitates or participates in the provision of health care services, including nursing, physician services, counseling and social work, psychological and psychiatric services, research services, surgical services, laboratory services, and the provision of pharmaceuticals and may include any of the following: any student or faculty at a medical, nursing, mental health, or counseling institution of higher education or an allied health professional, paraprofessional, or employee or contractor of a health care institution.

The bill provides that a medical practitioner, health care institution, or health care payer has the freedom to decline to perform, participate in, or pay for any health care service which violates the practitioner's, institution's, or payer's conscience as informed by the moral, ethical, or religious beliefs or principles held by the practitioner, institution, or payer. The bill provides that exercise of the right of conscience is limited to conscience-based objections to a particular health care service.

### **Vermont**

- 2021 VT H.J.R. 6 (NS), adopted May 20, a joint resolution relating to racism as a public health emergency.
- 2021 VT H.B. 210 (NS), adopted May 18, relating to addressing disparities and promoting equity in the health care system.

### **Washington**

2021 WA S.B. 5229 (N), engrossed February 17, relating to health equity continuing education for health care professionals and related provisions.

## **E. Insurance Exchanges/Marketplaces**

### **Federal**

2021 CONG US HR 5610, introduced October 19, to streamline enrollment in health insurance affordability programs and minimum essential coverage, and for other purposes.

### **Georgia**

2021 GA H.B. 509 (NS), enrolled April 6, to require certain insurers to make at least one reasonably priced comprehensive major medical health insurance policy available.

### **Illinois**

2021 IL H.B. 4175 (NS), introduced October 19, provides that the Department of Insurance has the authority to operate the Illinois Health Benefits Exchange. Provides that the Director of Insurance may require plans in the individual market to be made available for comparison on the exchange, but may not require all plans be purchased exclusively on the exchange. Provides that the Director may require that plans offered on the exchange conform with standardized plan designs.

### **Maine**

2021 ME H.P. 1079 (NS), introduced April 8, to make health care coverage more affordable for working families and small businesses.

### **Maryland**

On October 27, 2021, the Maryland Health Benefit Exchange adopted: (1) Amendments to Regulation .02 under COMAR 14.35.07 Eligibility Standards for Enrollment in a Qualified Health Plan, Eligibility Standards for APTC and CSR, and Eligibility Standards for Enrollment in a Catastrophic Qualified Health Plan in the Individual Exchange; (2) Amendments to Regulation .01 under COMAR 14.35.10 Appeals from Determinations Regarding Producer Authorization or Individual Exchange Navigator Certification; (3) Amendments to Regulations .01, .02, .09, and .12 under COMAR 14.35.11 Fair Hearings of Individual Exchange Eligibility Determinations; and (4) New Regulations .01 - .07 under a new chapter, COMAR 14.35.19 State-Based Young Adult Health Insurance Subsidies Program. See 2021 MD REG TEXT 593583 (NS).

### **Minnesota**

2021 MN H.F. 536 (NS), introduced February 1, to require Minnesota to transition from MNsure to federally facilitated marketplace, and money appropriated.

### **Nevada**



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.



2021 NV S.B. 420 (NS), engrossed May 18, relating to insurance; providing for the establishment of a public health benefit plan; prescribing certain goals and requirements relating to the plan; requiring certain health carriers to participate in a competitive bidding process to administer the plan; requiring certain providers of health care to participate in the plan; exempting rules and policies governing the plan from certain requirements; requiring the Executive Director of the Silver State Health Insurance Exchange to apply for a federal waiver to allow certain policies to be offered on the Exchange; requiring certain persons to report the abuse and neglect of older persons, vulnerable persons and children; requiring the State Plan for Medicaid to include certain coverage relating to pregnant women; requiring the establishment of a statewide Medicaid managed care program; and providing other matters properly relating thereto.

#### **New Jersey**

- 2020 NJ S.B. 3238 (NS), amended/substituted June 3, establishes the New Jersey Easy Enrollment Health Insurance Program.
- 2020 NJ A.B. 5213 (NS), amended/substituted June 3, establishes New Jersey Easy Enrollment Health Insurance Program.

#### **New York**

2021 NY S.B. 6820 (NS), introduced May 18, authorizes individuals to participate in the NY State of health marketplace without providing information regarding citizenship or lawful residency or receiving or requesting a subsidy.

#### **North Carolina**

2021 NC H.B. 908 (NS), introduced May 11, to create access to affordable health insurance through the federal health benefits exchange for individuals in the coverage gap.

#### **Vermont**

2021 VT H.B. 279 (NS), introduced February 17, proposes to allow the Secretary of Human Services to adopt emergency rules if new State or federal law or guidance requires the State to adopt or amend its rules regarding Medicaid or the Vermont Health Benefit Exchange in a time frame that cannot be accomplished using the regular rulemaking process. It would eliminate the duty of the Vermont Health Benefit Exchange to collect Exchange plan premium payments and would remove a visit limit for preventive dental services in the Medicaid program.

### **F. Insurance Premium Assistance and Tax Credits**

#### **Georgia**

2021 GA S.B. 50 (NS), filed January 29, Medical Assistance, to provide a program of premium assistance to enable eligible individuals to obtain health care coverage.

#### **New York**

2021 NY A.B. 738 (NS), introduced January 6, establishes a personal income tax credit for health insurance premiums paid by a taxpayer.

### **G. Preserving PPACA Coverage**

#### **Colorado**

2021 CO S.B. 16 (NS), engrossed June 3, concerning services related to preventive healthcare and required coverage for certain preventive measures, screening and treatments that are administered, dispensed or prescribed by healthcare providers and facilities and making an appropriation.

#### **Rhode Island**

2021 RI H.B. 5843 (NS), introduced February 24, requires individual health insurers, large group health insurers and small employer health insurers to provide coverage for ten (10) categories of essential health benefits listed in the act.

### **H. Reinsurance and Risk Pooling Programs**

#### **Minnesota**

2021 MN H.F. 816 (NS), introduced February 8, health insurance underwriting, renewability, and benefit requirements modified; Minnesota health risk pool program created; unified personal health premium account creation allowed; Minnesota health contribution program created; health plan market rules eliminated; and waivers requested.

#### **North Dakota**

2-21 ND H.B. 1087 (NS), enrolled March 31, relating to premium taxes and credits for insurance companies and the establishment of an invisible reinsurance pool for the individual health insurance market; to provide for a study; to provide a penalty; to provide an appropriation; to provide a continuing appropriation; and to declare an emergency.

#### **Virginia**



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

2020 VA H.B. 2332 (NS), enrolled March 9, requires the State Corporation Commission (Commission) to establish, upon approval of a state innovation waiver request pursuant to ? 1332 of the Affordable Care Act, a reinsurance program, known as the Commonwealth Health Reinsurance Program (the Program). The bill provides that the Program is funded through federal funding provided under the state innovation waiver, an assessment on carriers, and state appropriations. The bill requires that the Commission impose an annual assessment of one percent of a carrier's net written premiums on entities authorized to issue individual and group health insurance coverage including grandfathered plans but excluding plans offered in the small group market. The bill provides requirements for payment parameters, data submissions, recordkeeping, reporting, and audits of health carriers. The bill requires the Secretary of Health and Human Resources to convene a work group to develop recommendations for developing a state-based subsidy program to increase affordability of health plans to individuals and to increase enrollment in the Virginia Health Benefit Exchange. The bill requires the Commission to evaluate the program following its second year of operation. The provisions of the bill, other than the requirements that the Commission apply for the state innovation waiver, will become effective 30 days after notice of approval of the waiver request.

## **I. Short-Term and Catastrophic Plans**

### **Kansas**

2021 KS S.B. 199 (NS), introduced February 10, providing for short-term, limited-duration health plans.

### **Washington**

In 2019 and 2020, the legislature enacted SHB 2338, ESHB 2642, ESHB 1879, and SSB 5889 and related health care legislation that address accessing and receiving health care services and benefits through health plans, short-term limited duration medical plans and student health plans. Multiple provisions of office of the insurance commissioner rules in chapter 284-43 WAC need amendments to be consistent with the new laws, including rules related to carrier utilization review processes, essential health benefits, mental health parity and protection of individuals from discrimination by carriers. See 2020 WA REG TEXT 562906 (NS).

## **J. Universal Insurance**

### **Connecticut**

2021 CT S.B. 1090 (NS), amended/substituted April 19, establishing a commission to study a Husky for All single payer, universal healthcare program.

### **Minnesota**

- 2021 MN S.F. 1029 (NS), introduced February 15, relating to MinnesotaCare eligibility expansion; public option establishment; enrollee premiums modification; health care affordability for certain families modification; alternative delivery and payment system recommendations and plan implementation requirement. 2021 MN S.F. 1643 (NS), introduced March 1, relating to health; guaranteeing that health care is available and affordable for every Minnesotan; establishing the Minnesota Health Plan, Minnesota Health Board, Minnesota Health Fund, Office of Health Quality and Planning, ombudsman for patient advocacy, and auditor general for the Minnesota Health Plan; requesting a 1332 waiver; authorizing rulemaking; appropriating money; and related provisions.
- 2021 MN S.F. 1644 (NS), introduced March 1, relating to health; guaranteeing that health care is available and affordable for every Minnesotan; establishing the Minnesota Health Plan, Minnesota Health Board, Minnesota Health Fund, Office of Health Quality and Planning, ombudsman for patient advocacy, and auditor general for the Minnesota Health Plan; requesting a 1332 waiver; authorizing rulemaking; appropriating money; and related provisions.
- 2021 MN S.F. 1645 (NS), introduced March 1, relating to health; guaranteeing that health care is available and affordable for every Minnesotan; establishing the Minnesota Health Plan, Minnesota Health Board, Minnesota Health Fund, Office of Health Quality and Planning, ombudsman for patient advocacy, and auditor general for the Minnesota Health Plan; requesting a 1332 waiver; authorizing rulemaking; appropriating money; and related provisions.
- 2021 MN S.F. 1646 (NS), introduced March 1, relating to health; guaranteeing that health care is available and affordable for every Minnesotan; establishing the Minnesota Health Plan, Minnesota Health Board, Minnesota Health Fund, Office of Health Quality and Planning, ombudsman for patient advocacy, and auditor general for the Minnesota Health Plan; requesting a 1332 waiver; authorizing rulemaking; appropriating money; and related provisions.
- 2021 MN S.F. 1647 (NS), introduced March 1, relating to health; guaranteeing that health care is available and affordable for every Minnesotan; establishing the Minnesota Health Plan, Minnesota Health Board, Minnesota Health Fund, Office of Health Quality and Planning, ombudsman for patient advocacy, and auditor general for the Minnesota Health Plan; requesting a 1332 waiver; authorizing rulemaking; appropriating money; and related provisions.
- 2021 MN H.F. 1774 (NS), introduced March 1, health care guaranteed to be available and affordable for every Minnesotan; Minnesota Health Plan, Minnesota Health Board, Minnesota Health Fund, Office of Health Quality and Planning, ombudsman for patient advocacy, and auditor general for the Minnesota Health Plan established; a 1332 waiver requested; rulemaking authorized; and money appropriated.

### **Missouri**



2021 MO H.B. 1439 (NS), introduced March 1, establishes the Missouri Universal Health Assurance Program to provide a publicly financed, statewide insurance program for all residents of this state.

#### **New York**

- 2021 NY S.B. 5474 (NS), introduced March 8, provides for establishment of the New York Health plan.
- 2021 NY A.B. 6058 (NS), introduced March 8, provides for establishment of the New York Health plan.

#### **Ohio**

- 2021 OH S.B. 253 (NS), introduced October 6, to establish and operate the Ohio Health Care Plan to provide universal health care coverage to all Ohio residents.
- 2021 OH H.B. 446 (NS), introduced October 6, to establish and operate the Ohio Health Care Plan to provide universal health care coverage to all Ohio residents.

#### **Rhode Island**

- 2021 RI S.B. 233 (NS), introduced February 10, this act would repeal the 'Rhode Island Health Care Reform Act of 2004; Health Insurance Oversight' as well as the 'Rhode Island Health Benefit Exchange.' This act would also establish a universal, comprehensive, affordable single-payer health care insurance program and help control health care costs, which would be referred to as, 'the Rhode Island Comprehensive Health Insurance Program' (RICHIP). The program would be paid for by consolidating government and private payments to multiple insurance carriers into a more economical and efficient improved Medicare-for-all.
- 2021 RI H.B. 5628 (NS), introduced February 19, would repeal the 'Rhode Island Health Care Reform Act of 2004'; Health Insurance Oversight' as well as the 'Rhode Island Health Benefit Exchange.' This act would also establish a universal, comprehensive, affordable single-payer health care insurance program and help control health care costs, which would be referred to as, 'the Rhode Island Comprehensive Health Insurance Program' (RICHIP). The program would be paid for by consolidating government and private payments to multiple insurance carriers into a more economical and efficient improved Medicare-for-all system. Related provisions.

#### **Vermont**

2021 VT H.B. 276 (NS), introduced February 17, proposes to implement Green Mountain Care, a publicly financed health care program for all Vermont residents, over time, starting with primary care in the first year, adding preventive dental and vision care in the second year, and incorporating additional health care services in later years. It would establish the Universal Health Care Advisory Group at the Green Mountain Care Board to provide recommendations to the General Assembly regarding the sequencing of and financing for the health care services to be added in the third through tenth years of Green Mountain Care's implementation.

© Copyright Thomson/West - NETSCAN's Health Policy Tracking Service

---

[FN2]

. Arkansas lawmakers approve overall of Medicaid expansion, AP (March 30, 2021) at: <https://apnews.com/article/joe-biden-arkansas-legislation-medicaid-asa-hutchinson-6559ea2b64a8038b3a87b3af7f4cf5e6?>

[FN3]

. Effort to keep Arkansas Medicaid plan falls short in House, AP News (April 13, 2021) at: <https://apnews.com/article/arkansas-legislature-legislation-medicaid-state-legislature>.

[FN4]

. Christopher Brown, Medicaid Expansion Ballot Measures Brewing in Three More States, Bloomberg Law (January 26, 2021) at: <https://news.bloomberglaw.com/health-law-and-business/medicaid-expansion-ballot-measures-brewing-in-three-more-states>.

[FN5]

. Ariel Hart, Georgia delays Medicaid expansion after pushback from Washington, The Atlanta Journal-Constitution (June 25, 2021) at: <https://www.ajc.com/news/coronavirus/georgia-delays-medicaid-expansion-after-pushback-from-washington/ABYVFCK36JF3LCGLNE4WXMT7SE>.

[FN6]

. Marisa Fernandez, Group suspends Mississippi Medicaid expansion ballot initiative, Axios (May 20, 2021) at: <https://www.axios.com/group-suspends-mississippi-medicaid-expansion-ballot-initiative-917a8bd3-c6d2-4836-bbf6-7a09f20d00ab.html>.

[FN7]



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

. Phil McCausland, Missouri voters passed Medicaid expansion. Now state Republicans may not pay for it., NBC News (March 30, 2021) at: <https://www.nbcnews.com/news/us-news/missouri-voters-passed-medicaid-expansion-now-state-republicans-may-not-n1262539?> .

[FN8]

. Sebastian Martinez Valdivia, Missouri Legislature Tries to Back Out of Voter-Approved Medicaid Expansion, NPR (April 8, 2021) at: <https://www.npr.org/sections/health-shots/2021/04/08/985033020/missouri-legislature-tries-to-back-out-of-voter-approved-medicaid-expansion>.

[FN9]

. Summer Ballentine, Missouri Senate votes down funding for Medicaid expansion, Mooresville Tribune (April 29, 2021) at: [https://moorevilltribune.com/news/national/govt-and-politics/missouri-senate-votes-down-funding-for-medicaid-expansion/article\\_75c16ee9-5a05-5875-b3cd-7181d6b3c177.html](https://moorevilltribune.com/news/national/govt-and-politics/missouri-senate-votes-down-funding-for-medicaid-expansion/article_75c16ee9-5a05-5875-b3cd-7181d6b3c177.html).

[FN10]

. Kurt Erickson, Despite lack of funding, Parson administration laying groundwork for Medicaid expansion in Missouri, St. Louis Dispatch (May 11, 2021) at: [https://www.stltoday.com/news/local/govt-and-politics/despite-lack-of-funding-parson-administration-laying-groundwork-for-medicaid-expansion-in-missouri/article\\_1fb70bca-c967-5a2d-8584-4c115dc318e2.html](https://www.stltoday.com/news/local/govt-and-politics/despite-lack-of-funding-parson-administration-laying-groundwork-for-medicaid-expansion-in-missouri/article_1fb70bca-c967-5a2d-8584-4c115dc318e2.html).

[FN11]

. Summer Ballentine, Missouri judge: Medicaid expansion unconstitutional, AP (June 23, 2021) at: <https://apnews.com/article/mo-state-wire-michael-brown-medicaid-government-and-politics-525baefcb548b3a36d3570784a652f9a>.

[FN12]

. Tessa Weinberg, Missouri has enrolled 4,300 people in expanded Medicaid program, Missouri Independent (October 7, 2021) at: <https://missouriindependent.com/briefs/missouri-has-enrolled-4300-people-in-expanded-medicaid-program/>

[FN13]

. Associated Press, More than 100K Oklahomans sign up under Medicaid expansion, Modern Healthcare (June 13, 2021) at: <https://www.modernhealthcare.com/medicaid/more-100k-oklahomans-sign-up-under-medicaid-expansion>.

[FN14]

. Jacob Newton, Group pushing for Medicaid expansion says issue to appear on ballot, Keloland.com (November 5, 2021) at: <https://www.keloland.com/keloland-com-original/group-pushing-for-medicaid-expansion-says-issue-to-appear-on-ballot/>.

[FN15]

. Bruce Jaspen, South Dakota Is Medicaid Expansion's Next Red State Target, Forbes (Jun 21, 2021) at: <https://www.forbes.com/sites/brucejaspens/2021/06/01/south-dakota-is-medicaid-expansions-next-red-state-target/?sh=6c4d15a4285b>.

[FN16]

. Ashley Lopez, After a Decade of Refusing Medicaid Expansion, Texas Lawmakers Might Be Forced to Reconsider, Houston Public Media (January 4, 2021) at: <https://www.houstonpublicmedia.org/articles/news/texas/2021/01/04/388595/after-a-decade-of-refusing-medicaid-expansion-texas-lawmakers-might-be-forced-to-reconsider/>.

[FN17]

. Jaclyn Ramkissoon and Maggie Glynn, Texas to submit waiver application to extend Medicaid services, Fox 44 News (May 19, 2021) at: <https://www.fox44news.com/news/texas-to-submit-waiver-application-to-extend-medicaid>.

[FN18]

. Scott Bauer, Wisconsin Republicans quickly kill Medicaid expansion, AP News (May 25, 2021) at: <https://apnews.com/article/wisconsin-medicaid-business-health-government-and-politics-1ab60e341674584c3059511d35ec7c21>.

[FN19]

. Bob Beck, Medicaid Expansion Fails Again, Wyoming Public Radio (March 31, 2021) at: <https://www.wyomingpublicmedia.org/post/medicaid-expansion-fails-again>.

[FN20]

. Lawrence Hurley, U.S. Supreme Court scraps arguments in Medicaid work case, Reuters (March 11, 2021).



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.

[FN21]

. Andy Miller, Georgia vows to continue fight if feds kill state's Medicaid waiver plan, Georgia Health News (March 17, 2021) at: [http://www.georgiahealthnews.com/2021/03/georgia-vows-continue-fight-feds-kill-medicaid-waiver-plan/?](http://www.georgiahealthnews.com/2021/03/georgia-vows-continue-fight-feds-kill-medicaid-waiver-plan/) .

[FN22]

. Michael Ollove, Biden Revokes Medicaid Work Requirements in 2 More States, PEW (April 7, 2021) at: <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/04/07/biden-revokes-medicaid-work-requirements-in-2-more-states>.

Produced by Thomson Reuters Accelus Regulatory Intelligence

24-Jan-2022



THOMSON REUTERS™

© 2022 Thomson Reuters. No claim to original U.S. Government Works.