

# Considerations for Group Health Plans as COVID-19 Emergency Declarations End

Alert

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## Part I: COVID-19 Diagnostic Testing Coverage

On January 30, 2023, the Biden Administration announced that it intends for the National Emergency (NE) relating to the COVID-19 pandemic to end on May 11, 2023. Shortly after, the Department of Health and Human Services announced the intent to end the Public Health Emergency (PHE) on the same day. The end of the NE and PHE will have significant impacts on group health plans. In the coming weeks, Stinson's Employee Benefits Practice Group will be issuing several alerts describing these impacts and outlining considerations and action items for plan sponsors to take before the end of the PHE and NE. This is the first in the series of alerts.

During the PHE, most group health plans are required to cover certain items and services related to diagnostic testing for COVID-19 without cost-sharing (including deductibles and copays or coinsurance), prior authorization, or other medical management requirements. In January 2022, the Departments of Labor, Health and Human Services, and Treasury (the Agencies) issued guidance expanding this required coverage to over-the-counter COVID-19 tests.

The COVID-19 diagnostic testing coverage mandate ends with the expiration of the PHE. Group health plan sponsors will need to consider the following:

- Whether the group health plan will continue to cover all COVID-19 diagnostic testing and—if so—whether cost-sharing requirements will apply. [The Agencies issued guidance](#) on March 29, 2023, encouraging plans and issuers to continue providing coverage of COVID-19 testing, without cost-sharing after the PHE ends. Insured plans should reach out to their insurers to confirm what the insurer has

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decided to cover. Self-insured plans should work with their third-party administrators to determine what coverage options are available after the end of the PHE.

- Whether a plan amendment or participant notice is required. Plan sponsors will need to ensure plan documents, summary plan descriptions and other participant communications accurately reflect whether COVID-19 diagnostic testing coverage will continue. Group health plans may need to be amended, depending on the language used in the plan and whether coverage will continue. Similarly, participant notice may also be required, depending on language used to notify the participant of the change in coverage.

The March 29 guidance encourages plans to notify participants about key information relating to COVID-19 diagnosis and treatment coverage, such as the date coverage will end or the date cost-sharing will be imposed, as applicable. Accordingly, even if participants were previously provided notice, plan sponsors should consider communicating any changes to participants, who may not be aware that the PHE is ending.

### CONTACT

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