

End of COVID-19 Emergencies



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The COVID-19 **public health emergency (PHE)** declared by the U.S. Department of Health & Human Services (HHS) effective January 31, 2020, and the **national emergency (NE)** declared by the President on March 1, 2020, affected employer-sponsored health plans in a variety of ways. Either the President or an act of Congress may end the NE. The PHE can only be ended by the secretary of HHS. Plans should prepare to revert to pre-pandemic rules and obligations. This chart depicts the areas affected by the end of the emergencies.

Guidance will be updated based on Congress' joint resolution H.J. Res 7, which will result in an earlier end date for the NE than previously planned by the current administration. The PHE end date is still planned for May 11, 2023. The following guidance was current as of March 30, 2023:

- [FAQs about Families First Coronavirus Response Act, Coronavirus Aid, Relief, and Economic Security Act and Health Insurance Portability and Accountability Act Implementation \(Set 58\)](#)
- [Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap](#)
- [CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency](#)

TYPE	DETAILS	EFFECTIVE DATE	ACTION ITEMS
ITEMS IMPACTED BY THE END OF THE PHE			
COVID-19 TESTING	Plans are not required to cover COVID-19 tests and testing-related services or over-the-counter tests without prior authorization or cost-sharing either in or out of network.	PHE end date, or the end of the plan year beginning on or before the PHE end date.	<ul style="list-style-type: none"> • Decide whether to continue covering testing and related services. Continuing coverage will require <u>Mental Health Parity</u> testing to ensure compliance. • Decide whether to continue coverage with no cost-sharing. • Decide whether coverage will be limited by network. • Amend plan documents as needed. • Provide participants with an amendment, a revised Summary Plan Description (SPD), and an updated Summary of Benefits and Coverage (SBC) within 60 days in advance of the change.

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TYPE	DETAILS	EFFECTIVE DATE	ACTION ITEMS
ITEMS IMPACTED BY THE END OF THE PHE (CONT'D)			
COVID-19 VACCINES	<ul style="list-style-type: none"> Plans are not required to cover COVID-19 vaccinations out-of-network and without cost-sharing. ACA requires plans to continue coverage for in-network, FDA-approved COVID-19 vaccinations without cost-sharing. 	PHE end date, or the end of the plan year beginning on or before the PHE end date.	<ul style="list-style-type: none"> Decide whether to continue covering out-of-network COVID-19 vaccinations and whether cost-sharing will be included. Amend plan documents as needed. Provide participants with an amendment, a revised SPD, and an updated SBC within 60 days in advance of the change.
TELEHEALTH (HDHP AND STAND-ALONE)	<ul style="list-style-type: none"> Plans may not offer stand-alone telehealth benefits to employees who are not eligible for an employer-sponsored health plan. Limited-scope telehealth plans may continue as stand-alone benefits if they meet the employee assistance program's excepted benefits requirement. Telehealth with a high deductible health plan (HDHP) may continue offering pre-deductible benefits through the 2024 plan year but will need to consider how that will impact health savings account (HSA) contributions. 	<ul style="list-style-type: none"> The end of the plan year beginning on or before the PHE end date. Calendar year plan's relief ends December 31, 2023. HDHP pre-deductible telehealth ended for plan years beginning after March 31, 2022, and before January 1, 2023, and resumed for plan years beginning in 2023 through 2024 through Consolidated Appropriations Act 2023 legislation. Relief for HDHP plans providing pre-deductible benefits will end, which will jeopardize the ability to contribute to an HSA. 	<ul style="list-style-type: none"> Discontinue offering stand-alone telehealth coverage to ineligible employees. Amend plan documents as needed. Provide participants with an amendment or a revised SPD. Non-calendar year plans that did not discontinue HDHP pre-deductible telehealth until the plan year start date in 2023 should seek legal guidance on addressing the error.

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TYPE	DETAILS	EFFECTIVE DATE	ACTION ITEMS
ITEMS IMPACTED BY THE END OF THE NE			
COBRA TIMELINES FOR BENEFICIARIES	<p>Plans may begin traditional COBRA timelines as follows:</p> <ul style="list-style-type: none"> 60-day deadline for beneficiary notification to the plan. 60-day deadline for a beneficiary to elect COBRA. 45-day deadline for initial COBRA payment. 30-day deadline for payment of remaining COBRA premiums. 	<p>Deadlines begin again:</p> <ul style="list-style-type: none"> 60 days after the end date, for events occurring on or after NE end date; or The earlier of one year (tolling) from the date the deadline would have begun or 60 days after the end of the NE for events occurring before the NE end date. 	<ul style="list-style-type: none"> Update required COBRA documents. Consider sending notice of new deadlines to affected individuals.
HIPAA TIMELINES	<p>Plans may begin the 30-day (or 60-day) deadline for a participant or beneficiary to request enrollment, disenrollment, or a change due to a Health Insurance Portability and Accountability Act (HIPAA) qualifying event.</p>	<p>Deadlines begin again:</p> <ul style="list-style-type: none"> 60 days after the end date of the NE, for special enrollment periods occurring on or after the NE end date; or The earlier of one year (tolling) from the date the deadline would have begun or 60 days after the end of the NE for special enrollment periods occurring before the NE end date. 	<ul style="list-style-type: none"> Consider sending notice of new deadlines to affected individuals. Amend cafeteria plan documents, required on a prospective basis, before the NE end date plus 60 days.
CLAIMS PROCESS AND APPEALS		<p>Deadlines begin again:</p> <ul style="list-style-type: none"> 60 days after the end date, for appeals or adverse benefit determinations occurring on or after 60 days after the NE end date; or The earlier of one year (tolling) from the date the deadline would have begun or 60 days after the end of the NE for appeals or adverse benefit determinations occurring before the NE end date. <p>Deadlines for health flexible spending account (HFSAs) plan claims will depend on the plan year end date.</p>	<ul style="list-style-type: none"> Consider sending notice of new deadlines to affected individuals. Be reminded that deadlines for HFSAs claims are based on the plan year end date, not the date of claim. Plan year end date before the NE end date, may have an extended deadline to 60 days after the NE end date, or later. Consultation with a tax advisor is recommended.

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