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Correspondence Memorandum

Date: July 22, 2022

To: Group Insurance Board

From: Renee Walk, Programs & Policy Unit Director
 Office of Strategic Health Policy

Subject: COVID-19 Public Health Emergency and Coverage Implications

This memo is for informational purposes only. No Board action is required.

Background

On January 27, 2020, the Secretary of the US Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE) due to the COVID-19 pandemic. Federal PHEs must be renewed every 90 days, but the HHS Secretary may opt to renew the PHE before its expiration date. This PHE has been renewed every 90 days since.

The most recent renewal of the PHE extends until October 13, 2022, but discussions have circulated for several months now on either ending the PHE or allowing it to expire. The Biden Administration has indicated that it will provide at least 60 days' advance notice of the end of the PHE, to allow various stakeholders time to "unwind" the policies implemented as a result.

This memo reviews the various implications of the PHE on the Board's programs, and how coverage may change if the PHE does end on October 13, 2022.

Coverage Changes

At the May 18, 2022 Group Insurance Board (Board) meeting, the Department of Employee Trust Funds (ETF) provided a summary list of coverage changes that will take place once the PHE expires ([Ref. GIB | 05.18.22 | 3](#)). A selection of these changes and brief descriptions of each are highlighted below.

Cost Sharing Allowable to COVID-19 Diagnostic Tests and Associated Services

The PHE required health plans to cover diagnostic tests themselves as well as any office visit required to obtain the test with no cost sharing to members. After the PHE ends, these services will be subject to the applicable program option's cost sharing under the Group Health Insurance Program (GHIP).

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy Electronically Signed 07/27/2022

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Coverage of Home COVID-19 Tests Under Both GHIP and Medicare Will No Longer Be Required

Coverage of up to eight tests per person, per month through health plans and Medicare was added by the Biden Administration in early 2022. This coverage is also contingent upon the PHE.

Emergency Use Authorizations Will No Longer Be Effective

This means that, pending further Food and Drug Administration (FDA) action, products that are currently available under EUA will no longer be approved for use. This will impact things like home test kits and some respirators.

Coverage of Out-of-Network Vaccines Without Cost Sharing

After the PHE ends, plans in the GHIP will be able to limit coverage to only in-network providers.

Coverage That Will Not Change

Some changes in coverage that have occurred in the past two years have either been codified through other legislation or were not initially tied to the PHE. A couple of these are listed and described below.

Coverage of COVID-19 Vaccines Without Cost Sharing

The CARES Act required that any vaccine developed and approved for COVID-19 be considered preventive, and therefore covered at 100%.

COVID-19 Over-the-Counter Tests As Eligible Flexible Spending Account (FSA) and Health Savings Account (HSA) Purchases

In late 2021, the Internal Revenue Service (IRS) released guidance that FSAs and HSAs may be used to purchase at home COVID-19 test kits. Availability may be limited, though.

ETF will continue to watch for any announcements on changes to the expected duration of the PHE, but at this time anticipates it will end in October. ETF will provide information to members on its website related to any coverage changes and will work with health plans to ensure members are kept informed.

Staff will be available at the Board meeting to answer questions.