LABORERS' HEALTH & SAFETY FUND OF NORTH AMERICA

The End of the COVID-19 Public Health Emergency

The Department of Health and Human Services (HHS) declared a public health emergency (PHE) for COVID-19 in January of 2020. It was renewed several times – most recently in February of 2023 – and is set to expire on May 11, 2023.

The expiration of the PHE will lead to several changes for people with private health insurance/group plans. The charts below detail upcoming changes to coverage, costs and payments for COVID-19 testing and treatment.

Description	During COVID-19 PHE	After COVID-19 PHE
COVID-19 Vaccines	Insurance plans must cover COVID-19 vaccines without cost sharing, even for out-of-network providers.	Will generally stay the same. COVID-19 vaccines are considered preventive services, which are fully covered by most private plans with no co-pay. However, "Grandfathered" plans under the Affordable Care Act (ACA) are not required to cover preventive services, with or without a co-pay.
COVID-19 Tests and Testing Services	Insurance plans must cover COVID-19 tests and testing services without cost sharing, prior authorization or other medical management requirements. Insurance plans must cover up to 8 free over-the-counter (OTC) at-home tests per person each month, and no doctor's order or prescription is required.	Insurance plans will no longer be required to cover diagnostic testing (including OTC tests and those ordered by a doctor) and related services without cost sharing, prior authorization or other medical management requirements.
COVID-19 Treatment	The FDA authorized emergency use of Paxlovid and Lagevrio for the treatment of mild-to-moderate COVID-19.	Will generally stay the same.

Description	Before COVID-19 PHE	During COVID-19 PHE	After COVID-19 PHE
Access to Healthcare Providers & Telemedicine	Access to Healthcare Providers & Telemedicine Healthcare providers generally have to be licensed in the same state as the patient. Telehealth laws vary by state, but providers generally have to be licensed in the same state as the patient.	All states and D.C. temporarily waived aspects of state licensing requirements, allowing facilities to hire physicians, nurse practitioners and other providers licensed in other states. Providers were able to offer telehealth services to patients in states where they were not licensed.	You may have access to fewer healthcare providers because of changes to out-of-state provider and telehealth coverage rules. However, much of the telehealth flexibility authorized during the PHE was extended through December 31, 2024.
COBRA, Health and Disability Claims & HIPAA Special Enrollment Rules	See Frequently Asked Questions (FAQs) for pre-pandemic COBRA rules. See Filing a Claim for your Health or Disability Benefits for pre-pandemic rules. See this FAQ for pre-pandemic HIPAA special enrollment rules.	The PHE paused several deadlines related to COBRA coverage and health and disability claims, including: COBRA ▸ 60-day election period ▸ 45-day initial premium payment deadline ▸ 30-day grace period for monthly payments ▸ 60-day period to provide notice of a qualifying event or disability ▸ 14-day period for plans to provide election notices to qualified beneficiaries Health and Disability Claims ▸ Claim filing deadlines (set by plan) ▸ 180-day period for participants to appeal denials ▸ Deadlines for requesting external review HIPAA Special Enrollment ▸ 60-day period to enroll after loss of CHIP or Medicaid coverage ▸ 30-day period to enroll after loss of other coverage or qualifying life events	Health plans are expected to return to pre-pandemic rules on July 10, 2023, which is 60 days after the PHE ends.