

The Source Launches the “COVID-19 Crisis” Key Issue Page

As the coronavirus pandemic continues to ravage the nation, it has underscored and brought national attention to many of the issues in the U.S. healthcare system and the pressing needs for policy reform. On the new [“COVID-19 Crisis”](#) key issue page, The Source looks at the implications of the pandemic as it pertains to healthcare markets, costs, and delivery, as well as federal and state responses to address them.

This new page will compile the latest curated news and academic articles relating to healthcare issues that arise from the COVID-19 crisis, as well as Source Blog posts that present research and analyses of legislative, executive, and legal and enforcement actions in response to the crisis.

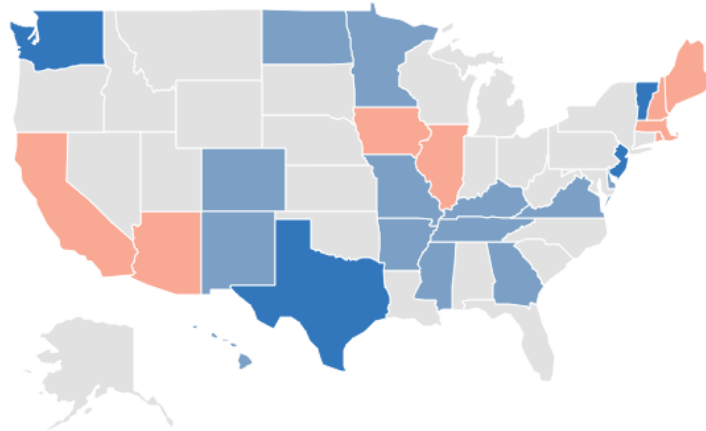
Last month, Executive Editor Jaime King published an opinion piece in the *New England Journal of Medicine* that discusses [Covid-19 and the Need for Health Care Reform](#). On the Source Blog, Senior Health Policy Researcher Katie Gudiksen examined how the pandemic heightens the need for [surprise billing protections](#) and what’s currently in place at federal and state levels.

Additionally on the new page, we will make available resources related to the impact and responses to the COVID-19 crisis in easily digestible formats such as maps and data charts. This month, we presented our research on existing telehealth mandates and new ones created in response to the COVID-19 crisis, specifically in terms of reimbursement, cost-sharing, coverage and access, in the form of multiple 50-state maps and accompanying data charts of relevant statutes and orders.

Telehealth Requirements Under Existing Mandates and Declared State of Emergency for COVID-19

These maps show existing telehealth mandates by state and those required under a declared state of emergency during the COVID-19 crisis, with respect to reimbursement, cost-sharing, and coverage and access. See data charts below for details of emergency orders and existing statutes by state.

< Reimbursement Parity Requirement >



- No Reimbursement Parity Requirement
- Reimbursement Parity Required During Emergency
- Existing Reimbursement Parity Requirement
- Existing + Emergency Reimbursement Parity Requirement

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	Existing and Emergency Mandates			Citation of Existing Statutes		
	During Declared Emergency			Existing Telehealth Provision		
	Reimbursement Parity	Cost-sharing Requirements	Expansion of Telehealth Coverage	Reimbursement Parity	Cost-sharing Parity	Coverage Parity
<u>Alabama</u>	⊘	⊘	⊘	⊘	⊘	⊘
<u>Alaska</u>	⊘	⊘	⊘	⊘	⊘	Yes
<u>Arizona</u>	<u>Yes</u>	Yes (not specified in executive order, but DOI website implies it)	<u>Yes</u>	⊘	Yes	Yes
<u>Arkansas</u>	⊘	⊘	<u>Yes (no required in-person exams)</u>	Yes	Yes	Yes
<u>California</u>	<u>Yes, DMHC Only</u>	<u>Yes, DMHC Only</u>	⊘	Yes (effective 2021)	Yes (effective 2021)	Yes (effective 2021)
<u>Colorado</u>	⊘	<u>Yes (COVID-19-related services must have no cost-sharing)</u>	⊘	Yes	Yes	Yes
<u>Connecticut</u>	⊘	⊘	⊘	⊘	⊘	Yes
<u>Delaware</u>	⊘	⊘	<u>Yes (no required in-person exams)</u>	Yes	Yes	Yes
<u>District of Columbia</u>	⊘	⊘	⊘	No (but insurers required to "reimburse provider")	Yes	Yes
<u>Florida</u>	⊘	⊘	<u>Yes (to renew a prescription for a controlled substance)</u>	No (but difference in rates must be voluntary and "initialed by the telehealth provider")	⊘	⊘
<u>Georgia</u>	⊘	⊘	Yes (to prescribe controlled substances)	Yes	Yes	Yes
<u>Hawaii</u>	⊘	⊘	<u>Yes (waives any required in-person exams)</u>	Yes	⊘	Yes
<u>Idaho</u>	⊘	⊘	<u>Yes (allows patient-provider relationship to be established via telehealth)</u>	⊘	⊘	⊘

 [Download data](#)

We will continue to roll out additional resources and analyses related to healthcare issues during the COVID-19 crisis. Stay tuned!