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Implications of the Ending of the Federal COVID-19 Public Health Emergency

Background

The COVID-19 Public Health Emergency (PHE) was declared by the Secretary of the US Department of Health and Human Services (HHS) in January 2020. It is currently set to expire on May 11, 2023. While the end of the PHE will result in some important changes, the Centers for Disease Control and Prevention (CDC) is working with other federal government agencies and offices to maintain equitable access to vaccines, testing, and therapeutics to the extent possible.¹ The ending of the PHE will not impact the approval or Emergency Use Authorization (EUA) status of COVID-19 tests, therapeutics, or vaccines that are currently under EUA. The American Rescue Plan Act of 2021 mandates that states provide Medicaid and Children's Health Insurance Program (CHIP) coverage for COVID-19 tests, vaccinations, and treatments without cost sharing; this is scheduled to remain in effect until September 30, 2024. The purpose of this *Bulletin* is to provide a brief overview of how the ending of the PHE will impact Alaskans.

Implications

Vaccines

- COVID-19 vaccines will remain cost-free for most people through the Vaccines for Children Program, the Alaska Vaccine Assessment Program, Medicare, and Medicaid.²
- While the vaccine is provided at no cost to patients, providers might charge patients for the office visit or administration.
- The Federal Government will continue to distribute vaccines beyond May 11, 2023, until supplies are depleted, and COVID-19 vaccines move to the commercial market.

Testing and Therapeutics

- The requirement for private insurance companies to cover COVID-19 tests without cost sharing for both laboratory and over-the-counter tests will end; however, coverage may continue if plans choose to continue to include it.²
- The Federal Government will continue to distribute PAXLOVID and molnupiravir beyond May 11, 2023, until supplies are depleted.
- Current [federal agreements between pharmacies and CDC](#) will allow for continued no-cost COVID-19 testing of people who are uninsured; however, there might be a reduction in COVID-19 testing locations after the PHE ends.
- Medicare beneficiaries who are enrolled in Part B will continue to have coverage without cost sharing for laboratory-conducted COVID-19 tests when ordered by a provider, but their current access to free over-the-counter tests will end.²
- Medicaid programs will continue to cover COVID-19 treatments without cost sharing through September 30, 2024; after that, coverage and cost sharing may vary by state.²

Telehealth

- During the PHE, people on Medicare had broad access to telehealth services, including in their homes, without the geographic or location limits that usually apply.
- The *Consolidated Appropriations Act of 2023* extended flexibilities through December 31, 2024, such as:
 - Medicare recipients can access telehealth services in any geographic area in the United States, rather than only those in rural areas;
 - Medicare recipients can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility; and
 - Certain telehealth visits can be delivered audio-only (such as by telephone) if someone is unable to use both audio and video.¹

- Medicare Advantage plans might offer additional benefits.
- States have flexibility with respect to covering and paying for Medicaid services delivered via telehealth. Watch [here](#) for Alaska Medicaid regulation changes after the PHE ends.
- The ability of health care providers to safely dispense controlled substances via telemedicine without an in-person interaction will be affected; however, forthcoming rulemaking might extend these flexibilities.²
- Private insurance coverage for telehealth and other remote care services will vary by the insurance plan after the PHE ends. When covered, private insurance might impose cost-sharing, prior authorization, or other restrictions on telehealth and other remote care services.
- The federal Office of Civil Rights is providing a [90-calendar day transition period](#) for covered health care providers to come into compliance with the HIPAA Rules with respect to their provision of telehealth.
- For more information, visit the Alaska telehealth website: <https://www.commerce.alaska.gov/web/cbpl/TelehealthInformation.aspx>

Reporting COVID-19 Test Results

National SARS-CoV-2 laboratory result reporting will no longer be required by HHS after the PHE ends; however, laboratory-positive cases of COVID-19 should continue to be reported to the Alaska Section of Epidemiology (SOE) within 2 days.³ Negative COVID-19 test results do not need to be reported to SOE.

Federal Transmission Levels and Reporting

- At the national level, CDC's [transmission levels](#) used in health care settings will no longer be made available. CDC is currently determining how to address COVID-19 health care guidance in the absence of transmission levels.
- Revisions are also expected for the reporting of COVID-19 hospitalization data and bed occupancy to CDC as required by the Centers for Medicare and Medicaid Services. These revisions will likely include fewer critical data elements and a reduction in reporting frequency.

Exposure Notifications

The following exposure notifications system components will conclude when the PHE ends: National Key Server, Multi-tenant Verification Server Operations, and Exposure Notifications Express (ENX) Solution. This will result in the discontinuation of the [Alaska COVID ENX](#) notification system.

Discussion

Although the PHE is coming to an end, the SARS-CoV-2 virus is still circulating and there will continue to be cases, hospitalizations, and deaths, resulting in the need to continue providing tests, vaccinations, and therapeutics for the foreseeable future. The health care sector will transition back to the pre-pandemic state when the PHE ends, and most COVID-19 related health care services will be accessible through pre-existing and traditional modes of care. More information on the implications of the end of the PHE in Alaska is available [here](#). Finally, Alaska Medicaid has returned to the pre-pandemic Medicaid annual renewal process that opened April 1, 2023; enrollees can obtain more information at the [Alaska Medicaid Renewals website](#).

References

1. Kaiser Family Foundation. [What Happens When COVID-19 Emergency Declarations End? Implications for Coverage, Costs, and Access](#). Last updated January 31, 2023.
2. US DHHS. [Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap](#). Last updated February 9, 2023.
3. Alaska Division of Public Health. [Reporting COVID-19 testing to the State of Alaska](#). Last updated April 14, 2023.