

Legal Update

COVID-19 Insurance Regulatory Department Updates

This chart summarizes all regulatory updates (including bulletins and emergency orders) issued by insurance regulatory authorities with respect to the recent COVID-19 outbreak. With certain exceptions, updates or actions taken by federal, state or local governmental authorities are not included in this chart. For information related to federal, local, or other state governmental authorities, please see Mayer Brown's [COVID-19 Portal](#).

This is a rapidly changing environment, and various departments are taking new actions and making new pronouncements on almost a daily basis. As a result, this chart will necessarily be a work in progress. We will endeavor to keep the chart updated on our website on a bi-weekly basis.

Due to the volume of state insurance regulatory activity during the COVID-19 outbreak, the first section of this Legal Update now includes a topical overview that summarizes the major categories of actions taken by each state (e.g., all states that have taken action regarding recommended or mandated property/casualty premium refunds), with hyperlinks to the fuller descriptions of each of those actions in the detailed chart that follows.

Rows highlighted in yellow reflect guidance issued by insurance regulatory authorities over the past two weeks. Please note that in recent weeks it appears that US insurance regulatory authorities have been increasingly "moving on" from the COVID-19 outbreak and have been extending preexisting guidance but otherwise beginning to resume business as usual. This chart will continue to provide updates on any further actions from US insurance regulatory authorities, including whether there are any suspensions or terminations of existing COVID-19 guidance.

Any questions or comments with respect to the information contained in this survey should be directed to Larry Hamilton at lhamilton@mayerbrown.com or (312) 701-7055, Sanjiv Tata at stata@mayerbrown.com or (212) 506-2205.

MAJOR CATEGORIES OF REGULATORY ACTIONS

This chart accompanies the detailed summary of all regulatory updates (including bulletins and emergency orders) issued by insurance regulatory authorities with respect to the recent COVID-19 outbreak. Major categories of the types of actions taken by such authorities are set out below, together with links to descriptions of pertinent guidance included in the detailed summary.

Key of Categories of Regulatory Actions

The categories set out below include the following types of actions:

Health:

- Support for COVID-19 Diagnosis/Treatment: includes, among other actions, (i) coverage/waiver of payment for COVID-19 testing, (ii) coverage/waiver of payment for COVID-19 immunizations (when developed), (iii) suspension of preauthorization reviews for COVID-19-related treatments and (iv) relaxation of out-of-network requirements for COVID-19 related treatments.
- Maintenance or Increase of Access to Health Plans: includes, among other actions, (i) allowing employees to remain on group health plans regardless of eligibility thresholds and (ii) establishment or extension of special enrollment periods.
- Accommodations to Stay-at-Home Orders: includes, among other actions, (i) relaxation of restrictions on telemedicine reimbursement and (ii) easing of restrictions from purchasing of prescription drugs.

Medical Malpractice: includes, among other actions, (i) extension of coverage to retired or other returning medical professionals who are responding to the crisis and (ii) re-rating of doctors whose practices have been reduced or eliminated by stay-at-home orders.

Property and Casualty:

- Special Coverage Expansion: includes, among other actions (i) temporarily expanding personal auto to cover commercial deliveries, (ii) allowing travel insurance to cover any COVID-19 related trip cancellations, (iii) increased workers compensation coverage for first responders and (iv) easing of unemployment insurance restrictions.
- Recommended or Mandated Premium Refunds: includes, among other actions (i) guidance recommending or mandating premium refunds for various lines of business based on reduced risk and (ii) allowing mid-term self-audits for certain commercial policies and the corresponding adjustment of premium.
- Action Regarding Business Interruption Coverage: includes, among other actions (i) requiring companies to provide information regarding business interruption coverage and its limits and (ii) draft legislation which would require companies to pay business interruption claims despite virus exclusions.
- Easing of Credit/Financial Rating Underwriting Restrictions

All Lines:

- Accommodations to Policyholder Financial Hardship: includes, among other actions (i) easing or suspending premium due dates, (ii) suspending cancellations due to non-payment of premium, (iii) waiver of late fees, (iv) extensions for grace periods and (v) delay of premium increases.
- Accommodations to Stay-at-Home Orders: includes, among other actions, allowing for virtual underwriting and adjustment of claims
- Easing of Regulatory Filing Requirements: includes, among other actions, (i) extension of deadlines for various insurer and producer filings, (ii) temporary waiver of hard-copy paper filings, (iii) temporary suspension of on-site examinations and (iv) issuance of temporary producer licenses.

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
<i>Alabama</i>	Action taken on 3/13/20 link	Action taken on 4/17/20 link	Action taken on 3/13/20 link	—	Action taken on 3/30/20 link	Action taken on 4/8/20 link	—	—	Action taken on 3/13/20 link Action taken on 6/3/20 link	Action taken on 4/17/20 link	Action taken on 3/13/20 link Action taken on 5/22/20 link Action taken on 7/29/20 link Action taken on 8/31/20 link Action taken on 10/1/20 link Action taken on 12/23/20 link
<i>Alaska</i>	Action taken on 3/13/20 link Action taken on 3/19/20 link Action taken on 4/15/20 link Action taken on 5/22/20 link Action taken on 10/2/20 link Action taken on 12/17/20 link Action taken on 1/15/21 link Action taken on 1/15/21 link Action taken on 1/15/21 link	—	Action taken on 3/13/20 link Action taken on 3/17/20 link Action taken on 3/27/20 link Action taken on 4/15/20 link	—	—	Action taken on 3/20/20 link Action taken on 4/15/20 link	—	—	Action taken on 3/18/20 link Action taken on 4/15/20 link Action taken on 4/16/20 link	Action taken on 8/12/20 link	Action taken on 3/16/20 link Action taken on 11/16/20 link Action taken on 11/16/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 1/15/21 link										
<i>Arizona</i>	Action taken on 3/19/20 link Action taken on 4/3/20 link	—	Action taken on 3/25/20 link Action taken on 4/1/20 link Action taken on 4/3/20 link	—	Action taken on 3/20/20 link	—	—	Action taken on 4/16/20 link	Action taken on 4/16/20 link	—	Action taken on 3/26/20 link Action taken on 4/14/20 link
<i>Arkansas</i>	Action taken on 8/17/20 link Action taken on 8/27/20 link	—	Action taken on 5/11/20 link Action taken on 6/19/20 link	—	—	—	Action taken on 3/23/20 link	—	Action taken on 5/11/20 link Action taken on 8/17/20 link Action taken on 8/27/20 link	—	Action taken on 5/11/20 link
<i>California</i>	Action taken on 3/5/20 link Action taken on 3/5/20 link	—	Action taken on 3/12/20 link Action taken on 3/18/20 link Action taken on 3/18/20 link Action taken on 3/30/20 link	—	Action taken on 4/9/20 link	Action taken on 4/13/20 link Action taken on 5/15/20 link Action taken on 10/7/20 link Action taken on 3/19/21 link	Action taken on 3/18/20 link Action taken on 3/26/20 link	—	Action taken on 3/18/20 link Action taken on 3/18/20 link Action taken on 4/3/20 link Action taken on 6/25/20 link Action taken on 6/25/20 link	Action taken on 3/20/20 link	Action taken on 4/6/20 link Action taken on 4/22/20 link
<i>Colorado</i>	Action taken on 3/9/20 link Action taken on 4/18/20 link Action taken on 4/30/20 link	Action taken on 3/19/20 link Action taken on 3/27/20 link Action taken on 4/2/20 link	Action taken on 3/9/20 link Action taken on 3/17/20 link Action taken on 4/3/20 link	—	Action taken on 3/26/20 link Action taken on 7/22/20 link	Action taken on 4/6/20 link Action taken on 9/17/20 link Action taken on 11/19/20 link	—	—	Action taken on 3/27/20 link Action taken on 3/27/20 link Action taken on 4/21/20 link	—	Action taken on 4/8/20 link Action taken on 4/2/20 link Action taken on 5/1/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 8/14/20 link Action taken on 8/17/20 link Action taken on 12/15/20 link Action taken on 12/23/20 link Action taken on 2/24/21 link Action taken on 3/19/21 link Action taken on 3/23/21 link	Action taken on 4/3/20 link Action taken on 7/18/20 link Action taken on 11/19/20 link	Action taken on 4/7/20 link						Action taken on 5/7/20 link		Action taken on 5/11/20 link Action taken on 8/2/20 link Action taken on 8/31/20 link
<i>Connecticut</i>	Action taken on 3/9/20 link Action taken on 8/25/20 link	—	Action taken on 3/9/20 link	—	Action taken on 3/26/20 link	Action taken on 4/6/20 link	—	—	Action taken on 3/24/20 link Action taken on 4/2/20 link	—	Action taken on 3/24/20 link Action taken on 4/3/20 link Action taken on 4/9/20 link Action taken on 4/29/20 link Action taken on 4/29/20 link Action taken on 5/11/20 link Action taken on 6/12/20 link Action taken on 6/12/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
<i>Delaware</i>	Action taken on 3/9/20 link Action taken on 3/20/20 link Action taken on 3/26/20 link Action taken on 7/17/20 link Action taken on 12/21/20 link	Action taken on 7/17/20 link	Action taken on 3/9/20 link Action taken on 3/20/20 link Action taken on 3/26/20 link	—	Action taken on 4/1/20 link	—	—	—	Action taken on 3/20/20 link Action taken on 3/26/20 link Action taken on 4/28/20 link Action taken on 7/2/20 link	—	Action taken on 4/3/20 link Action taken on 4/9/20 link Action taken on 6/25/20 link
<i>District of Columbia</i>	Action taken on 3/20/20 link Action taken on 8/24/20 link Action taken on 10/20/20 link Action taken on 2/5/21 link Action taken on 2/16/21 link	—	Action taken on 3/20/20 link	—	—	—	—	—	Action taken on 4/27/20 link Action taken on 5/18/20 link Action taken on 11/23/20 link	—	Action taken on 4/23/20 link
<i>Florida</i>	Action taken on 3/26/20 link	—	Action taken on 3/10/20 link Action taken on 3/10/20 link Action taken on 3/25/20 link Action taken on 3/25/20 link	Action taken on 4/6/20 link	Action taken on 3/25/20 link	—	—	—	Action taken on 3/25/20 link	Action taken on 3/25/20 link Action taken on 6/25/20 link	Action taken on 3/25/20 link
<i>Georgia</i> ¹	—	—	—	—	—	—	—	—	—	—	—

¹ COVID-19 related insurance regulatory restrictions have been rescinded or are expected to expire at the end of May 2020.

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
<i>Hawaii</i>	—	—	Action taken on 4/27/20 link Action taken on 10/15/20 link	—	—	—	—	Action taken on 4/27/20 link	Action taken on 3/27/20 link Action taken on 4/27/20 link	—	Action taken on 3/19/20 link Action taken on 6/3/20 link Action taken on 7/17/20 link
<i>Idaho</i>	Action taken on 7/10/20 link Action taken on 2/12/21 link Action taken on 3/30/21 link	Action taken on 4/22/20 link	Action taken on 4/6/20 link Action taken on 4/6/20 link Action taken on 4/6/20 link	—	Action taken on 4/15/20 link	—	Action taken on 4/23/20 link	—	Action taken on 4/6/20 link Action taken on 4/15/20 link Action taken on 4/28/20 link	—	Action taken on 4/6/20 link Action taken on 4/22/20 link
<i>Illinois</i>	Action taken on 3/2/20 link	—	Action taken on 3/2/20 link Action taken on 3/25/20 link	—	—	—	—	—	Action taken on 3/2/20 link Action taken on 4/3/20 link Action taken on 4/20/20 link Action taken on 5/5/20 link Action taken on 6/8/20 link	—	Action taken on 4/16/20 link
<i>Indiana</i>	Action taken on 4/21/20 link Action taken on 11/23/20 link Action taken on 12/31/20 link	—	Action taken on 4/21/20 link	—	—	—	—	—	Action taken on 3/26/20 link Action taken on 5/7/20 link	—	Action taken on 3/26/20 link Action taken on 4/14/20 link Action taken on 5/11/20 link Action taken on 6/1/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
											Action taken on 6/4/20 link
<i>Iowa</i>	Action taken on 6/22/20 link	Action taken on 4/1/20 link	Action taken on 3/27/20 link	—	—	—	—	—	Action taken on 3/19/20 link	—	Action taken on 3/25/20 link Action taken on 4/9/20 link Action taken on 5/29/20 link
<i>Kansas</i>	—	—	—	—	—	—	—	—	—	—	Action taken on 3/17/20 link
<i>Kentucky</i>	Action taken on 4/30/20 link Action taken on 7/1/20 link	—	Action taken on 3/18/20 link Action taken on 3/25/20 link Action taken on 4/24/20 link	Action taken on 4/3/20 link	Action taken on 3/30/20 link Action taken on 11/19/20 link	Action taken on 4/24/20 link	—	—	Action taken on 4/24/20 link Action taken on 4/30/20 link Action taken on 5/18/20 link	Action taken on 3/27/20 link Action taken on 3/30/20 link Action taken on 4/24/20 link	Action taken on 3/18/20 link Action taken on 4/3/20 link Action taken on 4/7/20 link Action taken on 4/30/20 link
<i>Louisiana</i>	Action taken on 4/17/20 link Action taken on 4/31/20 link	—	Action taken on 4/23/20 link	—	—	Action taken on 5/5/20 link	Action taken on 3/31/20 link	—	Action taken on 4/23/20 link Action taken on 4/27/20 link	—	Action taken on 4/6/20 link Action taken on 4/14/20 link Action taken on 4/23/20 link
<i>Maine</i>	Action taken on 3/12/20 link Action taken on 6/18/20 link Action taken on 6/18/20 link	Action taken on 3/27/20 link	Action taken on 3/12/20 link Action taken on 3/12/20 link Action taken on 3/20/20 link	—	Action taken on 4/15/20 link	Action taken on 8/15/20 link	—	—	Action taken on 4/6/20 link Action taken on 8/20/20 link	—	Action taken on 4/15/20 link Action taken on 4/24/20 link Action taken on 4/29/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 9/22/20 link										Action taken on 1/15/21 link
<i>Maryland</i>	Action taken on 3/6/20 link Action taken on 3/10/20 link Action taken on 9/4/20 link Action taken on 12/14/20 link	Action taken on 7/30/20 link	Action taken on 3/6/20 link Action taken on 4/30/20 link Action taken on 7/30/20 link	—	Action taken on 3/20/20 link Action taken on 3/30/20 link	Action taken on 9/17/20 link Action taken on 1/4/21 link	Action taken on 4/13/20 link	Action taken on 4/9/20 link	Action taken on 3/20/20 link Action taken on 3/25/20 link Action taken on 4/6/20 link Action taken on 7/2/20 link Action taken on 8/11/20 link Action taken on 8/13/20 link Action taken on 9/1/20 link Action taken on 9/28/20 link Action taken on 11/25/20 link Action taken on 1/12/21 link Action taken on 1/26/21 link Action taken on 3/24/21 link	Action taken on 3/16/20 link Action taken on 3/23/20 link Action taken on 7/23/20 link	Action taken on 3/26/20 link Action taken on 6/16/20 link Action taken on 8/14/20 link
<i>Massachusetts</i>	Action taken on 3/6/20 link Action taken on 3/30/20 link	Action taken on 3/12/20 link Action taken on 3/30/20 link	Action taken on 3/16/20 link Action taken on 3/26/20 link	Action taken on 3/27/20 link	—	—	Action taken on 3/25/20 link	—	Action taken on 3/23/20 link Action taken on 5/18/20 link	—	Action taken on 4/3/20 link Action taken on 4/3/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 4/9/20 link Action taken on 4/30/20 link Action taken on 5/18/20 link Action taken on 5/21/20 link Action taken on 6/25/20 link Action taken on 7/8/20 link Action taken on 7/29/20 link Action taken on 12/29/20 link Action taken on 12/29/20 link Action taken on 1/21/21 link Action taken on 2/3/21 link Action taken on 4/2/21 link Action taken on 4/9/21 link	Action taken on 6/23/20 link	Action taken on 3/26/20 link Action taken on 6/8/20 link						Action taken on 12/29/20 link		Action taken on 4/29/20 link Action taken on 7/20/20 link Action taken on 9/22/20 link Action taken on 10/7/20 link Action taken on 12/29/20 link
<i>Michigan</i>	Action taken on 10/19/20 link	—	Action taken on 3/30/20 link Action taken on 3/30/20 link	—	—	Action taken on 4/13/20 link	—	Action taken on 5/7/20 link	Action taken on 4/13/20 link Action taken on 5/22/20 link	—	Action taken on 4/13/20 link Action taken on 4/13/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
			Action taken on 4/10/20 link Action taken on 4/10/20 link Action taken on 4/30/20 link								Action taken on 4/22/20 link Action taken on 10/16/20 link Action taken on 10/26/20 link Action taken on 10/27/20 link
<i>Minnesota</i>	Action taken on 3/13/20 link	—	—	—	—	—	Action taken on 3/19/20 link	—	Action taken on 6/22/20 link	—	Action taken on 3/30/20 link Action taken on 4/28/20 link
<i>Mississippi</i>	Action taken on 1/27/21 link	—	Action taken on 3/16/20 link Action taken on 4/14/20 link Action taken on 6/25/20 link Action taken on 9/17/20 link Action taken on 12/9/20 link Action taken on 1/7/21 link	—	—	—	—	—	Action taken on 3/23/20 link Action taken on 3/25/20 link Action taken on 4/1/20 link	Action taken on 9/1/20 link	Action taken on 4/1/20 link Action taken on 4/7/20 link Action taken on 4/14/20 link
<i>Missouri</i>	Action taken on 3/3/20 link	—	Action taken on 3/3/20 link Action taken on 3/24/20 link Action taken on 5/15/20 link	—	—	—	—	—	Action taken on 3/21/20 link Action taken on 4/10/20 link Action taken on 5/7/20 link	Action taken on 5/12/20 link	Action taken on 3/24/20 link Action taken on 4/13/20 link Action taken on 5/14/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
			Action taken on 12/1/20 link						Action taken on 6/17/20 link		Action taken on 6/15/20 link
Montana	—	—	—	—	—	Action taken on 4/9/20 link Action taken on 4/13/20 link	—	—	—	—	—
Nebraska	—	Action taken on 3/23/20 link	—	—	—	—	—	—	Action taken on 3/27/20 link	Action taken on 3/23/20 link Action taken on 3/31/20 link Action taken on 4/8/20 link Action taken on 4/17/20 link Action taken on 5/1/20 link	Action taken on 3/23/20 link Action taken on 3/31/20 link Action taken on 4/8/20 link Action taken on 4/17/20 link Action taken on 5/1/20 link Action taken on 7/28/20 link Action taken on 10/1/20 link
Nevada	Action taken on 3/5/20 link	Action taken on 3/30/20 link Action taken on 7/29/20 link	Action taken on 3/30/20 link	—	—	—	—	Action taken on 3/30/20 link	—	Action taken on 4/1/20 link Action taken on 4/1/20 link Action taken on 4/27/20 link	Action taken on 3/18/20 link Action taken on 4/1/20 link Action taken on 4/1/20 link Action taken on 4/27/20 link Action taken on 6/1/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
<i>New Hampshire</i>	Action taken on 3/10/20 link	Action taken on 3/10/20 link Action taken on 4/8/20 link	Action taken on 3/10/20 link Action taken on 3/23/20 link Action taken on 4/8/20 link	—	Action taken on 4/20/20 link	Action taken on 5/1/20 link	—	—	—	Action taken on 3/24/20 link Action taken on 3/26/20 link Action taken on 3/30/20 link	Action taken on 3/24/20 link Action taken on 3/30/20 link Action taken on 4/16/20 link Action taken on 5/14/20 link Action taken on 7/16/20 link Action taken on 10/6/20 link Action taken on 10/8/20 link Action taken on 2/3/21 link
<i>New Jersey</i>	Action taken on 5/13/20 link Action taken on 1/7/21 link	Action taken on 3/10/20 link Action taken on 3/22/20 link Action taken on 4/10/20 link Action taken on 4/10/20 link Action taken on 4/10/20 link Action taken on 4/24/20 link Action taken on 5/13/20 link	Action taken on 3/24/20 link Action taken on 3/10/20 link Action taken on 3/22/20 link Action taken on 4/10/20 link Action taken on 4/24/20 link	—	—	Action taken on 5/12/20 link	Action taken on 3/16/20 link	—	Action taken on 3/19/20 link Action taken on 4/9/20 link Action taken on 4/10/20 link	Action taken on 5/1/20 link Action taken on 8/16/20 link	Action taken on 4/10/20 link Action taken on 5/1/20 link Action taken on 5/1/20 link Action taken on 8/3/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
			Action taken on 5/13/20 link Action taken on 9/11/20 link						Action taken on 4/10/20 link Action taken on 4/10/20 link Action taken on 5/28/20 link		
<i>New Mexico</i>	Action taken on 3/6/20 link Action taken on 12/4/20 link Action taken on 12/18/20 link Action taken on 12/23/20 link	Action taken on 3/6/20 link Action taken on 3/17/20 link Action taken on 4/13/20 link Action taken on 4/20/20 link	Action taken on 3/6/20 link Action taken on 3/17/20 link Action taken on 4/13/20 link Action taken on 4/20/20 link	Action taken on 12/4/20 link	—	Action taken on 4/29/20 link	—	—	Action taken on 3/20/20 link Action taken on 4/1/20 link Action taken on 8/4/20 link	Action taken on 3/23/20 link	Action taken on 3/23/20 link Action taken on 12/4/20 link
<i>New York</i>	Action taken on 3/3/20 link Action taken on 3/10/20 link Action taken on 5/19/20 link Action taken on 5/21/20 link Action taken on 5/22/20 link Action taken on 6/26/20 link Action taken on 8/5/20 link Action taken on 12/16/20 link	Action taken on 3/3/20 link Action taken on 3/15/20 link Action taken on 3/20/20 link Action taken on 4/22/20 link Action taken on 5/2/20 link	Action taken on 3/3/20 link Action taken on 3/15/20 link Action taken on 3/20/20 link Action taken on 4/22/20 link Action taken on 5/2/20 link Action taken on 8/18/20 link	—	—	Action taken on 3/10/20 link	Action taken on 3/27/20 link	—	Action taken on 3/10/20 link Action taken on 3/19/20 link Action taken on 3/30/20 link Action taken on 3/30/20 link Action taken on 8/18/20 link	Action taken on 3/6/20 link Action taken on 3/19/20 link Action taken on 4/3/20 link Action taken on 4/7/20 link Action taken on 6/11/20 link	Action taken on 3/6/20 link Action taken on 3/19/20 link Action taken on 3/25/20 link Action taken on 4/3/20 link Action taken on 4/7/20 link Action taken on 4/7/20 link Action taken on 5/21/20 link Action taken on 7/2/20 link Action taken on 8/6/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 12/23/20 link										Action taken on 11/2/20 link
<i>North Carolina</i>	—	Action taken on 3/10/20 link Action taken on 3/12/20 link	Action taken on 3/10/20 link Action taken on 3/12/20 link	—	—	Action taken on 4/14/20 link	—	—	Action taken on 3/26/20 link Action taken on 3/27/20 link Action taken on 3/30/20 link Action taken on 4/21/20 link	Action taken on 3/26/20 link Action taken on 4/17/20 link	Action taken on 3/19/20 link Action taken on 3/26/20 link Action taken on 3/31/20 link Action taken on 4/3/20 link Action taken on 4/17/20 link
<i>North Dakota</i>	Action taken on 3/11/20 link Action taken on 4/29/20 link Action taken on 11/13/20 link Action taken on 11/30/20 link	Action taken on 3/11/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link Action taken on 3/24/20 link Action taken on 3/25/20 link Action taken on 4/29/20 link	Action taken on 3/11/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link Action taken on 3/24/20 link Action taken on 3/25/20 link Action taken on 4/29/20 link	—	Action taken on 3/25/20 link	—	—	—	Action taken on 3/27/20 link Action taken on 3/30/20 link Action taken on 4/16/20 link	Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 4/20/20 link Action taken on 4/22/20 link	Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 4/1/20 link Action taken on 4/20/20 link Action taken on 4/22/20 link
<i>Ohio</i>	Action taken on 3/11/20 link Action taken on 3/20/20 link	Action taken on 3/11/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link	Action taken on 3/11/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link	—	—	—	Action taken on 3/24/20 link	—	Action taken on 3/20/20 link Action taken on 3/24/20 link Action taken on 3/30/20 link	Action taken on 4/15/20 link Action taken on 4/15/20 link	Action taken on 4/15/20 link Action taken on 4/15/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
									Action taken on 10/2/20 link Action taken on 10/2/20 link		
<i>Oklahoma</i>	Action taken on 3/17/20 link Action taken on 4/6/20 link Action taken on 5/22/20 link Action taken on 6/18/20 link Action taken on 10/30/20 link	Action taken on 3/17/20 link Action taken on 4/6/20 link	Action taken on 3/17/20 link Action taken on 4/6/20 link	—	Action taken on 6/18/20 link	Action taken on 4/27/20 link Action taken on 4/27/20 link	—	—	Action taken on 3/20/20 link Action taken on 4/6/20 link Action taken on 4/6/20 link Action taken on 4/7/20 link	Action taken on 3/20/20 link Action taken on 3/26/20 link Action taken on 4/8/20 link	Action taken on 3/20/20 link Action taken on 3/26/20 link Action taken on 3/26/20 link Action taken on 3/26/20 link Action taken on 4/8/20 link Action taken on 6/2/20 link Action taken on 6/18/20 link
<i>Oregon</i>	Action taken on 8/11/20 link Action taken on 2/4/21 link	Action taken on 4/10/20 link Action taken on 6/27/20 link	Action taken on 4/10/20 link	—	Action taken on 3/23/20 link Action taken on 4/9/20 link Action taken on 4/22/20 link	—	—	—	Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 4/10/20 link Action taken on 8/1/20 link	—	—
<i>Pennsylvania</i>	Action taken on 3/10/20 link Action taken on 3/10/20 link	Action taken on 4/8/20 link	Action taken on 4/8/20 link Action taken on 6/2/20 link	—	Action taken on 3/31/20 link	Action taken on 3/31/20 link Action taken on 4/8/20 link	Action taken on 4/3/20 link Action taken on 4/30/20 link	—	Action taken on 3/19/20 link Action taken on 4/13/20 link	Action taken on 3/19/20 link Action taken on 4/22/20 link	Action taken on 3/19/20 link Action taken on 3/19/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 3/6/21 link								Action taken on 6/23/20 link	Action taken on 4/13/20 link	Action taken on 3/31/20 link Action taken on 4/13/20 link Action taken on 4/13/20 link Action taken on 4/22/20 link Action taken on 9/22/20 link
<i>Rhode Island</i>	Action taken on 3/13/20 link Action taken on 5/26/20 link Action taken on 7/21/20 link Action taken on 11/24/20 link	Action taken on 3/13/20 link Action taken on 3/18/20 link Action taken on 4/6/20 link Action taken on 4/10/20 link Action taken on 4/27/20 link Action taken on 5/7/20 link	Action taken on 3/13/20 link Action taken on 3/18/20 link Action taken on 4/6/20 link Action taken on 4/10/20 link Action taken on 4/27/20 link Action taken on 5/7/20 link	—	—	—	—	—	Action taken on 3/25/20 link	Action taken on 3/19/20 link Action taken on 3/19/20 link Action taken on 4/17/20 link	Action taken on 3/19/20 link Action taken on 3/19/20 link Action taken on 4/17/20 link
<i>South Carolina</i>	—	—	—	—	—	—	Action taken on 4/8/20 link	—	Action taken on 3/25/20 link	Action taken on 4/2/20 link	Action taken on 4/2/20 link Action taken on 4/24/20 link Action taken on 9/15/20 link
<i>South Dakota</i>	Action taken on 3/25/20 link	Action taken on 3/25/20 link	Action taken on 3/25/20 link	—	—	—	—	—	—	Action taken on 4/17/20 link	Action taken on 9/10/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
<i>Tennessee</i>	Action taken on 3/9/20 link Action taken on 4/23/20 link	Action taken on 3/9/20 link Action taken on 4/23/20 link	Action taken on 3/9/20 link Action taken on 4/23/20 link	—	Action taken on 3/26/20 link	—	—	—	Action taken on 3/24/20 link Action taken on 4/3/20 link	Action taken on 4/13/20 link Action taken on 4/20/20 link Action taken on 4/24/20 link	Action taken on 4/13/20 link Action taken on 4/20/20 link Action taken on 4/24/20 link
<i>Texas</i>	Action taken on 3/19/20 link Action taken on 3/31/20 link Action taken on 4/10/20 link Action taken on 1/14/21 link	Action taken on 3/17/20 link Action taken on 3/19/20 link Action taken on 3/25/20 link Action taken on 3/31/20 link Action taken on 4/1/20 link Action taken on 4/1/20 link Action taken on 5/11/20 link	Action taken on 3/17/20 link Action taken on 3/19/20 link Action taken on 3/25/20 link Action taken on 3/31/20 link Action taken on 4/1/20 link Action taken on 4/1/20 link Action taken on 5/11/20 link	—	—	Action taken on 4/15/20 link	—	—	Action taken on 3/23/20 link Action taken on 3/27/20 link Action taken on 4/17/20 link Action taken on 5/21/20 link	Action taken on 3/24/20 link Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 3/27/20 link Action taken on 3/27/20 link Action taken on 3/27/20 link Action taken on 5/11/20 link	Action taken on 3/23/20 link Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 3/27/20 link Action taken on 3/27/20 link Action taken on 3/27/20 link Action taken on 5/11/20 link Action taken on 5/11/20 link Action taken on 8/4/20 link Action taken on 8/26/20 link
<i>Utah</i>	Action taken on 3/17/20 link Action taken on 5/13/20 link	Action taken on 3/17/20 link Action taken on 5/12/20 link	Action taken on 3/17/20 link Action taken on 5/12/20 link	—	Action taken on 4/2/20 link Action taken on 4/30/20 link	—	Action taken on 3/23/20 link	—	Action taken on 3/26/20 link	Action taken on 3/21/20 link Action taken on 4/8/20 link	Action taken on 3/21/20 link Action taken on 4/8/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 8/12/20 link Action taken on 4/14/21 link										Action taken on 5/27/20 link
<i>Vermont</i>	Action taken on 3/6/20 link Action taken on 4/14/20 link Action taken on 5/29/20 link Action taken on 9/17/20 link Action taken on 10/23/20 link	Action taken on 3/19/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link Action taken on 3/30/20 link Action taken on 3/30/20 link Action taken on 4/14/20 link Action taken on 5/13/20 link Action taken on 5/13/20 link Action taken on 7/21/20 link	Action taken on 3/19/20 link Action taken on 3/20/20 link Action taken on 3/20/20 link Action taken on 3/30/20 link Action taken on 4/14/20 link Action taken on 5/13/20 link Action taken on 7/21/20 link	—	—	—	—	—	Action taken on 3/20/20 link Action taken on 11/9/20 link	Action taken on 3/18/20 link	Action taken on 3/18/20 link
<i>Virginia</i>	Action taken on 5/23/20 link	Action taken on 4/8/20 link	—	—	Action taken on 4/8/20 link Action taken on 4/13/20 link Action taken on 5/11/20 link	Action taken on 4/7/20 link Action taken on 4/9/20 link	—	—	Action taken on 3/25/20 link Action taken on 3/27/20 link Action taken on 3/27/20 link	Action taken on 3/25/20 link Action taken on 3/27/20 link Action taken on 4/1/20 link Action taken on 4/21/20 link	Action taken on 3/25/20 link Action taken on 3/27/20 link Action taken on 4/1/20 link Action taken on 4/14/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
										Action taken on 4/24/20 link Action taken on 6/16/20 link	Action taken on 4/21/20 link Action taken on 4/24/20 link
<i>Washington</i>	Action taken on 3/5/20 link Action taken on 3/24/20 link Action taken on 5/1/20 link Action taken on 5/21/20 link Action taken on 6/4/20 link Action taken on 6/19/20 link Action taken on 7/29/20 link Action taken on 7/29/20 link Action taken on 8/28/20 link Action taken on 8/28/20 link Action taken on 9/14/20 link Action taken on 10/15/20 link Action taken on 11/13/20 link	Action taken on 3/5/20 link Action taken on 3/24/20 link Action taken on 3/25/20 link Action taken on 4/1/20 link Action taken on 4/3/20 link Action taken on 4/9/20 link Action taken on 4/14/20 link Action taken on 5/1/20 link	Action taken on 3/5/20 link Action taken on 3/24/20 link Action taken on 3/25/20 link Action taken on 5/1/20 link	—	Action taken on 3/25/20 link	Action taken on 4/7/20 link	—	—	Action taken on 3/25/20 link Action taken on 3/25/20 link Action taken on 6/1/20 link Action taken on 7/2/20 link Action taken on 10/23/20 link Action taken on 11/23/20 link	Action taken on 4/27/20 link Action taken on 5/1/20 link Action taken on 5/1/20 link	Action taken on 4/27/20 link Action taken on 4/27/20 link Action taken on 5/1/20 link Action taken on 5/1/20 link Action taken on 6/25/20 link Action taken on 7/16/20 link

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
	Action taken on 11/23/20 link Action taken on 12/11/20 link Action taken on 1/8/21 link Action taken on 2/5/21 link Action taken on 3/5/21 link Action taken on 4/2/21 link Action taken on 4/16/21 link Action taken on 4/16/21 link										

JURISDICTION	HEALTH			MEDICAL MALPRACTICE	PROPERTY AND CASUALTY				ALL LINES		
	Support of COVID-19 Diagnosis/Treatment	Maintenance or Increase of Coverage under Health Plans	Accommodations to Stay-at-Home Orders	Support for Medical Professionals	Special Coverage Expansions	Recommended or Mandated Premium Refunds	Action Regarding Business Interruption Coverage	Easing of Credit/Financial Rating Underwriting Restrictions	Accommodations to Policyholder Financial Hardship	Accommodations to Stay-at-Home Orders	Easing of Regulatory Filing Requirements
<i>West Virginia</i>	Action taken on 3/9/20 link Action taken on 5/11/20 link Action taken on 5/13/20 link Action taken on 7/9/20 link Action taken on 10/15/20 link	Action taken on 3/9/20 link Action taken on 3/13/20 link Action taken on 3/13/20 link Action taken on 3/13/20 link Action taken on 3/27/20 link Action taken on 4/1/20 link Action taken on 5/11/20 link Action taken on 5/13/20 link Action taken on 7/17/20 link	Action taken on 3/9/20 link Action taken on 3/13/20 link Action taken on 3/13/20 link	—	—	—	Action taken on 3/26/20 link	—	Action taken on 3/18/20 link Action taken on 5/15/20 link	Action taken on 3/13/20 link Action taken on 3/17/20 link Action taken on 3/23/20 link Action taken on 3/24/20 link Action taken on 3/26/20 link Action taken on 4/3/20 link	Action taken on 3/13/20 link Action taken on 3/17/20 link Action taken on 3/23/20 link Action taken on 3/24/20 link Action taken on 3/26/20 link Action taken on 4/3/20 link
<i>Wisconsin</i>	Action taken on 3/6/20 link Action taken on 10/13/20 link Action taken on 12/22/20 link Action taken on 2/9/21 link Action taken on 3/15/21 link	Action taken on 3/6/20 link Action taken on 3/26/20 link Action taken on 3/31/20 link Action taken on 4/21/20 link	Action taken on 3/6/20 link	—	Action taken on 3/23/20 link Action taken on 6/18/20 link	—	—	—	Action taken on 3/20/20 link	Action taken on 3/15/20 link Action taken on 3/19/20 link Action taken on 3/20/20 link Action taken on 4/22/20 link	Action taken on 3/15/20 link Action taken on 3/19/20 link Action taken on 3/20/20 link Action taken on 4/22/20 link Action taken on 5/29/20 link
<i>Wyoming</i>	Action taken on 6/10/20 link	Action taken on 3/11/20 link	Action taken on 3/11/20 link	—	—	Action taken on 4/22/20 link	—	—	—	Action taken on 3/23/20 link	Action taken on 3/23/20 link

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Alabama	1.	Health	Alabama Department of Insurance issued Bulletin No. 2020-02 to all insurance carriers authorized to transact health insurance on March 13, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin recommends that health carriers providing coverage through health benefit plans take the following measures:</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Make necessary and useful information available to insured and respond to queries expeditiously; 3. Waive cost-sharing for COVID-19 testing; 4. Review the adequacy of any telehealth programs; 5. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 6. Ensure utilization review decisions are made in a timely manner; 7. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 8. Ensure access to prescription drugs; and 9. Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	2.	All Lines	Alabama Department of Insurance issued Bulletin No. 2020-03 to all producers, adjusters and title insurance agents on March 25, 2020.	<p>Information for Producers, Adjusters and Title Insurance Agents Regarding Adjustments to Licensing Processes</p> <p>Bulletin advises producers, adjusters and title insurance agents on the extension of review periods for licensing applications and the waiver or adjustment of certain requirements for licensure.</p>
	3.	All Lines	Alabama Department of Insurance issued Bulletin No. 2020-04 to all regulated insurance entities on March 30, 2020.	<p>Business of Insurance Is Considered Essential in Times of Crisis</p> <p>The services and operations of regulated insurance entities are deemed essential services and operations. They are allowed to operate during the various orders which have been or may be issued by local governmental entities within Alabama. Insurers should seek to work remotely or behind closed doors when possible and should follow all CDC guidelines.</p>
	4.	Health Life P&C	Alabama Department of Insurance issued Bulletin No. 2020-05 to all admitted insurers authorized to write property and casualty insurance and life, health or disability insurance in Alabama; the Alabama Insurance Underwriting Association; licensed premium finance companies on March 30, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin recommends insurers consider the following actions for applicable policies in force as of March 13, 2020:</p> <ol style="list-style-type: none"> 1. Relaxing due dates for premium payments; 2. Extending grace periods; 3. Waiving late fees and penalties; 4. Allowing premium payment plans which will avoid a lapse in coverage; and 5. Expanding automobile coverage to allow personal vehicles to be covered while delivering food, medicine or other essential services for commercial purposes. <p>Bulletin recommends that insurers consider cancellation or non-renewal of policies only after exhausting all efforts to work with policyholders to continue coverage. A policy may be cancelled or non-renewed for legally recognized reasons or policy provisions other than late or failure to pay premiums.</p> <p>Bulletin requests insurers, producers and other licensees who accept premium payments to consider alternate methods of payment - consistent with safe social distancing standards to eliminate the need for in-person payment.</p>
	5.	P&C	Alabama Department of Insurance issued Bulletin No. 2020-06 on April 8, 2020.	<p>Guidance Regarding Return of Automobile Premium</p> <p>Bulletin urges carriers which offer automobile insurance to consider offering an immediate reduction in premium to reflect the reduced exposure resulting from the decrease in driving of motor vehicles resulting from the outbreak.</p>
	6.	Health	Alabama Department of Insurance issued Bulletin 2020-07 on April 17, 2020.	<p>Guidance Regarding Flexibility of Health Insurance</p> <p>Bulletin encourages insurers to permit employers to continue covering employees under group policies even if the employee would otherwise become ineligible due to a decrease in hours worked per week. Further, insurers are encouraged to permit employers to continue providing coverage to employees under group</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				policies regardless of any "actively at work" or similar eligibility requirements in the policy. Additionally, insurers are encouraged not to increase premium rates if possible. In addition, insurers are reminded of their responsibilities under COBRA and are encouraged to assist employers with their responsibilities.
	7.	P&C	Alabama Department of Insurance issued Bulletin 2020-09 on April 29, 2020.	<p>Guidance Regarding Contractual Deadlines Within Property and Casualty Insurance Policies</p> <ol style="list-style-type: none"> 1. In the event that insureds are unaware of a loss or unable to provide notice of a claim, due to factors beyond their control directly as a result of COVID-19, the Commissioner requests insurers to be lenient in the application of the policy language and consider whether or not late notice of a claim was preventable and if the late notice actually prejudiced the insurer's ability to adjust the claim. 2. Most policies include a provision requiring an insured to submit a Sworn Statement in Proof of Loss ("SSPOL") within 60 days (or some other specified timeframe) of the insurer's request. Many SSPOL forms require witness signatures or a notary public stamp. The Commissioner requests insurers to utilize SSPOL only when necessary and to relax the completion deadline if necessary to accommodate COVID-19-related circumstances. When the use of SSPOL is necessary, insurers may choose to accept electronic signatures consistent with the Uniform Electronic Transactions Act. 3. Policy benefits provided for additional living expenses, loss of use and rental reimbursement coverage are typically based on a stated dollar limit or specific length of time to complete repairs to covered dwellings. Policyholders may experience delays in repairs that are outside of their control due to COVID-19. Insurers are reminded that stated time periods may be prolonged during the COVID-19 crisis and policyholders should not be penalized due to delays outside of their control. 4. Property and casualty insurance policies typically require an insured party to provide an Examinations Under Oath ("EUO") at the request of the insurer. EUOs normally take place in person with a stenographer and other parties in close physical proximity within a room. Insurers must consider the safety of all parties and should consider remote technology for EUOs whenever possible. When remote technology is not available, insurers should consider delaying an EUO request until social distancing protocols have been relaxed. In-person EUOs during the COVID-19 crisis should only take place with the agreement of all parties and with strict adherence to all social distancing protocols established by the CDC and Alabama Department of Public Health. 5. For replacement cost payments, the Commissioner requests insurers give consideration to delays caused by COVID-19 by extending the allowable timeframe to notify the insurer of the policyholder's intent to recover withheld depreciation. Similarly, the insurer is urged to extend the allowable timeframe to make a claim for withheld depreciation. The extended timeframe must be determined by each carrier, however, it should not be less than an additional 12 months.
	8.	All Lines	Alabama Department of Insurance issued Bulletin 2020-10 on April 29, 2020. ²	<p>Guidance Regarding Producer Licensing</p> <p>In response to the COVID-19 outbreak:</p> <ul style="list-style-type: none"> • Applications for resident licenses will take approximately three weeks for review. • The Certificate of Completion for any prelicensing course which expires in March, April or May of 2020 is extended 90 days past the stated expiration date on the certificate. • A Prelicensing Provider whose primary contact is working from home may forgo the requirement for their signature to be notarized on a Certificate of Completion issued through the end of May 2020. • For courses approved as "Classroom," CE Providers will be able to offer those approved courses as live webinars. • For Self-Study CE courses, the Department will waive the examination proctoring requirement through the end of May 2020.
	9.	All Lines	Alabama Department of Insurance issued Bulletin 2020-12 on May 22, 2020. ³	<p>Guidance Regarding Producer, Adjuster and Title Insurance Agent Licensing Issues in Light of the COVID-19 Emergency</p> <p>In response to the COVID-19 outbreak, and effective as of May 25, 2020:</p> <ul style="list-style-type: none"> • The Certificate of Completion for any pre-licensing course is extended past the stated expiration date on the certificate as follows: <ul style="list-style-type: none"> • Expiration date in March of 2020 - extended 120 days • Expiration date in April or May of 2020 - extended 90 days • Expiration date in June of 2020 - extended 60 days

² This Bulletin supersedes and replaces Department of Insurance Bulletin No. 2020-03 issued on March 25, 2020.

³ This Bulletin supersedes and replaces Department of Insurance Bulletins No. 2020-03 issued March 25, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Expiration date in July of 2020 - extended 30 days A pre-licensing provider whose primary contact is working from home does not have to comply with the requirement for their signature to be notarized on a Certificate of Completion issued through the end of July of 2020. For continuing education ("CE") courses approved as "Classroom," CE Providers will be able to offer those approved courses as live webinars. For self-study CE courses, the examination proctoring requirement is waived through the end of July of 2020.
	10.	Health	Alabama Department of Insurance issued Bulletin No. 2020-13 to all insurance carriers authorized to transact health insurance on June 3, 2020.	<p>Health Insurance Premium Reduction Filing Guidance</p> <p>Some insurance companies with health insurance products are creating premium reduction or credit programs during the COVID-19 pandemic. As such, the Alabama Department of Insurance is issuing the following guidance:</p> <ul style="list-style-type: none"> An informational rate filing should be submitted via SERFF to include the timeframe, individual premium impact and whether the action applies to new business and/or renewal. A copy of the policyholder communication should be filed under the "Supporting Documentation" tab. The SERFF filing fee will be waived. If reasonably and consistently applied, reductions in premium or retroactive return of premium made in accordance with this Bulletin to accommodate COVID-19-related changes in exposure or risk profile will not be considered a rebate or unfair discrimination. If reasonably and consistently applied, premium adjustments will not be pursued by the Alabama Department of Insurance as violations of statutes governing returning premiums to policyholders or the frequency of premium changes, nor will they be considered out of compliance with approved rating plans, rules or policy language.
	11.	All Lines	Alabama Department of Insurance issued Bulletin No. 2020-15 to all producers, adjusters and title insurance agents on July 29, 2020. ⁴	<p>Revised Guidance Regarding Licensing Process for Producers, Adjusters and Title Insurance Agents</p> <p>Bulletin provides the following guidance:</p> <ul style="list-style-type: none"> Initial applications for resident licenses are expected to have a review period of approximately three weeks. The Certificate of Completion for any pre-licensing course is extended past the stated expiration date on the certificate as follows: <ul style="list-style-type: none"> Expiration date in March of 2020 - extended 120 days Expiration date in April or May of 2020 - extended 90 days Expiration date in June of 2020 - extended 60 days Expiration date in July of 2020 - extended 30 days Limitations on repeat examinations remain in effect. A pre-licensing provider whose primary contact is working from home does not have to comply with the requirement for their signature to be notarized on a Certificate of Completion issued through the end of August 2020. For continuing education ("CE") courses approved as "Classroom," CE Providers will be able to offer those approved courses as live webinars, provided that the CE provider first sends a list of such courses, together with pertinent webinar security information to the Alabama Department's Licensing Division. For self-study CE courses, the examination proctoring requirement is waived through the end of August 2020.
	12.	All Lines	Alabama Department of Insurance issued Bulletin No. 2020-16 to all producers, adjusters and title insurance agents on August 31, 2020. ⁵	<p>Revised Guidance Regarding Licensing Process for Producers, Adjusters and Title Insurance Agents</p> <p>Bulletin provides the following guidance:</p> <ul style="list-style-type: none"> Initial applications for resident licenses are expected to have a review period of approximately two weeks. The Certificate of Completion for any pre-licensing course is extended past the stated expiration date on the certificate as follows: <ul style="list-style-type: none"> Expiration date in March of 2020 - extended 120 days Expiration date in April or May of 2020 - extended 90 days

⁴ Bulletin supersedes and replaces Bulletins No. 2020-30, No. 2020-10 and 2020-12.

⁵ Bulletin supersedes and replaces Bulletins No. 2020-30, No. 2020-10, 2020-12 and 2020-15.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> • Expiration date in June of 2020 - extended 60 days • Expiration date in July of 2020 - extended 30 days • Limitations on repeat examinations remain in effect. • A pre-licensing provider whose primary contact is working from home does not have to comply with the requirement for their signature to be notarized on a Certificate of Completion issued through the end of September 2020. • For continuing education ("CE") courses approved as "Classroom," CE Providers will be able to offer those approved courses as live webinars, provided that the CE provider first sends a list of such courses, together with pertinent webinar security information to the Alabama Department's Licensing Division. • For self-study CE courses, the examination proctoring requirement is waived through the end of September 2020.
	13.	All Lines	Alabama Department of Insurance issued Bulletin No. 2020-19 to all producers, adjusters and title insurance agents on October 1, 2020. ⁶	<p>Revised Guidance Regarding Licensing Process for Producers, Adjusters and Title Insurance Agents</p> <p>Bulletin provides the following guidance:</p> <ul style="list-style-type: none"> • Initial applications for resident licenses are expected to have a review period of approximately two weeks. • The Certificate of Completion for any pre-licensing course is extended past the stated expiration date on the certificate as follows: <ul style="list-style-type: none"> • Expiration date in March of 2020 - extended 120 days • Expiration date in April or May of 2020 - extended 90 days • Expiration date in June of 2020 - extended 60 days • Expiration date in July of 2020 - extended 30 days • Limitations on repeat examinations remain in effect. • A pre-licensing provider whose primary contact is working from home does not have to comply with the requirement for their signature to be notarized on a Certificate of Completion issued through the end of December 2020. • For continuing education ("CE") courses approved as "Classroom," CE Providers will be able to offer those approved courses as live webinars, provided that the CE provider first sends a list of such courses, together with pertinent webinar security information, to the Alabama Department's Licensing Division. • For self-study CE courses, the examination proctoring requirement is waived through the end of December 2020.
	14.	All Lines	Alabama Department of Insurance issued Bulletin No. 2020-21 to all producers, adjusters and title insurance agents on December 23, 2020. ⁷	<p>Revised Guidance Regarding Licensing Process for Producers, Adjusters and Title Insurance Agents</p> <p>Bulletin provides the following guidance:</p> <ul style="list-style-type: none"> • Initial applications for resident licenses are expected to have a review period of approximately two weeks. • The Certificate of Completion for any pre-licensing course is extended past the stated expiration date on the certificate as follows: <ul style="list-style-type: none"> • Expiration date in March of 2020 - extended 120 days • Expiration date in April or May of 2020 - extended 90 days • Expiration date in June of 2020 - extended 60 days • Expiration date in July of 2020 - extended 30 days • Limitations on repeat examinations remain in effect. • A pre-licensing provider whose primary contact is working from home does not have to comply with the requirement for their signature to be notarized on a Certificate of Completion issued through the end of March 2021. • For continuing education ("CE") courses approved as "Classroom," CE Providers will be able to offer those approved courses as live webinars, provided that the CE provider first sends a list of such courses, together with pertinent webinar security information, to the Alabama Department's Licensing Division. • For self-study CE courses, the examination proctoring requirement is waived through the end of March 2021.

⁶ Bulletin supersedes and replaces Bulletins No. 2020-30, No. 2020-10, 2020-12, 2020-15 and 2020-16.

⁷ Bulletin supersedes and replaces Bulletins No. 2020-30, No. 2020-10, 2020-12, 2020-15, 2020-16 and 2020-19.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Alaska	1.	Health	Alaska Division of Insurance issued Bulletin No. 20-03 to all insurance carriers authorized to transact health insurance on March 3, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Provide for early refills or replacements of lost or damaged medications and expects this flexibility to continue while the potential for quarantine is high. Expected that carriers will allow affected consumers to obtain emergency supplies or refills without applying additional authorization requirements; 2. Adjust procedures as may be required to ensure consistency with guidance issued by the Centers for Disease Control and Prevention (CDC) and the Alaska Division; 3. Increase member communication as needed; and 4. Review and update contingency plans.
	2.	Health Life P&C	Alaska Division of Insurance issued Bulletin No. 20-06 to all insurance carriers authorized to transact insurance on March 16, 2020.	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin extends filing deadlines and review and response periods for rate, form and advertisement filings in response to the COVID-19 outbreak.</p>
	3.	Health	Alaska Division of Insurance issued Bulletin No. 20-07 to all insurance carriers authorized to transact health insurance on March 17, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the certain measures, pursuant to the recent passage of Alaska Stat. § 21.42.422 to expand telehealth coverage to all covered services of health care insurance plans in the individual and group markets subject to Title 21 of the Alaska Statutes, and particularly to ensure that consumers can access telehealth services from both network and non-network providers.</p>
	4.	Health Life P&C	Alaska Division of Insurance issued Bulletin No. 20-08 to all insurance carriers authorized to transact insurance on March 18, 2020.	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin prohibits carriers from terminating insurance contracts due to non-payment with prohibition to remain in effect until June 1, 2020.</p>
	5.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R20-02 to all insurance carriers authorized to transact health insurance on March 18, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Regulatory Order extends deadlines for external health care reviews.</p>
	6.	Health	Alaska Division of Insurance issued Bulletin No. 20-09 ⁸ to all insurance carriers authorized to transact health insurance on March 19, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Effective March 20, 2020, ensure that respiratory panel tests are no longer subject to the zero cost-sharing requirement; 2. Ensure that health plans that otherwise qualify as High Deductible Health Plans (HDHPs) will not lose that status merely because they cover the cost of testing for treatment of COVID-19 before plan deductibles have been met; 3. Ensure that no prior authorization or other medical management techniques are imposed for COVID-19 testing products, items, and services; 4. Waive cost-sharing for respiratory syncytial virus (RSV), influenza, COVID-19 testing; and 5. Liberalize telehealth benefits (see Bulletin 20-07).
	7.	P&C	Alaska Division of Insurance issued Bulletin No. 20-10 to all insurance carriers authorized to transact property and casualty insurance on March 20, 2020.	<p>Recommendations to Property & Casualty Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin notes that many property and casualty insurance policies calculate premiums based on exposure estimates made at the time the policy is issued. Due to the far-reaching effects of the COVID-19 outbreak and local, state, and federal governments' responses, for many policyholders, initial estimates are expected to be much higher than the exposure actually realized. Recognizing there are other difficult-to-quantify effects of the COVID-19 outbreak that will affect exposure</p>

⁸ Supersedes Alaska Bulletin 20-04.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				to loss in the near term, the Alaska Division encourages property and casualty insurers to allow policyholders to self-audit and self-report changes in their exposure or risk profile and adjust premiums according.
	8.	Health	Alaska Division of Insurance issued Bulletin No. 20-11 to all insurance carriers authorized to transact health insurance on March 27, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Permit employers to continue covering employees under group policies even if the employee would otherwise become ineligible due to decrease in hours worked per week; 2. Suspend deadlines for claims and appeals submissions; 3. Provide greater flexibility and coverage during the pandemic with respect to telehealth services; 4. Cover off-formulary prescription drugs if there is not a formulary drug to treat a covered condition due to a supply shortage related to COVID-19; and 5. Notify the Alaska Division of Insurance if they become aware of price-gouging, billing fraud or other unlawful trade practices.
	9.	Health	Alaska Division of Insurance issued Bulletin No. 20-12 to all insurers authorized to transact health insurance in the state of Alaska, registered third-party administrators, and other interested parties on March 29, 2020.	<p>Temporary Suspension of Certain Utilization Review and Notification Requirements</p> <p>Bulletin advises that insurers:</p> <ol style="list-style-type: none"> 1. Are required to pay claims for covered services when consumers are billed for services located at, sponsored by, or facilitated by the local, state, or federal government during the COVID-19 pandemic until such alternate sites are closed; 2. Should suspend preauthorization review for inpatient and outpatient services for the duration of the COVID-19 pandemic as determined by the Chief Medical Officer of the State of Alaska; 3. Should suspend concurrent review for inpatient hospital services provided; 4. Should suspend retrospective review for inpatient and outpatient services and emergency services and take other related measures; 5. Should suspend preauthorization requirements for post-acute placements following an inpatient hospital admission; 6. Should waive any requirements for location-based credentialing; 7. Should pay claims as soon as possible; and 8. Should suspend non-essential audits of hospital payments. <p>Third-party administrators are strongly encouraged to apply the provisions of this Bulletin to their administrative services agreements with self-funded plans.</p>
	10.	P&C	Director of the Alaska Division of Insurance issued Regulatory Order R20-03 to all insurers licensed in the state of Alaska, effective on April 15, 2020.	<p>Order Providing Premium Relief for Property and Casualty Insurers</p> <ol style="list-style-type: none"> 1. Property and casualty insurers may allow policyholders to self-audit and self-report changes in their exposure or risk profile and adjust premiums accordingly, or may adjust premiums based on broadly averaged estimates of exposure reduction. 2. For policies that are subject to audit, property and casualty insurers shall allow self-auditing and self-reporting in lieu of physical audits to the extent that physical audits are impracticable. 3. Prospective reductions in premium or retroactive refunds of premium made in good faith pursuant to the Order to accommodate COVID-19-related changes in exposure or risk profile will not be considered a violation of insurance law.
	11.	All Lines	Director of the Alaska Division of Insurance issued Regulatory Order R20-04 to all insurers licensed in the state of Alaska, effective on April 15, 2020.	<p>Order Protecting Consumers During COVID-19 Public Health Disaster Emergency</p> <ol style="list-style-type: none"> 1. Carriers are prohibited from terminating insurance contracts due to non-payment. Policyholders or their brokers shall notify insurers that they intend to continue coverage. Insurers will not be obligated to continue coverage if the policyholder obtains coverage elsewhere. In conjunction with this effort, the DOI will work with carriers to minimize the regulatory effects of such an extension, specifically financial review requirements. This provision prohibiting carriers from terminating insurance contracts due to non-payment expires June 1, 2020.⁹ 2. It is possible that electronic payment methods may not be operating correctly due to the immediate challenges of COVID-19 self-quarantining or potential closures of banks and other financial institutions. Consumers and business owners may also be facing significant financial challenges related to the

⁹ Order R20-07 Supersedes Alaska Order R20-04 only with respect to Provision 1 in Regulatory Order R20-04. Order R20-07 amends Provision 1 to state that the expiration of the prohibition on carriers terminating insurance contracts due to non-payment is June 1, 2020, as opposed to November 1, 2020..

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>emergency declaration. It is the DOI's expectation that any problems with premium payment during the extended period would be resolved by the insurance company without a consumer complaint being filed.</p> <ol style="list-style-type: none"> Insurers shall permit employers to continue covering employees under group policies even if the employee would otherwise become ineligible due to a decrease in hours worked per week. Insurers shall permit employers to continue providing coverage to employees under group policies regardless of any "actively at work" or similar eligibility requirement in the policy. Additionally, insurers are not permitted to increase premium rates or terminate a group policy based on a group's decreased enrollment or participation due to COVID-19. Insurers may request filings originally submitted as File and Use be treated as Prior Approval if their company experiences operational challenges due to COVID-19.
	12.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R20-05 to all insurers licensed in the state of Alaska, effective on April 15, 2020.	<p>Order to Health Insurers During COVID-19 Disaster Emergency</p> <ol style="list-style-type: none"> Health insurers are ordered to waive any cost-sharing for laboratory diagnostic testing for respiratory syncytial virus (RSV), influenza, and COVID-19. In addition, health insurers shall waive the cost-sharing for an office visit and urgent care center visit with the above testing, as well as for an emergency room visit with testing for the above. This waiver is applicable for in-network and out-of-network providers, facilities and laboratories. Health insurers are ordered to liberalize telehealth benefits during this period of increased infection. In addition to contracted telehealth services, insurers are reminded that group insurance contracts cannot contain a provision requiring services to be provided by a particular provider or facility. Health insurers are ordered to provide for early refills or replacements of lost or damaged medications. This flexibility is expected to continue for the duration of the public health disaster emergency. Insurers shall allow affected consumers to obtain emergency supplies or refills without applying additional authorization requirements. In addition, consumers must be able to access their necessary prescriptions from a local retail pharmacy even if their prescription supply is normally provided by mail order without concern of a penalty. Insurers may require that prescriptions containing opioids be obtained using the standard process. Insurers shall cover off-formulary prescription drugs if there is not a formulary drug to treat a covered condition due to supply shortages related to COVID-19. Insurers are ordered to suspend deadlines for claim filing and appeals.
	13.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R20-06 to all insurers licensed in the state of Alaska, effective on April 15, 2020.	<p>Order to Insurers Offering Health Care Plans to Remove Restrictions on Access to Health Care Services</p> <ol style="list-style-type: none"> Insurers must suspend preauthorization review for inpatient and outpatient services for the duration of the COVID-19 pandemic as determined by the Chief Medical Officer of the State of Alaska. Insurers must suspend concurrent review for inpatient hospital services provided. Insurers must suspend retrospective review for inpatient and outpatient services and emergency services. Insurers shall pay claims that are otherwise eligible for payment without first reviewing the claims for medical necessity. Insurers may request information to perform a retrospective review, reconcile claims and make any payment adjustments after June 1, 2020, subject to further evaluation as the COVID-19 situation develops. If health care provider accepts payment for such claims, it should not enforce any contractual limitations regarding the permissibility of retrospective review or overpayment recovery. Insurers must suspend preauthorization requirements for post-acute placements. Insurers must waive any requirements for location-based credentialing. This will allow providers to see patients in a variety of locations. Insurers must pay claims as soon as possible. During the state of emergency for COVID-19, insurers must suspend nonessential audits of hospital and provider payments. Insurers should toll time limits on overpayment recovery in, or any other agreed upon time limit between the hospital or provider and insurers during the suspension. Insurers must pay claims for covered services when consumers are billed for services located at, sponsored by, or facilitated by the local, state, or federal government during this pandemic until such alternate sites are closed.
	14.	All Lines	Alaska Division of Insurance issued Regulatory Order R20-07 on April 16, 2020, which amends Regulatory Order R20-04.	<p>Order Protecting Consumers During COVID-19 Public Health Disaster Emergency</p> <p>Order R20-07 Supersedes Alaska Order R20-04 only with respect to Provision 1 in Regulatory Order R20-04. Order R20-07 amends Provision 1 to provide that the expiration date for the prohibition on carriers terminating insurance contracts due to non-payment is June 1, 2020, rather than November 1, 2020.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	15.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R20-08 to all insurers licensed in the state of Alaska, effective on May 22, 2020.	<p>Expiration of Previously Issued Directives Regarding Measures to Be Taken by Health Insurers During COVID-19 Public Health Emergency</p> <p>In connection with certain provisions included in Order R20-06, Order R20-08 states that the requirement for insurers to take the following measures will expire on June 1, 2020:</p> <ol style="list-style-type: none"> 1. Suspension of preauthorization reviews for inpatient and outpatient services; 2. Suspension of concurrent reviews for inpatient hospital services; 3. Suspension of retroactive reviews for inpatient and outpatient services and emergency services; 4. Suspension of preauthorization requirements for post-acute placements; and 5. Suspension of non-essential audits of hospital and provider placements.
	16.	All Lines	Alaska Division of Insurance issued Bulletin B20-15 to insurers authorized to transact insurance business in the State of Alaska and other interested parties on August 12, 2020.	<p>Waiver of On-Site Review Requirement</p> <p>Given the COVID-19 outbreak, the Alaska Division of Insurance will not require insurers to conduct any of the required on-site reviews of managing general agents or third-party administrators in 2020. For 2020 only, insurers may conduct reviews of managing general agents or third-party administrators through electronic means to satisfy their on-site review obligations.</p>
	17.	Health	Alaska Division of Insurance issued Bulletin No. 20-18 to all insurance carriers authorized to transact health insurance on October 2, 2020.	<p>Guidance Regarding Coverage of Telehealth</p> <p>In response to the Alaska Division's receipt of numerous reports of insurers notifying consumers and health care providers that they will no longer cover telehealth services, the Bulletin reminds such insurers of their obligations under previously issued Bulletins and other legislation enacted earlier in 2020. Specifically, the Bulletin reminds insurers that they are required to expand telehealth coverage to all covered services of health care insurance plans in the individual and group markets. Such services must be provided by a health care provider licensed in Alaska. A prior in-person visit must not be required as a prerequisite to coverage of telehealth services.</p> <p>Insurers are further reminded that:</p> <ol style="list-style-type: none"> 1. They are prohibited from misrepresenting the facts relating to the coverage of an insurance policy. Knowingly advising consumers and health care providers that a mandated covered service is no longer covered would be considered a violation of this requirement, as would failing to pay for a mandated covered service. 2. If a health care insurer provides for services through a network, it must also provide a non-network option to covered persons. This requirement applies to telehealth services, and such services must be accessible to consumers from both network and non-network providers. 3. Health care providers are not required to use a particular technology platform (such as an insurer's proprietary software) for services to be covered, though health care providers must use a HIPAA compliant service to protect consumer privacy. 4. There is no limitation on the location of services for telehealth. Accordingly, within reason, if a service is covered when provided in-person, then the service should also be covered when performed via telehealth. 5. As required by the federal Mental Health Parity and Addiction Equity Act, quantitative and non-quantitative elements must be comparable between medical/surgical and behavioral health services.
	18.	All Lines	Alaska Division of Insurance issued Bulletin B20-20 to insurers authorized to transact insurance business in the State of Alaska and other interested parties on November 16, 2020.	<p>Extension of Waiver of On-Site Review Requirement</p> <p>Given the COVID-19 outbreak, the Alaska Division of Insurance will not require insurers to conduct any of the required on-site reviews of managing general agents or third-party administrators until May 31, 2021. Until that time, insurers may conduct reviews of managing general agents or third-party administrators through electronic means to satisfy their on-site review obligations.</p>
	19.	All Lines	Alaska Division of Insurance issued Bulletin B20-21 to insurers authorized to transact insurance business in the State of Alaska and other interested parties on November 16, 2020.	<p>Extended Review Period for Rate, Form and Advertisement Filings</p> <p>Given the COVID-19 outbreak, the Alaska Division of Insurance is informing insurers that review periods for rate, form and advertisement filings will be automatically extended as permitted by statute as follows:</p> <ul style="list-style-type: none"> • Prior Approval Forms: insurers will be allowed an additional 15 days to respond to objection letters for a total of 45 days. The Alaska Division will be permitted an additional 30 days for a total of 60 days.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> • File and Use Forms: filings will be automatically granted the 30-day extension. The filings must be completed within 60 days. • Prior Approval Rates: insurers will be allowed an additional 15 days to respond to an objection letter for a total of 45 days. The Alaska Division's review may take an additional 15 days resulting in 30 days for the Alaska Division to review. • File and Use Rates: with respect to certain filings, insurers and the Alaska Division will be allowed a 15-day extension, while with respect to other filings, insurers and the Alaska Division will be allowed a 30-day extension. The waiting period is automatically extended to 60 days. <p>Insurers are also notified that they may request that filings originally submitted as "file and use" be treated as "prior approval" if their company experiences operational challenges due to COVID-19. The Alaska Division reserves the right to treat "file and use" filings as "prior approval" as it deems necessary. A notice will be posted in the System for Electronic Rates and Forms Filing should this occur.</p>
	20.	Health	Alaska Division of Insurance issued Bulletin No. 20-24 to all insurance carriers authorized to transact health insurance on December 17, 2020.	<p>Guidance Regarding Coverage of Coronavirus Vaccine</p> <p>Because a federal interim final rule requires authorized or approved COVID-19 vaccines to be covered within 15 business days of the authorization or approval thereof, because of the potential for Alaskans to receive the vaccine prior to the end of that 15 business day period and because insurers have been supportive of expanded coverage of COVID-19 services, the Alaska Division of Insurance expects insurers to cover the authorized or approved vaccine from the date of the authorization or approval.</p>
	21.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R21-01 to all insurers licensed in the State of Alaska, effective on January 15, 2021.	<p>Order to Health Insurers During COVID-19 Disaster Emergency</p> <ul style="list-style-type: none"> • Insurers are ordered to waive any cost-sharing for laboratory diagnostic testing for respiratory syncytial virus ("RSV"), influenza and COVID-19 and for any office or urgent care visit in connection with such testing. • Insurers are directed to cover telehealth service categories "no less generously" than required by Medicare under the national public health emergency for the duration of the Alaska public health emergency. • Insurers are ordered to (i) provide for early prescription refills or replacements, (ii) permit customers affected by the pandemic to obtain emergency supplies of refills without additional authorization requirements, and (iii) cover off-formulary prescription drugs if there is not a formulary drug to treat a covered condition due to COVID-19-related supply shortages. Insurers may continue to use the standard process for prescriptions containing opioids. • Insurers are ordered to suspend any contract prohibition of family members providing covered home health care services.
	22.	P&C Health Life	Director of the Alaska Division of Insurance issued Regulatory Order R21-02 to all insurers licensed in the State of Alaska, effective on January 15, 2021.	<p>Order Extending Protections to Consumers During COVID-19 Public Health Disaster Emergency</p> <ul style="list-style-type: none"> • Insurers are ordered to permit employers to continue covering employees under group policies even if the employee would be otherwise ineligible due to a decrease in hours worked per week and must continue providing coverage to all employees regardless of any "actively at work" or similar eligibility requirements. While insurers may re-rate a group at renewal, insurers may not increase premiums or terminate a group policy based on a group's decreased enrollment or participation due to COVID-19 during a plan year. • Insurers are permitted to request that filings originally submitted as File and Use be treated as Prior Approval if their company experiences operational challenges due to COVID-19.
	23.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R21-03 to all insurers licensed in the State of Alaska, effective on January 15, 2021.	<p>Order Relating to COVID-19 Vaccinations and Treatments to Health Insurers Offering Health Care Insurance Policies in the State of Alaska</p> <ul style="list-style-type: none"> • Insurers are ordered to cover infusion therapies to treat COVID-19 under all plans covering infusion services. • Insurers are ordered to pay (with no cost-sharing by consumers) for the administration of the vaccine, whether that vaccine is received from a network or non-network vaccine administrator. • Insurers providing coverage under a health policy covering vaccines on an expense incurred basis (including grandfathered health care policies, short-term limited duration plans and excepted benefit policies) are ordered to cover vaccine administration at zero cost-sharing. • Insurers are ordered to recognize any provider offering the vaccine consistent with a state vaccination program, including health aides, public health nurses, pharmacy technicians or other local emergency medical services providers. • Insurers are not obligated to comply with standards for equitable settlements of claims under 3 AAC 26.110(a), as long as the final payment of COVID-19 vaccine administration is no lower than 150% of Medicare's reimbursement level for the geographic area in which the service is received.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	24.	Health	Director of the Alaska Division of Insurance issued Regulatory Order R21-04 to all insurers licensed in the State of Alaska, effective on January 15, 2021.	<p>Order to Insurers Offering Health Care Plans to Remove Restrictions on Access to Health Care Services</p> <ul style="list-style-type: none"> Insurers are ordered to waive any requirements for location-based credentialing to enable providers to see patients in a variety of locations. Insurers are ordered to pay claims for covered services when consumers are billed for services located at, sponsored by or facilitated by the local, state or federal government during the pandemic until such alternate sites are closed.
Arizona	1.	Health	Arizona Department of Health Services published certain recommendations with respect to protecting against the spread of COVID-19.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Recommendations mostly consolidate notifications of state and federal actions taken to combat COVID-19, including noting that teleworking is recommended where possible and that gatherings of 10 people or more should be postponed.</p>
	2.	Health	Arizona Governor's Executive Order 2020-07 includes certain requirements for entities regulated by the Department of Health Services and Department of Insurance, such as coverage for testing, on March 19, 2020.	<p>Required Measures to Be Taken by Health Insurers and Certain Other Entities to Manage COVID-19 Outbreak</p> <p>Executive Order requires applicable entities to take the following measures:</p> <ul style="list-style-type: none"> Skilled nursing facilities, intermediate care facilities and assisted living facilities must implement visitor policies designed to restrict the spread of COVID-19; Health carriers must cover COVID-19 diagnostic testing; Health carriers must waive cost-sharing for COVID-19 testing; Health carriers must encourage use of telemedicine, including by covering telemedicine visits at a lower cost-sharing point for consumers than the same in-office service; and State agencies will take action against price-gouging and consumer fraud.
	3.	Unemployment	Arizona Governor's Executive Order 2020-11 ensures those whose employment was affected by COVID-19 to have access to unemployment insurance on March 20, 2020.	<p>Access to Unemployment Insurance for Those Unemployed as a Result of COVID-19</p> <p>Executive Order requires that those individuals who have recently become unemployed as a result of the COVID-19 outbreak have access to unemployment insurance and removes certain additional requirements for obtaining such insurance.</p>
	4.	Health	Arizona Governor's Executive Order 2020-15 expands requirements for telemedicine services offered by health carriers regulated by the Department of Insurance, such as coverage for testing, on March 25, 2020.	<p>Expansion of Telemedicine Service Requirements</p> <p>Executive Order requires regulated entities to take the following measures to expand telemedicine coverage:</p> <ol style="list-style-type: none"> Provide coverage for telemedicine services (provided that the health care service provided through telehealth would be covered if it was an in-person visit); Establish reasonable requirements and parameters for telehealth services; Reimburse health care providers at the same level of payment for a telemedicine visit as they would for an in-person visit; and Allow all electronic means of delivery of telehealth (including telephone and video calls). <p>In addition, the Arizona Health Care Cost Containment System must require all Arizona Medicaid plans to cover all health care services that are covered benefits to be accessible by telemedicine.</p>
	5.	All Lines	Arizona Governor's Executive Order 2020-17 on Continuity of Work on March 26, 2020.	<p>Relaxing of Insurance Entity Licensing Requirements</p> <p>Order requires Insurance Department to:</p> <ul style="list-style-type: none"> Defer requirements to renew licenses for six months unless requirements can be completed online; Defer continuing education requirements by six months unless requirements can be completed online; Suspend all rules that limit online education requirements to issue or renew a license; Make every attempt to implement electronic or remote format examinations; Provide provisional licenses without examination, if testing cannot be completed online; and At the Department's discretion, waive licensing fees.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	6.	Health	Arizona Governor's Executive Order 2020-19 on Telemedicine for Pets and Animals on April 1, 2020.	<p>Requirements for Insurers Regarding Telehealth Services for Pets and Animals in Connection with COVID-19 Outbreak</p> <p>Insurers shall allow a patient's home to be an approved location to receive telemedicine services for pets and animals.</p>
	7.	Life Health	Office of the Director of the Arizona Department of Insurance & Financial Institutions issued Regulatory Bulletin 2020-02 to all life and disability insurers, health care services organizations, hospital, medical, dental and optometric service corporations on April 3, 2020.	<p>Required Measures to Be Taken by Health Insurers and Certain Other Entities to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable entities to take, among others, the following measures:</p> <ul style="list-style-type: none"> Plans of any network type must cover testing at out-of-network laboratories, including plans offered by health care services organizations (HCSOs); An HCSO must deliver services through contracted providers except in cases of network exception or emergency; HCSOs are expected to provide coverage for diagnostic testing at out-of-network laboratories consistent with the terms of the Order; Insurers are required to waive cost-sharing "related to" COVID-19 diagnostic testing, including copayments, coinsurance, and deductibles; Insurer plans must provide coverage for telemedicine services. Telemedicine coverage must be provided for all health care services that would be covered if provided through an in-person visit; Establish reasonable requirements and parameters for telehealth services; Insurers must encourage use of telemedicine, including by covering telemedicine visits at a lower cost-sharing point for consumers than the same in-office service; Insurers are expected to communicate the availability of services under the terms of the Order to their members; and Monitor provider grievance and appeals program.
	8.	All Lines	Arizona Department of Insurance issued Bulletin 2020-03 on April 14, 2020.	<p>Complying with Regulatory Requirements During the Public Health Emergency</p> <p>The Bulletin dictates specific extensions of filing deadlines applicable to a wide variety of mandatory filings due from insurers and other regulated entities.</p> <p>The Bulletin waives applicable "hard copy" filing requirements and notes that it expects companies to make filings in electronic form.</p> <p>The Bulletin expressly allows one jurat page signature and confirms that it will accept electronic signatures during the public health emergency.</p> <p>The Bulletin confirms that the Department will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>
	9.	All Lines	Arizona Department of Insurance issued Bulletin 2020-04 on April 16, 2020.	<p>COVID-19 and Insurance Customer Relief and Flexibility</p> <p>The Department encourages all insurers to work with their insureds during this time so that coverage continues, policies do not lapse and claimants have adequate time to fulfill requirements to obtain coverage/claim payment. The Department urges insurers to consider offering these and other types of relief:</p> <ol style="list-style-type: none"> Refraining from cancelling or non-renewing policies due to non-payment during this time of hardship; Granting a grace period for premium payments to be made when practicable or extending the time before non-payment of premium triggers an applicable grace period; Working with insureds on premium payment plans for late premium payments; Waiving late fees, interest and penalties; Delaying premium increases; Suspending the use of credit reports for rating; Refraining from cancelling auto policies due to deferred expiration of driver's license pursuant to the Governor's Executive Order 2020-08; Extending timeframes for health providers to submit claims; Extending timeframes for policyholders to replace or repair in order to ensure recovery of withheld depreciation; and Extending timeframes to undergo medical examinations. <p>The Department urges Arizona insurance consumers to contact their insurance companies to learn what customer relief options are being offered during the public health emergency. Many insurers are already offering a variety of options, such as:</p> <ul style="list-style-type: none"> Extending premium payment timeframes and offering payment plans for many types of insurance.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Waiving exclusions under personal auto policies for limited delivery of food, medicine or other essential goods. Making short term premium relief payments for personal and business policies. Waiving health insurance cost-share for COVID-19 treatment. Remotely adjusting property and casualty claims and premium audits to ensure social distancing. <p>Insurers implementing COVID-19-related customer relief programs must make an Informational Filing in SERFF to document their programs. The customer relief programs described in the filing and implemented during the public health emergency will not be considered violations of the Unfair Trade Practices Act.</p>
Arkansas	1.	Health Life P&C	Arkansas Insurance Department issued Bulletin 6-2020: State COVID-19 Health Emergency to all regulated insurance carriers on March 20, 2020.	<p>Required Measures to Be Taken by Regulated Insurance Carriers in Connection with the COVID-19 Outbreak</p> <p>Bulletin requires applicable entities to take the following measures:</p> <ol style="list-style-type: none"> Provide the Arkansas Insurance Department with the appropriate email contact which the insurer has designated to field consumer inquiries; Adjust claims as expeditiously as possible during this emergency in compliance with the provisions of Ark. Ins. Dep't Rule 43; and Abide by a 60-day moratorium on the cancellation/non-renewal of insurance policies for the non-payment of premiums for Arkansans diagnosed with/positively tested for COVID-19.
	2.	Health	Arkansas Insurance Department issued Bulletin 7-2020: Pharmacy Benefit Managers & the State Price Gouging Law to pharmacy benefits managers on March 23, 2020.	<p>Requirements for Pharmacy Benefits Managers to Monitor Pricing to Prevent Price Gouging</p> <p>Bulletin requires pharmacy benefits managers to monitor manufacturer and wholesaler pricing to ensure consumers have sufficient access to products during the emergency and to confirm any price increases with the Arkansas Insurance Department as they occur.</p>
	3.	Health Life P&C	Arkansas Insurance Department issued Bulletin 8-2020: Suspension of Random Audits of Pharmacists to all regulated insurance entities on March 23, 2020.	<p>Suspension of Random Audits of Pharmacists</p> <p>Bulletin advises regulated insurance entities that random in-person or "desk" audits of pharmacies by pharmacy benefit managers or health carriers constitutes an impediment to the managing of the COVID-19 pandemic and are suspended for 60 days backdated to March 11, 2020.</p>
	4.	P&C ¹⁰	Arkansas Insurance Department issued Bulletin 9-2020: Business Interruption Insurance & COVID-19 on March 23, 2020.	<p>Explanation of Business Interruption Insurance</p> <p>Bulletin informs consumers of the following:</p> <ol style="list-style-type: none"> For most business interruption policies, coverage is triggered when the policyholder sustains physical damage to insured property caused by a covered peril resulting in a quantifiable business interruption loss; "Civil authority" coverage may be purchased, which would apply when an insured is unable to access its property due to a government order as a result of physical damage to an adjacent or nearby property; Standard business interruption insurance policies generally exclude viruses and bacteria and/or communicable disease; and Arkansas Insurance Department has reviewed ISO endorsement forms related to business interruption insurance coverage for COVID-19 and has approved them for use in Arkansas.
	5.	Health Life P&C	Arkansas Insurance Department issued Bulletin 10-2020: Suspension of Consumer Signature Requirement for Pharmacist Services to all regulated insurance entities on March 24, 2020.	<p>Suspension of Consumer Signature Requirement for Pharmacist Services</p> <p>Bulletin advises regulated insurance entities that the requirement that consumers sign for their pharmacist services constitutes an impediment to the managing of the COVID-19 pandemic and is suspended for 60 days backdated to March 11, 2020.</p>

¹⁰ While this Bulletin pertains to business interruption, it is really geared towards consumers.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	6.	All Lines	Arkansas Insurance Department issued Bulletin 11-2020 to all regulated insurance entities on March 27, 2020.	<p>Extension of Insurance Producer License Renewals and Continuing Education Requirements</p> <p>Bulletin advises regulated insurance entities that the Arkansas Insurance Department is temporarily halting converting any individual producer's license status from active to inactive for failure to submit their producer renewal application or renewal fees and is extending the final renewal date for such licenses for 60 days backdated to March 11, 2020.</p> <p>In addition, any continuing education hours required to be completed by an individual producer's renewal date are now not due until May 15, 2020.</p>
	7.	P&C	Arkansas Insurance Department issued Bulletin 12-2020 to all regulated insurance entities on March 27, 2020.	<p>Moratorium on the Cancellation of Personal Lines Insurance Policies Resulting from Employment Disruption</p> <p>Bulletin advises regulated insurance entities that a moratorium on the cancellation/non-renewal of personal lines insurance policies is in effect and that such moratorium lasts for 60 days backdated to March 11, 2020. Application of this moratorium must be requested by affected policyholders from their carriers.</p>
	8.	Health	Arkansas Insurance Department issued Bulletin 13-2020 to all regulated insurance entities on March 27, 2020.	<p>Requirements Regarding Reimbursement of Telemedicine Services</p> <p>Bulletin requires regulated health insurance carriers to apply all applicable reimbursement requirements for health care services for health care services provided through telemedicine.</p>
	9.	Health	Arkansas Insurance Department issued Bulletin 15-2020 on April 9, 2020.	<p>Suspension of Payment Audits of Hospitals and Providers</p> <p>Bulletin directs all regulated health insurance carriers offering health insurance plans to suspend payment audits of hospitals and health care providers during the 60-day period backdated to March 11, 2020. Bulletin also directs such carriers to toll the time limit on overpayment recovery or any other agreed upon time limit between health insurers, hospitals and health care providers during the same period.</p>
	10.	Title	Arkansas Insurance Department issued Bulletin 16-2020 on April 9, 2020.	<p>Suspension of On-Site Audits by Title Insurers</p> <p>Bulletin directs all title insurers regulated by the Department to suspend on-site audits of agencies appointed with the insurer during the 60-day period backdated to March 11, 2020.</p>
	11.	Health Captives	Arkansas Governor issued Executive Order 20-16 on April 13, 2020.	<p>Public Health Emergency Regulatory Suspensions</p> <p>The Arkansas Insurance Commissioner is temporarily prohibiting a healthcare insurer's or an HMO's prior authorization or step therapy practices or protocols. For domestic captive insurance companies, in order to mitigate the spread of COVID-19 via in-person contact and to limit travel by out-of-state directors of domestic captive insurers, the requirements in Ark. Code § 23-63-1602(b)(2) to hold at least one board of directors meeting annually in Arkansas is deemed to be satisfied by holding a board meeting using remote communication method.</p>
	12.	All Lines	Arkansas Insurance Department issued Bulletin 18-2020 on April 14, 2020.	<p>Complying with Regulatory Requirements During the COVID-19 Public Health Emergency</p> <p>Bulletin allows insurers to request extensions of filing deadlines applicable to a wide variety of mandatory filings due for insurers and other regulated entities. Bulletin allows insurers to request an exception to otherwise applicable "hard copy" filing requirements. Bulletin also confirms that the Department will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>
	13.	All Lines	Arkansas Insurance Department issued Bulletin 17-2020 on April 16, 2020.	<p>Appointment Renewals for Producers in 2020</p> <p>Guidance sets out information for appointment renewals and terminations for producers in 2020.</p>
	14.	All Lines	Arkansas Insurance Department issued Bulletin 20-2020 on May 11, 2020.	<p>Rescission of COVID-19-Related Bulletins</p> <p>Effective May 11, 2020, the following Bulletins are rescinded:</p> <ul style="list-style-type: none"> Bulletin 6-2020: State COVID-19 Health Emergency Bulletin 7-2020: Pharmacy Benefit Managers & the State Price Gouging Law

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Bulletin 8-2020: Suspension of Random Audits of Pharmacies Bulletin 10-2020: Suspension of Consumer Signature Requirement for Pharmacists Services Bulletin 11-2020: License Renewal and Continuing Education Bulletin 12-2020: Cancellation Moratorium for Employment Disruption Bulletin 13-2020: Reimbursement for Telemedicine Bulletin 15-2020: Health Provider Audit Suspension Bulletin 16-2020: Title Insurance Audit Suspension Bulletin 18-2020: COVID-19 Financial Regulatory Compliance
	15.	All Lines	Arkansas Insurance Department issued Bulletin 21-2020 on May 11, 2020.	<p>45-Day Moratorium on Cancellations for Certain Policyholders Affected by the Emergency</p> <p>On May 5, 2020, Arkansas Governor Hutchinson issued Executive Order 20-25 declaring a statewide state of emergency for the purpose of extending by 45 days the declaration of Arkansas as a disaster area resulting from the statewide impact of COVID-19. To assist citizens who may struggle to overcome obstacles during this health emergency, the Bulletin imposes a 45-day moratorium on the cancellation/non-renewal of personal lines and life and health insurance policies for the non-payment of premiums for the following Arkansas residents who, since March 11, 2020, have:</p> <ol style="list-style-type: none"> Been diagnosed with/positively tested for COVID-19; or As a consequence of the COVID-19 health emergency, have been terminated or, laid off, or who are self-employed or an independent contractor and have experienced a cessation of work. <p>Additionally, the Bulletin directs all insurers and regulated entities that personal lines and life and health insurance policies for Arkansas residents described above in effect on May 5, 2020 remain in effect until such time as Executive Order 20-25 expires.</p> <p>The Bulletin additionally notes that this moratorium extension is not automatic. To be eligible for the 45-day moratorium, affected policyholders must request this extension from their insurance carriers. This moratorium applies only to cancellation or non-renewals attributed to a failure to pay premiums during the applicable 45-day period.</p>
	16.	All Lines	Arkansas Insurance Department issued Bulletin 22-2020 on May 11, 2020.	<p>Guidance Regarding Regulatory Compliance and Licensing</p> <p>Bulletin provides the following guidance:</p> <ol style="list-style-type: none"> All insurers and other regulated entities are directed to provide the Arkansas Department with the appropriate email address the company has designated to field consumer contacts during this health emergency. All insurers and other regulated industries are advised that they must continue to adjust claims as expeditiously as possible during this emergency in compliance with the provisions of AID Rule 43, and utilize all possible methods of adjusting claims remotely, such as telephone, email, facsimile, mobile applications, satellite imagery or 3D mapping, all the while striving to meet normal timeframes for the adjustment and resolution of claims whenever possible. Companies are reminded that they are still required to make all mandated electronic filings with the NAIC (e.g., quarterly financial statements, audited financial statements), as well as those that are not filed with the NAIC but filed with the Arkansas Department. <ul style="list-style-type: none"> However, if a company needs an extension, it may submit an extension request to the Arkansas Department. While companies are still expected to file certain documents according to existing original signature and notarization requirements, if an insurance company is unable to make hard copy filings at this time, the Arkansas Department will accept electronic filings with electronic signatures. At this time, the Arkansas Department will not conduct on-site examination work that is contrary to the spirit of any public health directive. At this time, the Arkansas Department is temporarily halting converting any individual producer's license status from active to inactive for failure to submit their producer renewal application or renewal fees. The final renewal date for individual producers has been extended and individual producer licenses shall not be converted to inactive status for the 45-day period beginning with the date Executive Order 20-25 was issued. If a producer fails to renew their license on or before the expiration of the Executive Order 20-25, then the license will expire as of that date. Any continuing education hours required to be completed by an individual producer's renewal date will not be due until July 1, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	17.	Health	Arkansas Insurance Department issued Bulletin 23-2020 on May 11, 2020.	<p>Guidance Affecting Hospitals and Healthcare Providers</p> <p>Bulletin provides the following guidance:</p> <ol style="list-style-type: none"> All health insurance carriers offering health insurance plans (including short-term limited-duration insurance plans) regulated by the Arkansas Department are directed to suspend payment audits of hospitals and healthcare providers during the 45-day period beginning with the date Executive Order 20-25 (described above) was issued. This suspension: <ul style="list-style-type: none"> Does not prevent health insurers from retroactively auditing payments once the emergency declaration expires; and Does not apply to cases where fraud is suspected. All health insurance carriers offering health insurance plans (including short-term limited-duration insurance plans) regulated by the Arkansas Department are directed to toll the time limit on overpayment recovery or any other agreed-upon time limit between health insurers, and hospitals or healthcare providers during the 45-day period beginning with the date Executive Order 20-25 was issued. All health insurance carriers offering health insurance plans (including short-term limited-duration insurance plans) regulated by the Arkansas Department are reminded that they must comply with the reimbursement requirements for healthcare services provided through telemedicine.
	18.	Health	Arkansas Insurance Department issued Bulletin 24-2020 on May 11, 2020.	<p>Guidance Regarding Pharmacy Benefit Managers and Pharmacy Services</p> <p>Bulletin provides the following guidance:</p> <ol style="list-style-type: none"> All pharmacy benefit managers and health insurance carriers offering health insurance plans (including short-term limited-duration insurance plans) regulated by the Arkansas Department are directed to suspend random audits (including, but not limited to in-person or "desk" audits) of pharmacies during the 45-day period beginning with the date Executive Order 20-25 was issued. <ul style="list-style-type: none"> Does not apply to cases where fraud is suspected. All pharmacy benefit managers and health insurance carriers offering health insurance plans (including short-term limited-duration insurance plans) regulated by the Arkansas Department are directed to suspend the requirement that pharmacy plan beneficiaries sign for the rendering of pharmacy services during the 45-day period beginning with the date Executive Order 20-25 was issued. Pharmacy benefit managers ought to monitor manufacturer and wholesaler pricing to ensure consumers have sufficient access to products during the emergency.
	19.	Title	Arkansas Insurance Department issued Bulletin 25-2020 on May 11, 2020.	<p>Guidance Regarding Title Insurance</p> <p>Bulletin directs all title insurers regulated by the Department to suspend on-site audits of agencies appointed with the insurer during the 45-day period beginning with the date Executive Order 20-25 was signed.</p>
	20.	All Lines	Arkansas Insurance Department issued Bulletin 26-2020 on June 19, 2020.	<p>Extension of COVID-19 Related Bulletins</p> <p>Bulletin states that, effective June 19, 2020, that the following Bulletins are extended for the duration of the public emergency in Arkansas:</p> <ol style="list-style-type: none"> Bulletin 21-2020 (45 Day Cancellation Moratorium); Bulletin 22-2020 (COVID-19 Regulatory Compliance); Bulletin 23-2020 (COVID-19 Hospitals & Healthcare Providers); Bulletin 24-2020 (COVID-19 PBMs & Pharmacy Services); and Bulletin 25-2020 (COVID-19 Title Insurers).
	21.	All Lines	Arkansas Insurance Department issued Bulletin 28-2020 on August 17, 2020.	<p>Moratorium on Cancellations for Certain Policyholders</p> <p>Bulletin imposes a moratorium on the cancellation or nonrenewal of personal lines and life and health insurance policies for nonpayment of premiums for those Arkansas residents who, since March 11, 2020 have:</p> <ol style="list-style-type: none"> Been diagnosed with or have positively tested for COVID-19; or

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>2. As a consequence of the COVID-19 health emergency, have been terminated or laid off or who are self-employed or an independent contractor and have experienced a cessation of work.</p> <p>Bulletin directs all insurers and regulated entities that personal lines and life and health insurance policies for Arkansas residents who fall into any of the above must remain in effect until the Order instituting a public health emergency in Arkansas expires. This moratorium is not automatic and in order to be eligible for its application, impacted policyholders must affirmatively request its application from their insurers. Insurers may request evidence of diagnosis or employment disruption. Bulletin notes that individuals who apply for and are approved to receive unemployment benefits are presumptively subject to the moratorium.</p> <p>Policyholders are advised that the moratorium is not a waiver, but rather a grace period in which to pay premiums. Insurers may work with impacted policyholders to set up a payment plan for premium due during the moratorium period or further extending the due date for payment. To the extent applicable, policyholders must make any necessary arrangements with their financial institutions to stop automatic premium payments.</p> <p>Bulletin emphasizes that the moratorium applies only to cancellation or non-renewals attributed to a failure to pay premiums during the public health emergency. Pursuant to statutory notice requirements, a policy may be cancelled or non-renewed for any other legally recognized reasons. Bulletin requests, however, that insurers take into account that persons diagnosed with COVID-19 may be unable to receive a notice of cancellation or nonrenewal. The moratorium does not prevent an insurer from cancelling or terminating an insurance policy for fraud or material misrepresentation by the insured.</p> <p>In addition, all insurers doing business in Arkansas who receive a claim on or after the date of the institution of the public health emergency from a policyholder who owes premium may offset the premium owed against any claim payment made to the insured under the insurance policy. Such offset is limited to the policy for which the claim is made and must be capped at \$500.00.</p>
	22.	All Lines	Arkansas Insurance Department issued Bulletin 29-2020 on August 17, 2020.	<p>Extensions of Portions of Certain COVID-19 Related Bulletins</p> <p>Bulletin extends for the durations of the public health emergency certain portions of prior Bulletins (primarily focused on pharmacy benefit managers). Specifically, pharmacy benefit managers licensed to do business in Arkansas and all health insurance carriers offering health insurance plans, including short-term limited-duration insurance plans, regulated by the Arkansas Insurance Department are directed to suspend the requirement that pharmacy plan beneficiaries sign for the rendering of pharmacy services during the duration of the public health emergency period, beginning with the date the public health emergency in Arkansas was declared and ending with the expiration of such declaration.</p> <p>Bulletin also clarifies that the ban on price-gouging remains in effect for the duration of the public health emergency and directs pharmacy benefit managers to monitor manufacturer and wholesaler pricing to ensure that consumers have sufficient access to products during the emergency. Pharmacy benefit managers are asked to confirm price increases with the Arkansas Insurance Department when they occur, at which point it will collaborate with the Arkansas Attorney General to address any applicable price-gouging.</p>
	23.	All Lines	Arkansas Insurance Department issued Bulletin 28A-2020 on August 27, 2020. Bulletin Amends Bulletin 28-20	<p>Moratorium on Cancellations for Certain Policyholders</p> <p>Bulletin imposes a moratorium on the cancellation or non-renewal of personal lines and life and health insurance policies for non-payment of premiums for those Arkansas residents who, since March 11, 2020 have:</p> <ul style="list-style-type: none"> • Been diagnosed with or have positively tested for COVID-19; or • As a consequence of the COVID-19 health emergency, have been terminated or laid off or who are self-employed or an independent contractor and have experienced a cessation of work. <p>Bulletin directs all insurers and regulated entities that personal lines and life and health insurance policies for Arkansas residents who fall into any of the above categories must remain in effect until the Order instituting a public health emergency in Arkansas expires. This moratorium is not automatic and in order to be eligible for its application, impacted policyholders must affirmatively request its application from their insurers. Insurers may request evidence of diagnosis or employment disruption. Bulletin notes that individuals who apply for and are approved to receive unemployment benefits are presumptively subject to the moratorium.</p> <p>Policyholders are advised that the moratorium is not a waiver, but rather a grace period in which to pay premiums. Insurers may work with impacted policyholders to set up a payment plan for premium due during the moratorium period or further extending the due date for payment. To the extent applicable, policyholders must make any necessary arrangements with their financial institutions to stop automatic premium payments.</p> <p>Bulletin emphasizes that the moratorium applies only to cancellation or non-renewals attributed to a failure to pay premiums during the public health emergency. Pursuant to statutory notice requirements, a policy may be cancelled or non-renewed for any other legally recognized reasons. Bulletin requests,</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>however, that insurers take into account that persons diagnosed with COVID-19 may be unable to receive a notice of cancellation or non-renewal. The moratorium does not prevent an insurer from cancelling or terminating an insurance policy for fraud or material misrepresentation by the insured.</p> <p>In addition, all insurers doing business in Arkansas who receive a claim on or after the date of the institution of the public health emergency from a policyholder who owes premium may offset the premium owed against any claim payment made to the insured under the insurance policy. Such offset is limited to the policy for which the claim is made.</p>
	24.	All Lines	Arkansas Insurance Department issued Bulletin 32-2020 on December 29, 2020.	<p>Complying with Regulatory Requirements During the COVID-19 Public Health Emergency¹¹</p> <p>Bulletin allows insurers to request extensions of filing deadlines applicable to a wide variety of mandatory filings due for insurers and other regulated entities. Bulletin allows insurers to request an exception to otherwise applicable "hard copy" filing requirements. Bulletin also confirms that the Department will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>
California	1.	Health	California Department of Insurance issued a Bulletin to all insurance carriers authorized to transact applicable forms of insurance on March 5, 2020.	<p>Recommendations and Requirements for Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires or reminds applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Where providing commercial health coverage, to waive cost-sharing for COVID-19 testing; Ensure enrollees have timely access to care; and To act proactively to ensure that consumers can access all medically necessary screening and testing of COVID-19.
	2.	Health	California Department of Managed Health Care issued an All Plan Letter to all full-service commercial and Medi-Cal care service plans on March 5, 2020.	<p>Recommendations and Requirements for Health Insurers to Manage COVID-19 Outbreak</p> <p>All Plan Letter requires or reminds applicable plans to take the following measures:</p> <ol style="list-style-type: none"> Where providing commercial health coverage, to waive cost-sharing for COVID-19 testing; Ensure enrollees have timely access to care; and To act proactively to ensure that consumers can access all medically necessary screening and testing of COVID-19.
	3.	Health	California Department of Managed Health Care issued an All Plan Letter to all health care service plans on March 12, 2020.	<p>Recommendations and Requirements for Health Insurers to Manage COVID-19 Outbreak</p> <p>All Plan Letter requires or reminds applicable plans to take the following measures:</p> <ol style="list-style-type: none"> Expand health care delivery via telehealth; and To decrease the need for in-person pharmacy visits.
	4.	Health	California Department of Managed Health Care issued an All Plan Letter to all health care service plans on March 18, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>All Plan Letter requires applicable plans to take the following measures:</p> <ol style="list-style-type: none"> Reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim; For services provided via telehealth, to not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in-person; and Provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video (provided the modality is medically appropriate).
	5.	Health	Commissioner of California Department of Insurance issued an Emergency Declaration to all insurance carriers authorized to transact health insurance on March 18, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Emergency Declaration requires that all applicable carriers submit emergency plans detailing how they will ensure continued access to medically necessary health care services for the duration of the declared COVID-19 state of emergency. The plans must include allowing for 90-day prescription drug refills, suspending refill waiting periods for all drug tiers, including specialty drugs, and maximizing telehealth to help health insurance policyholders who are sheltered in place.</p>

¹¹ Bulletin restates Bulletin 18-2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				The Emergency Declaration called for plans to be submitted by March 20, 2020.
	6.	Health Life P&C	Commissioner of California Department of Insurance issued a Notice to all insurance carriers on March 18, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Notice encourages all insurance companies and other California Department licensees to take steps during the crisis necessary to maintain their ability to process and pay insurance claims and provide other required consumer services for insureds in a reasonable and timely manner.</p> <p>In addition, Notice informs all insurance companies and other California Department licensees that the California Department intends to consider the extraordinary circumstances relating to the COVID-19 outbreak and the resulting disruptions to normal business operations when evaluating whether insurers and other California Department licensees have complied with their respective legal and commercial obligations during the COVID-19 pandemic.</p>
	7.	Health Life P&C	Commissioner of California Department of Insurance issued a Notice to all insurance carriers on March 18, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Notice requests that all insurance companies provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium during this challenging time due to circumstances beyond the control of the insured.</p>
	8.	Health Life P&C	Commissioner of California Department of Insurance issued a Notice to all insurance carriers on March 20, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>Notice discusses the various “shelter in place” order recently issued by federal, state and local public health officials. While the California Department does not determine whether public health officials intended that any specific aspect or function an insurance business be designated as an “essential business” or “essential activity” within the meaning of the public health orders, the California Department encourages insurers and other California Department licensees to use their discretion to determine which functions can be performed during this outbreak without jeopardizing the health and safety of their employees and other workers.</p> <p>Notice notes that many core or critical functions can be provided remotely, and encourages (a) insurers and California Department licensees to continue providing those functions remotely to the extent possible; and (b) to delay non-mandatory activities deemed non-essential until the resumption of normal operations.</p>
	9.	P&C	Commissioner of California Department of Insurance issued a Notice to all regulated insurance carriers on March 26, 2020.	<p>Request for Information Regarding Business Interruption and Related Coverage</p> <p>Notice issues an urgent data survey to regulated insurers in California, requesting answers relating to their commercial business interruption policies by April 9, 2020.</p>
	10.	Health	Commissioner of California Department of Insurance issued a Notice on March 30, 2020.	<p>Telehealth During COVID-19 State of Emergency</p> <p>Notice informed applicable carriers that:</p> <ul style="list-style-type: none"> • It is expected that health insurers will provide increased access to health care services through telehealth delivery platforms; • Insurers should allow all network providers to use all available and appropriate modes of telehealth delivery including, but not limited to, synchronous video and telephone-based service delivery; • To facilitate care with physical separation, insurers should immediately implement reimbursement rates for telehealth services that mirror payment rates for an equivalent office visit; • Networks must provide consumers access to medically appropriate care from a qualified provider; • Health insurers should eliminate barriers to providing medically and clinically appropriate care using appropriate telehealth delivery models by: (i) Waiving the requirement that certain services be available only to established patients; (ii) Enabling providers to provide services from their own home; (iii) Removing restrictions related to patient location as a prerequisite to receiving services (e.g. home, nursing home, or where they are physically present and can receive the service); (iv) Allowing authorizations to receive online, video, or telephone services to be given verbally, as long as cost-sharing is clearly disclosed; (v) Waiving requirements related to encryption; • Insurers should use telehealth service delivery methods to enable consumers to have access to behavioral health services, where clinically appropriate; • Insurers should allow existing and new patients access to medically necessary health care, including behavioral health and substance use disorder treatment, while minimizing the risk of spread or transmission of COVID-19;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> • Telehealth services delivered by in-network providers should replace in-person visits whenever possible and clinically appropriate; • Telehealth services should be available for all conditions, not just COVID19 or suspected COVID-19 cases, as clinically appropriate; • Cost-sharing requirements for services delivered via telehealth should be consistent with, or no greater than, the cost-sharing requirement established in the insurance policy documents for services delivered through in-person settings; and • Insurers should communicate to their consumers about options to receive health care services via appropriate telehealth delivery modes, especially for at-risk and vulnerable populations. <p>Failure to take the above measures may be a violation of the California Insurance Code.</p>
	11.	Health Life P&C	Commissioner of California Department of Insurance issued a Notice on April 3, 2020.	<p>Extension of Policyholder Deadlines that Impact Claims or Coverage Due to the Current State of Emergency Caused by the COVID-19 Outbreak</p> <p>Notice infomed all licensees that:</p> <ul style="list-style-type: none"> • They should not attempt to enforce policy or statutory deadlines on policyholders until 90 days after the end of the statewide “state of emergency” or other “state of emergency” that impacts a specific policyholder. (This includes, but is not limited to, deadlines for the submission of a sworn proof of loss, other claim forms, examinations under oath, medical examinations, physical inspections of insured property, separating damaged property from undamaged property, temporary repairs to prevent further damage, and any other policy, statutory, or insurer imposed deadlines placed on the policyholder where failure to comply could result in the forfeiture, limitation, or waiver of any policyholder(s) rights to benefits under any policy of insurance). • For P&C insurers paying for homes to be rebuilt from the 2018 wildfires, the insurers are reminded that they must provide no less than 36 months, plus additional six-month extensions for “good cause,” for insureds to collect full replacement cost and additional living expenses for delays in the reconstruction process that are the result of circumstances beyond the control of the insured, which includes the COVID-19 outbreak.
	12.	Health Life P&C	Commissioner of California Department of Insurance issued a Notice on April 3, 2020.	<p>Prelicensing Requirements During COVID-19 Pandemic</p> <p>The Insurance Department will not be issuing temporary licenses or waiving the legal licensing requirements for applicants to pass a qualifying examination and to submit fingerprints for a criminal background check.</p> <p>There are certain test centers that are open that implement appropriate social distancing practices.</p>
	13.	All Lines	Commissioner of California Department of Insurance issued a Notice to all regulated insurance entities on April 6, 2020.	<p>Guidance Regarding Electronic Signatures and Notarizations and Extension of Filing Requirements</p> <p>Notice encourages the electronic submission of required forms and filings (including corporate affairs applications) for the duration of the emergency and specifically allows for such filings to be made with electronic signatures and certifications, provided that properly executed original documentation is submitted within 90 days of the conclusion of the emergency.</p> <p>In addition, the deadline for the filing of statutory financial statements is extended for 90 days for (i) 2019 Annual Statements, (ii) 2019 supplemental filings, and (iii) 2020 First Quarter Filings, but not for Valuation of Securities filings.</p>
	14.	P&C	Commissioner of California Department of Insurance issued a Notice on April 9, 2020.	<p>Coverage for Delivery Drivers for California Essential Businesses During the COVID-19 Public Health Emergency</p> <p>The Department requests insurers to not deny a claim under a personal auto policy solely because the insured was engaged in providing delivery service on behalf of a California essential business impacted by the COVID-19-related closures and the delivery driver was operating within the course and scope of their duties on behalf of such essential business.</p> <p>The Department further requests that:</p> <ul style="list-style-type: none"> • Insurers add delivery coverage to personal auto policies for drivers engaged in delivery service on behalf of a California essential business impacted by the mandated changes relating to the pending health emergency in the operations of such business and not enforce any exclusions for commercial delivery activity under personal automobile policies. • Insurers allow California essential businesses to add retroactively additional drivers not previously named under such businesses’ commercial automobile policy if a driver is operating a vehicle covered by the policy within the scope of their duties for the specific essential business. • Insurers allow delivery coverage for drivers who utilize a personal motorcycle motor scooter and/or bicycle to engage in delivery services on behalf of California essential businesses under their personal auto policies if such policies already include motorcycle coverage for the insured driver.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Insurers that provide commercial general liability coverage to California essential businesses notify their insureds that commercial automobile coverage is available if requested. If the insured California essential business requests commercial automobile coverage, the Department requests that the insurer, either through a rider or stand-alone policy, provide this coverage to any insured California essential business impacted by Governor Newsom's March 19, 2020 Executive Order N-33-20 to close all non-essential businesses. <p>This Notice applies only to California essential business delivery drivers who do not have such coverage under their personal auto policy. This Notice is not intended to affect the coverage for any driver who otherwise has coverage for commercial deliveries.</p> <p>Insurers are also encouraged to provide the above-described coverages retroactively beginning on March 19, 2020.</p> <p>The Department requests insurers to provide the above-described coverages as soon as possible and to continue these coverages until at least 30 days after California essential businesses are no longer subject to restrictions.</p> <p>Any insurer intending to implement the provisions of this Notice should file any amended policy forms or endorsements with the Department and the Department will prioritize the review and approval of filings submitted pursuant to this Notice.</p>
	15.	P&C	Commissioner of California Department of Insurance issued Bulletin 2020-3 on April 13, 2020.	<p>Insurance Companies Ordered to Refund Premiums to Drivers and Businesses Affected by the COVID-19 Emergency</p> <p>Considering that projected loss exposures of many insurance policies have become overstated or misclassified due to the pandemic and the "shelter-in-place" orders, the Department has ordered certain insurers to make an initial premium refund, reflecting the change in risk and/or reduction of exposure bases, for the months of March and April in the following lines of insurance:</p> <ul style="list-style-type: none"> Private passenger automobile Commercial automobile Workers' compensation Commercial multi-peril Commercial liability Medical malpractice Any other line of coverage where the measures of risk have become substantially overstated as a result of the COVID-19 pandemic <p>Premium refunds to affected policyholders must be made as quickly as practicable, but no later than 120 days from the date of the Bulletin, and must include an explanation of the basis for the adjustment.</p> <p>The Department has ordered insurers to report to the Department, within 60 days of the date of the Bulletin, all actions and contemplated future actions to refund premiums.</p> <p>Insurers are exempt from the rate filing requirement in connection with premium refunds if the following actions are taken consistent with the insurer's existing rating plan:</p> <ul style="list-style-type: none"> Application of a uniform premium reduction for all policyholders in an individual line of insurance; or Reassessment of the classification and exposure bases of affected risks on a case-by-case basis.
	16.	P&C	Commissioner of California Department of Insurance issued a Notice on April 14, 2020.	<p>California Department Requires Insurance Companies to Fairly Investigate All Business Interruption Claims Caused by COVID-19</p> <p>The Department notifies all agents, brokers, insurance companies and other Department licensees that they are required to comply with their contractual, statutory, regulatory and other legal obligations, including but not limited to, the obligations set forth in the California Fair Claims Settlement Practices Regulations in connection with all California insurance claims including, but not limited to, business interruption insurance claims, event cancellation claims and other related claims filed by California businesses.</p>
	17.	All Lines	Commissioner of California Department of Insurance issued a Notice on April 22, 2020.	<p>Automatic Extension for Premium Tax Filing and Payment During COVID-19 Outbreak</p> <p>Pursuant to the Governor's Emergency Order N-40-20, any insurer or surplus line broker filing a premium tax return that requires the payment of less than \$1 million in premium tax (based on the 2019 Annual Tax Liability) is granted an automatic three-month extension to file its premium tax return and to pay any required premium tax.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Any insurer or surplus line broker that qualifies for the automatic extension will also be relieved automatically from any penalty or interest that would otherwise apply.</p> <p>This automatic extension is effective as of March 30, 2020 and will remain in effect for any premium tax return or premium tax payment of less than \$1 million due on or before July 31, 2020.</p> <p>Any insurer or surplus line broker that does not qualify for an automatic extension and is unable to meet the applicable filing deadlines may, prior to the applicable filing deadline, request an extension to file its premium tax return and pay the required premium taxes.</p> <p>Unless an extension of time to file a premium tax return or to pay the required premium taxes is granted automatically pursuant to this Notice, or an individual extension request is approved in writing by the Department of Insurance, late payments are subject to interest and/or penalties.</p>
	18.	P&C Workers' Compensation	Commissioner of California Department of Insurance issued Bulletin 2020-4 on May 15, 2020.	<p>Guidance Regarding Premium Refunds, Credits and Reductions in Response to COVID-19 Pandemic</p> <p>Bulletin extends Bulletin 2020-3 to include the month of May and provides the following clarifications with respect to such Bulletin:</p> <ol style="list-style-type: none"> Bulletin 2020-3 does not require a refund of 100% of premium for the months of March and April. <ul style="list-style-type: none"> An insurer that provides a partial refund of premium to policyholders, in a manner consistent with the premium refund approaches set forth in Bulletin 2020-3, and that takes into account only that portion of premium for the months of March and April where projected loss exposures of many insurance policies may have been misclassified or overstated, would comply with the partial premium refund requirements of Bulletin 2020-3 for the months of March and April. Bulletin 2020-3 required insurers, no later than 120 days after the date of the Bulletin, to provide each affected policyholder, if applicable, with a notification of the amount of the partial refund, a check, premium credit, reduction, return of premium or other appropriate premium adjustment. <ul style="list-style-type: none"> In addition, insurers must provide an explanation of the basis for the adjustment, including a description of the policy period that was the basis of the premium refund and any changes to the classification or exposure basis of the affected policyholder. Bulletin 2020-3 also required every insurer writing any of the applicable lines of insurance in California to report to the California Department within 60 days of the date of that Bulletin, all actions taken and contemplated future actions to refund partial premium in response to or consistent with this Bulletin. <ul style="list-style-type: none"> The notice to affected policyholders and the report by insurers to the California Department, as required by Bulletin 2020-3 and now Bulletin 2020-4, must also include information with respect to any premium adjustments for May 2020.
	19.	Workers' Compensation	Commissioner of California Department of Insurance adopted an Order on June 15, 2020	<p>Guidance Regarding Premium Charges for Workers' Compensation Insurance</p> <p>Order adopts emergency workers' compensation regulations in response to the pandemic which mandate insurance companies recompute premium charges for policyholders to reflect reduced risk of loss consistent with Bulletins 2020-3 and 2020-4. Under these emergency regulations, employers are permitted to reclassify an employee if the employee's duties have changed to a clerical classification that has reduced risk than the employee's previous classification. This reclassification would reduce the employer's premiums for employees who are a lower risk because they are now working from home (even though they may not have previously done so). This change is retroactive to March 19, 2020, and will conclude 60 days after the conclusion of the public health emergency.</p>
	20.	P&C Workers' Compensation	Commissioner of California Department of Insurance issued Bulletin 2020-8 on June 25, 2020. ¹²	<p>Guidance Regarding Premium Refunds, Credits and Reductions in Response to COVID-19 Pandemic</p> <ul style="list-style-type: none"> Bulletin extends Bulletins 2020-3 and 2020-4 through the month of June and extends the previous directives of Bulletins 2020-3 and 2020-4 to any months subsequent to June if the COVID-19 pandemic continues to result in projected loss exposures remaining overstated or misclassified. Information regarding premium relief provided to policyholders for the month of June and information regarding any premium relief provided to policyholders for the months of July and August as conditions warrant, must be submitted to the Department no later than October 1, 2020. Insurers must continue to provide premium relief information to the Department on a quarterly basis for any future months in which a premium adjustment is provided.

¹² Bulletin amended on December 3, 2020 to extend the directives and reporting requirements set forth in Bulletins 2020-3 and 2020-4 to include premium relief for the month of June commensurate with any reduced exposure to risk. Further, the amended Bulletin also extends the directives and reporting requirements set forth in Bulletins 2020-3 and 2020-4 to include premium relief for any months subsequent to June as conditions warrant.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> If conditions warrant that any premium relief is provided for the months of September, October or November, that information must be submitted to the Department no later than January 1, 2021. The extension of reporting required by this Bulletin does not change the previous deadline for insurers to provide direct relief to policyholders for March, April and May premiums by no later than August 11, 2020.
	21.	Health	Commissioner of California Department of Insurance issued a Notice on October 7, 2020.	<p>Premium Refund to Reflect Cost Savings Associated with Underutilization of Health Services Due to COVID-19 Pandemic</p> <p>Notice issued by the California Department of Insurance notes that, as a result of the ongoing COVID-19 pandemic, health insurance and specialized health insurance companies have experienced and continue to experience substantial net profits during calendar year 2020 as a result of cost savings associated with the underutilization of health services by their policyholders. Accordingly, the California Department of Insurance has requested that all health insurance and specialized health insurance companies provide their policyholders with a partial premium refund by December 31, 2020.</p> <p>The Notice states that such refunds should be reflected in the November or December 2020 premium statements sent to policyholders or certificate holders (assuming that such refunds have not already been issued). Each insurance company subject to the Notice will be allowed “reasonable flexibility” in determining how to accomplish and implement the refund of partial premium back to its policyholders and certificate holders. Companies may comply with the Notice by providing a premium credit, reduction, return of premium or other “appropriate premium adjustment.” The Notice specifically states that policies of specialized health insurance (such as dental insurance) that have a maximum annual benefit may instead accomplish the requested refund by increasing the covered person’s 2021 maximum annual benefit by a percentage reflecting the period during which covered services were not available during 2020.</p> <p>The Notice requires every insurance company subject to its provisions to report to the California Department of Insurance (if they have not already done so) all actions taken or contemplated future actions to be taken in response to its requirements within 45 days of the issuance of the Notice.</p>
	22.	P&C Workers’ Compensation	Commissioner of California Department of Insurance issued Bulletin 2021-3 on March 11, 2021.	<p>Additional Guidance Regarding Premium Refunds, Credits and Reductions in Response to COVID-19 Pandemic</p> <p>Bulletin expresses the California Department’s view that insurance companies’ returns of premiums to date have been insufficient to reflect the actual decrease in risk of loss due to the pandemic and directs insurance companies to take the following actions:</p> <ul style="list-style-type: none"> Do more to return additional premium from March 2020 forward, and report these additional premium returns to the California Department, commensurate with continuing reductions in the exposure to loss for particular lines of insurance. Communicate with their policyholders about how they will return premiums, as well as options available to consumers to reduce their ongoing premium. Consult this Bulletin for further guidance regarding the directives and reporting requirements set forth therein and in Bulletins 2020-3, 2020-4 and 2020-8. <p>With respect to private passenger automobile insurance, the Bulletin expresses the California Department’s view that many California drivers have been paying overstated premiums that do not reflect the reduced risk of loss during the continuing pandemic. Accordingly, the California Department imposes the following specific requirements on California insurance companies:</p> <ul style="list-style-type: none"> Insurance companies must do more to return overstated private passenger automobile premiums and continue to do so as long as the pandemic results in reduced risk of loss. Insurance companies are directed to communicate with their policyholders about how they will return premiums, as well as options available to consumers to reduce their ongoing premium. <ul style="list-style-type: none"> By way of example, for private passenger automobile insurance, if consumers are driving less, insurance companies must inform consumers about ways to reflect this change in driving patterns, such as asking consumers to report their actual driven mileage. As conditions persist that warrant additional premium relief, insurance companies must continue to provide premium relief information to the California Department on a quarterly basis as of the last day of each subsequent calendar quarter. If no premium relief is provided to policyholders in a calendar quarter, the subsequent report due shall indicate that no premium relief was provided to policyholders with an explanation of the reasons why no premium relief was provided. Additionally, for the private passenger automobile line of insurance and for other lines where loss experience now shows that premiums were overcollected, insurance companies are directed to report to the California Department information about the additional premium relief that they provide to consumers as

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>California recovers from the pandemic. For the first quarter of 2021 (due by April 30, 2021), insurance companies must also include a supplemental report to show how they plan to return additional premiums for the months of March through December 2020.</p> <ul style="list-style-type: none"> The extension of reporting required by this Bulletin does not change the previous deadline for insurers to provide direct relief to policyholders for September, October, November and December 2020 premiums by no later than February 1, 2021.
Colorado	1.	Health	Colorado Division of Insurance issued Bulletin No. B-4.104 to consumers and insurers that issue health coverage plans and/or health benefit plans on March 9, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Conduct an outreach and education campaign to remind individuals of their telehealth coverage options; Cover an additional one-time early refill of any necessary prescriptions to ensure individuals have access to their necessary medications should they need to limit close contact with others; and <ul style="list-style-type: none"> Does not apply to prescription drugs with a high likelihood of abuse, such as opioids. Ensure that coverage is provided for COVID-19 testing without the requirement that consumers pay co-pays, deductibles or co-insurance.
	2.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-01 , directed to all carriers offering individual, small group and large group health benefit plans, and managed care plans, including health-savings-account ("HSA")-qualified health benefit plans, and grandfathered health benefit plans on March 17, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Regulation requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Provide coverage for COVID-19-related in-network telehealth services with no cost-share for the covered person; Cover an additional one-time early refill of any necessary prescriptions to ensure individuals have access to their necessary medications should they need to limit close contact with others; and <ul style="list-style-type: none"> Does not apply to prescription drugs with a high likelihood of abuse, such as opioids. Provided covered person meets applicable criteria for COVID-19 testing, carriers must: <ul style="list-style-type: none"> Ensure that coverage is provided for COVID-19 testing with no cost-share for the covered person; Cover cost-sharing for an in-network provider office visit, an in-network urgent care center visit, and for an emergency room visit when a covered person is seeking testing for COVID-19 and are prohibited from requiring providers to collect cost-shares; and If an in-network provider is unable to conduct testing for COVID-19, carriers must cover such testing if performed by an out-of-network provider.
	3.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-02 , directed to all carriers offering individual health benefit plans on March 19, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Regulation allows for a special enrollment period that allows enrollment in an individual health benefit plan for a period of 15 days beginning March 20, 2020 until April 3, 2020.</p>
	4.	P&C	Colorado Division of Insurance issued Emergency Regulation 20-E-03 directed to carriers offering certain commercial automobile policies on March 26, 2020.	<p>Removal of Restrictions on Auto Insurance for Drivers for Restaurant Delivery</p> <p>Regulation removes restrictions on two different types of auto insurance for the duration of Colorado's closure of restaurants and similar establishments:</p> <ol style="list-style-type: none"> For restaurants that already have commercial automobile policies for drivers, the regulation allows those policies to cover new, unnamed drivers that will be put into delivery service during the COVID-19 emergency; and If a restaurant does not have a commercial policy, the regulation allows employees to use their own personal auto insurance for their vehicle. <ul style="list-style-type: none"> The regulation removes the restriction for the restaurant employee's personal insurance that would usually prevent commercial activity like food delivery. However, the regulation does not apply to workers who regularly deliver food or who work for other services not impacted by the restaurant closure.
	5.	Health	Colorado Division of Insurance issued Bulletin B-4.105 to health insurance carriers on March 27, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Make reasonable accommodations to prevent businesses and employees from losing coverage due to non-payment of premiums;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 2. Make reasonable accommodations for employer requests to provide flexibility for health coverage policy provisions that would restrict or negatively impact employee eligibility and the continuation of coverage if an employee's hours are reduced, or if they are laid off or furloughed (for as long as the applicable Executive Orders or Bulletins are in effect, whichever is latest); 3. Work with employers and employees to facilitate the continuation of coverage as required by current state and federal law; and 4. Ensure that employees who lose coverage can access a 60-day special enrollment period to enroll in individual coverage, including commercial insurance products, or if eligible, in Health First Colorado (Colorado's Medicaid Program).
	6.	P&C	Colorado Division of Insurance issued Bulletin B-5.38 to property and casualty insurance carriers on March 27, 2020.	<p>Required Measures to Be Taken by Property and Casualty Insurers During the COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to make reasonable accommodations to prevent individuals and businesses from losing coverage due to cancellation for the non-payment of premium.</p>
	7.	All Lines	Colorado Division of Insurance issued Bulletin B-1.35 regarding Service of Process.	<p>Availability of Alternative Methods for Service of Process</p> <p>The purpose of this Bulletin is to provide a temporary operating procedure for accepting alternative Service of Process during the COVID-19 emergency while the Division of Insurance is operating remotely and/or its offices are physically closed. At the present time, the Division is unable to receive hard copy submissions of Service of Process. Accordingly, Service of Process may be delivered either (i) to the Division of Insurance electronically, with a request for waiver of personal service, or (ii) in hard copy to the Attorney General's Office.</p>
	8.	Health	Colorado Division of Insurance announced COVID-19 Special Enrollment Period for Health Insurance Extended on April 2, 2020.	<p>COVID-19 Special Enrollment Period for Health Insurance Extended to April 30</p> <p>The COVID-19 Special Enrollment Period for individual health insurance will be extended to run through April 30, 2020. For anyone enrolling after April 3, 2020, their health insurance will become effective May 1, 2020.</p>
	9.	All Lines	Colorado Division of Insurance issued Emergency Regulation 20-E-04 effective on April 2, 2020.	<p>License/Registration Continuation (Including Continuing Education) During the COVID-19 Outbreak</p> <p>During the COVID-19 emergency, Colorado insurance licenses and registrations, including resident and non-resident producers, resident and non-resident insurance agencies, public adjusters and all current cash-bonding agents and professional cash-bail agents will not expire for any reason, including not meeting continuing education requirements, not meeting registration deadlines or lack of payment. Proctoring requirements for continuing education exams are also suspended during this time. The Commissioner will give licensees and registrants 60 days' notice before terminating the emergency continuation of licenses, which will afford licensees and registrants additional time to bring their licenses into compliance.</p>
	10.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-05 on April 3, 2020.	<p>Guidance Regarding Reimbursement of Telehealth Services</p> <p>Emergency Regulation requires that carriers providing telehealth services take the following measures:</p> <ol style="list-style-type: none"> 1. Reimburse providers for the provision of medically necessary covered health care services that are appropriately provided through telehealth; 2. Provide such reimbursement at rates not lower than in-person services delivered by providers and in compliance with state behavioral health parity laws; 3. Not impose specific requirements or limitations on the technologies used to deliver telehealth services; 4. Not require a covered person have a previously established patient/provider relationship with a specific provider in order for that covered person to receive medically necessary health care services via telehealth from that provider; 5. Not impose additional certification, location, or training requirements as a condition of reimbursing providers for using telehealth services; 6. Notify providers of any instructions necessary to facilitate billing for telehealth services; and 7. If a covered person is unable to access medically necessary health care services via telehealth from a participating provider, provide coverage for such telehealth services by a nonparticipating provider.
	11.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-06 on April 3, 2020.	<p>Guidance Regarding Establishment of a Special Enrollment Period</p> <p>In order to allow individuals not currently enrolled in health benefit plans in Colorado to enroll in a health benefit plan in order to receive coverage for COVID-19-related testing and care, carriers which offer individual health benefit plans are required to establish (subject to certain application and verification</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				requirements, a special enrollment period which begins on April 4, 2020 and extends through April 30, 2020 and ensures a coverage effective date which is no later than May 1, 2020.
	12.	P&C	Colorado Division of Insurance issued Bulletin B-5.39 on property and casualty insurers submitting filings for discounts during the COVID-19 emergency on April 6, 2020.	<p>Guidance Regarding the Institution of Discount or Premium Relief Efforts</p> <p>Bulletin states that, to the extent a property and casualty insurer would like to institute any discount or premium relief programs for its policyholders, it must first make a “file and use” filing with the Colorado Division which sets out justification for such action, including:</p> <ol style="list-style-type: none"> 1. A thorough explanation of the actuarial judgment, underwriting judgment, and any assumptions used to justify each such discount or premium relief; 2. The definition of those entitled to receive the discount or relief; 3. The amount of each discount or premium relief action; 4. The duration of the discount or premium relief action; and 5. An explanation of how the insurer will ensure that such discounts or premium relief will not result in dissimilar treatment or unfair subsidization of policyholders.
	13.	Health	Colorado Division of Insurance issued Bulletin B-4.106 on policy directives for commercial insurance market coverage of home health services related to COVID-19 or COVID-19-like symptoms on April 7, 2020.	<p>Guidance Regarding Commercial Insurance Market Coverage of Home Health Services</p> <p>Bulletin directs carriers who issue health coverage or health benefit plans to provide coverage for necessary medical equipment and medications for in-home treatment for patients who, as determined by a medical provider, can be appropriately monitored and treated at home. Such coverage may include coverage of certain types of durable medical equipment and medications as deemed medically necessary by the treating provider.</p>
	14.	Title	Colorado Division of Insurance announced consumer information regarding title insurance during the COVID-19 emergency on April 13, 2020.	<p>Closing Protection Letter and Social Distancing During Your Real Estate Transaction</p> <p>Due to the nature of the COVID-19 emergency, the Division of Insurance is urging all consumers who are sellers and buyers/borrowers of real estate to request a Closing Protection Letter from their title company.</p> <p>The Division urges consumers to take extra precautions to ensure social distancing practices during real estate transactions.</p>
	15.	Life Health	Colorado Division of Insurance issued Emergency Regulation 20-E-07 on April 18, 2020.	<p>Concerning Coverage and Reimbursement for COVID-19 Treatment During the COVID-19 Disaster Emergency</p> <p>Regulation subjects carriers offering individual, small group, large group plans, student health plans and managed care plans to the following requirements:</p> <ol style="list-style-type: none"> 1. COVID-19 must be considered an “emergency medical condition” and treated as such by carriers if any of the following occur: <ul style="list-style-type: none"> • A provider documents the patient as having COVID-19; • Documentation of a COVID-19 positive test; or • A presumptive positive COVID-19 test result. 2. For the purposes of treating the COVID-19 virus, all treatment provided at an out-of-network facility for COVID-19 shall be considered: <ul style="list-style-type: none"> • Emergency services that are ancillary to the emergency department of a hospital; and • Necessary to treat the COVID-19 emergency medical condition in order to stabilize the patient and to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or if necessitated by circumstances, in accordance with waivers or flexibilities issued by the federal government. 3. Treatment of COVID-19 is subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing; 4. Carriers must reimburse out-of-network providers for emergency services rendered to covered persons for treatment of COVID-19, but such covered persons shall only be responsible for cost-sharing for emergency services rendered during the emergency; and 5. Carriers must suspend prior authorization requirements for emergency services rendered to covered persons with emergency medical conditions during the emergency.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				Regulation also requires persons who are determined to have emergency medical conditions which are not COVID-19 to receive coverage during this time of a similar level to that those persons who do (including access to out of network providers and extended deadlines for claims submissions). In addition, for the duration of the emergency and the run-out of COVID-19-related claims, out-of-network providers are allowed to bundle COVID-19-related claims for purposes of the Colorado law arbitration program.
	16.	Health	Colorado Division of Insurance issued Bulletin B-4.107 on April 21, 2020.	<p>Policy Directives for Continuation of Individual Health Insurance Coverage During the COVID-19 Public Health Emergency</p> <p>Bulletin directs insurers offering individual health benefit plans to take the following measures during the emergency declared by the Governor:</p> <ol style="list-style-type: none"> 1. Defer the triggering of a grace period for a policyholder's failure to pay premium and make reasonable accommodations to prevent policyholders from losing coverage due to non-payment or partial payment of premiums; 2. Extend premium deferrals and premium due dates; 3. Accept partial payments; 4. Allow the use of payment plans; and 5. Waive late payment fees, installment fees, interest or other associated penalties. <p>These accommodations must be made available until 30 days after the conclusion of the emergency. If a carrier has issued a notification of health coverage cancellation for non-payment of premium for the month of April, the carrier is directed to withdraw the notification and inform the policyholder that the cancellation is suspended until 30 days after the conclusion of the emergency or this Bulletin is rescinded, whichever is earlier, unless the policyholder specifically directs the carrier to cancel coverage. The moratorium does not apply to cancellations in cases of fraud or intentional misrepresentation of a material fact.</p> <p>Bulletin also stresses the following:</p> <ol style="list-style-type: none"> 1. Carriers should work with policyholders to set up affordable payment plans to collect past due premiums without loss of coverage, and should not require the full payment as a balloon payment for past due premiums at the end of the emergency; 2. Any person or entity that accepts premium payments on behalf of a carrier is directed to allow practicable alternative methods of payment; 3. Carriers should provide policyholders who have failed to pay premium, in full or in part, during the emergency with information about the accommodations available to them; and 4. Carriers undertaking accommodations to protect policyholders as required by other states' directives and orders may submit a description of those accommodations to the Division for review as a means of satisfying the requirements of this Bulletin.
	17.	Health	Colorado Insurance Department issued Bulletin B-4.108 on April 30, 2020.	<p>Policy Directives for COVID-19 Testing during the COVID-19 Outbreak</p> <ul style="list-style-type: none"> • Carriers must utilize both in-network and in-state, out-of-network laboratories to process COVID-19 tests with no cost-sharing by the covered person. Any such test is an emergency medical service necessary to treat COVID-19 as an emergency medical condition and the carrier must reimburse any in-state, out-of-network laboratory used to process COVID-19 tests in accordance with 10-16-704(5.5), C.R.S. • Carriers must cover cost-sharing where licensed healthcare providers are administering testing for COVID-19 and are prohibited from requiring providers to collect cost-sharing. This testing must be covered when the testing is conducted in: an in-network provider office setting, an in-network urgent care center setting, an emergency room setting, and non-traditional care settings where licensed healthcare providers are administering the testing. • Emergency Regulation 20-E-01 requires carriers to ensure that coverage is provided for COVID-19 testing with no cost-sharing for the covered person. This requirement includes: <ul style="list-style-type: none"> • Any test approved for use in detecting or diagnosing of COVID-19 in accordance with the CARES Act and subsequent federal guidance, including serological testing; and • Any other tests a provider determines appropriate when determining the need for COVID-19 diagnostic testing, such as influenza or pneumonia testing. • Carriers are required to cover such tests without cost-sharing if a provider determines such testing is necessary even if the visit does not result in an order for or administration of a COVID-19 test.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	18.	All Lines	Colorado Department of Insurance have requested comments to a Draft Procedural Order on May 1, 2020.	<p>Draft Procedural Order Regarding Temporary Individual Resident and Non-Resident Insurance Producer Licenses</p> <p>Order sets out proposed requirements for issuance of temporary individual resident and non-resident insurance producer licenses and requests comments on the proposed order by 5:00 PM on May 1, 2020.</p>
	19.	All Lines	Colorado Department of Insurance issued a Notice effective as of May 1, 2020.	<p>Notice Regarding Reopening of Test Centers</p> <p>Notice announces that, as of May 1, 2020, Pearson VUE, the Colorado Division's licensing vendor, is opening its testing centers, which will be operating at 50% capacity.</p>
	20.	P&C	Colorado Department of Insurance issued Bulletin B-5.41 on May 5, 2020.	<p>Guidance Regarding On-Site Property Damage Inspections, Replacement Vehicles and Additional Living Expense (ALE) Requirements Due to COVID-19</p> <p>Bulletin seeks to ensure that consumers experiencing a loss covered by a property and casualty insurance policy are not adversely affected due to the inability of insurers to conduct in-person property damage inspections or any delays in an insured's ability to contract for auto and home repairs during the current COVID-19 emergency.</p> <p>Accordingly, Bulletin directs insurers to accept, to the extent reasonably possible, photographs and/or video, measurements and other reasonable digital data to document a claim for damaged property submitted to the insurer by a claimant, an insured or a valid representative of the claimant or insured. If electronic and digital information is not sufficient to document the loss, insurers and insureds may postpone an in-person property damage inspection to a reasonable and mutually agreeable date when the property may be safely inspected. Insureds and third-party claimants are still required to mitigate damages to the extent possible.</p> <p>Specifically, the Bulletin also requires insurers to take the following measures:</p> <ol style="list-style-type: none"> 1. With respect to third-party motor vehicle replacement coverage, to the extent repairs are delayed as a direct result of the COVID-19 emergency (and/or related regulatory measures), insurers are directed to consider additional days of motor vehicle replacement coverage until repairs are complete to the extent policy limits are available. 2. With respect to first-party rental vehicle coverage, to the extent the coverage is included in the insured's policy and repairs are delayed as a direct result of the COVID-19 emergency (and/or related regulatory measures), insurers are directed to provide additional days of coverage until repairs are completed. <ul style="list-style-type: none"> • If coverage is nearing exhaustion, insurers are strongly encouraged to consider additional days of coverage based on a reasonable explanation that the delays were the direct result of the COVID-19 emergency and the related regulatory measures. 3. With respect to additional living expenses/loss of rents coverage, to the extent such coverage is available and covered repairs are legitimately delayed for reasons that are out of the insured's control as a direct result of the COVID-19 emergency (and/or related regulatory measures), insurers are directed to extend such coverage under personal insurance policies to allow the insured a reasonable amount of time to complete repairs. <ul style="list-style-type: none"> • Insureds may request an extension of coverage in writing that explains the reasons for the request. If policy limits are near exhaustion the insurer shall consider such coverage extension requests and, if appropriate given the specific facts of the claim and delay, grant extensions in reasonable increments of time. 4. With respect to sworn statements, insurers shall not deny claims that require a sworn statement or sworn proof of loss accompanied by an inventory of lost property if, as a direct result of the COVID-19 emergency (and/or related regulatory measures), the insured is unable to provide the sworn statement, sworn proof of loss or complete the inventory within the contractual timeline. <ul style="list-style-type: none"> • Insurers are expected to work with policyholders to establish reasonable time limits to meet the insurer's justifiable requests for information and documentation. 5. With respect to personal and commercial real property policies that include replacement cost coverage, in the event an insured is unable to contract for initial repairs and/or is unable to complete initiated repairs to the property as a direct result of the COVID-19 emergency (and/or related regulatory measures), insurers are directed to provide a reasonable extension of time to complete repairs and submit documentation of completed repairs and receive the recoverable depreciation to the extent any is owed under the terms of the applicable policy.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	21.	Health	Colorado Insurance Commissioner issued a Letter to Colorado's Congressional delegation on May 7, 2020.	<p>Letter Regarding Federal Reinsurance Program and Request for Certain Financial Assistance to Those Receiving Tax Credits in the Individual Market</p> <p>Colorado Insurance Commissioner asks the Colorado Congressional delegation to work to (a) establish a federal reinsurance program to support state health insurance markets and (b) provide more financial assistance to those receiving tax credits in the individual market.</p>
	22.	All Lines	<p>Colorado Division of Insurance issued a Procedural Order adopted on May 11, 2020.</p> <p>Division of Insurance also issued Guidance pertaining to the Order.</p>	<p>Temporary Individual Resident and Non-Resident Insurance Producer Licenses</p> <p>Order provides guidance for the application and issuance of temporary producer licenses.</p>
	23.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-09 to all carriers offering individual, small group and large group health benefit plans, student health plans and managed care plans on July 18, 2020.	<p>Coverage and Cost-Sharing Requirements for Commercial Insurance Market Coverage of COVID-19 Claims</p> <p>Emergency Regulation governs coverage and cost-sharing requirements for commercial insurance market coverage of COVID-19 claims. Emergency Regulation replaces Emergency Regulation 20-E-01, which was effective on March 17, 2020. Specifically, this Emergency Regulation states:</p> <ul style="list-style-type: none"> • During any period when a disaster state of emergency has been declared, in the state of Colorado or nationally, due to the presence of COVID-19, carriers must provide coverage for in-network telehealth services for COVID-19-related testing and treatment with no cost-sharing for the covered person. • For a covered person with symptoms of COVID-19 or a covered person for whom testing is deemed medically appropriate by a health care provider: <ul style="list-style-type: none"> • Carriers must ensure that coverage is provided for COVID-19 diagnostic testing, including in-home tests, with no cost-sharing for the covered person and carriers are prohibited from requiring providers to collect cost-shares. • Carriers must not limit the number of covered diagnostic tests so long as the diagnostic tests are deemed medically appropriate for the covered person by a health care provider. • When the purpose of a visit is for COVID-19 symptoms or testing, carriers must cover any test that meets the criteria for use in detecting or diagnosing COVID-19, which includes serological testing and any non-COVID-19 test that a provider determines to be medically appropriate to determine the need for COVID-19 diagnostic testing of the covered person, even if the visit does not result in an order for or administration of a COVID-19 test. • Carriers must cover cost-sharing for an in-network provider office visit, an in-network urgent care center visit, an emergency room visit and non-traditional care settings where licensed health care providers are administering the testing. • Carriers must ensure testing, diagnosis and screening for COVID-19 is available without unreasonable delay. For example, (1) carriers must cover testing for COVID-19 if performed by an out-of-network provider, pursuant to Col. Rev. Stat. § 10-16-704(2)(a), if an in-network provider is unable to conduct the testing; and (2) carriers must utilize both in-network and in-state out-of-network laboratories to process COVID-19 tests with no cost-share to the covered person. • Any COVID-19 diagnostic test is considered to be an emergency medical service to treat COVID-19 as an emergency medical condition during any period when a disaster state of emergency has been declared, either in the state of Colorado or nationally, due to the presence of COVID-19. • During any period when a disaster state of emergency has been declared, either in the state of Colorado or nationally, due to the presence of COVID-19, carriers must allow covered persons to obtain refills of up to 90 days of prescription drugs before the scheduled refill date so that covered persons are ensured an adequate supply of medications. • Carriers must not apply a different cost-sharing amount for an early refill of a prescription. <p>This regulation applies to all carriers offering individual, small group and large group health benefit plans, student health plans and managed care plans, including health savings account-qualified health benefit plans and grandfathered health benefit plans that are subject to the insurance laws of Colorado.</p> <p>Carriers who are third-party administrators for self-funded plans are strongly encouraged to follow the requirements of this regulation in order to create uniform billing structures during the COVID-19 emergency.</p>
	24.	P&C	Colorado Division of Insurance issued Emergency Regulation 20-E-10 to all insurers that issue or renew personal automobile coverage on July 22, 2020.	<p>Commercial Automobile Coverage for Food Delivery During Pendency of the Public Health Crisis</p> <p>Emergency Regulation requires insurers to waive certain policy restrictions to allow for employees to continue to work while using their own personal automobiles for commercial food delivery. This Emergency Regulation replaces Emergency Regulation 20-E-03 that was effective as of March 26, 2020. This</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				Emergency Regulation does not apply to persons who regularly deliver food as part of their employment or to persons working for food delivery services, catering services or other services not impacted by the restaurant closures outlined in previously issued Orders.
	25.	All Lines	Colorado Division of Insurance issued a Procedural Order adopted on August 2, 2020. Division of Insurance also issued Guidance pertaining to the Order.	Temporary Individual Resident and Non-Resident Insurance Producer Licenses Order restates guidance for the application and issuance of temporary producer licenses from Procedural Order issued on May 11, 2020 and extends expiration of all such licenses to November 6, 2020.
	26.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-11 to all insurers offering health benefit plans on August 14, 2020. (Replaces Emergency Regulation 20-E-05)	Guidance Regarding Reimbursement of Telehealth Services Emergency Regulation requires that carriers providing telehealth services take the following measures: 1. Reimburse providers for the provision of medically necessary covered health care services that are appropriately provided through telehealth; 2. Provide such reimbursement at rates not lower than in-person services delivered by providers and in compliance with state behavioral health parity laws; 3. Not impose specific requirements or limitations on the technologies used to deliver telehealth services; 4. Not require a covered person have a previously established patient/provider relationship with a specific provider in order for that covered person to receive medically necessary health care services via telehealth from that provider; 5. Not impose additional certification, location or training requirements as a condition of reimbursing providers for using telehealth services; 6. Notify providers of any instructions necessary to facilitate billing for telehealth services; and 7. If a covered person is unable to access medically necessary health care services via telehealth from a participating provider, provide coverage for such telehealth services by a non-participating provider.
	27.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-12 to all insurers offering health benefit plans on August 17, 2020. (Replaces Emergency Regulation 20-E-07)	Guidance Concerning Coverage and Reimbursement for COVID-19 Treatment During the COVID-19 Disaster Emergency Regulation subjects carriers offering individual, small group, large group plans, student health plans and managed care plans to the following requirements: 1. COVID-19 must be considered an "emergency medical condition" and treated as such by carriers if any of the following occur: <ul style="list-style-type: none"> • A provider documents the patient as having COVID-19; • Documentation of a COVID-19 positive test; or • A presumptive positive COVID-19 test result. 2. For the purposes of treating the COVID-19 virus, all treatment provided at an out-of-network facility for COVID-19 shall be considered: <ul style="list-style-type: none"> • Emergency services that are ancillary to the emergency department of a hospital; and • Necessary to treat the COVID-19 emergency medical condition in order to stabilize the patient and to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or if necessitated by circumstances, in accordance with waivers or flexibilities issued by the federal government. 3. Treatment of COVID-19 is subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing; 4. Carriers must reimburse out-of-network providers for emergency services rendered to covered persons for treatment of COVID-19, but such covered persons shall only be responsible for cost-sharing for emergency services rendered during the emergency; and 5. Carriers must suspend prior authorization requirements for emergency services rendered to covered persons with emergency medical conditions during the emergency. Regulation also requires persons who are determined to have emergency medical conditions which are not COVID-19 to receive coverage during this time of a similar level to that those persons who do (including access to out of network providers and extended deadlines for claims submissions). In addition, for the duration of the emergency and the run-out of COVID-19-related claims, out-of-network providers are allowed to bundle COVID-19-related claims for purposes of the Colorado law arbitration program.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	28.	All Lines	Colorado Division of Insurance issued updated Bulletin B-1.35 regarding Service of Process on August 31, 2020.	<p>Availability of Alternative Methods for Service of Process</p> <p>Bulletin replaces previously issued guidance on this subject and provides notification that a temporary operating procedure is in place for accepting alternative Service of Process during the COVID-19 emergency while the Colorado Division of Insurance is operating remotely and/or its offices are physically closed. At the present time, the Division is unable to receive hard copy submissions of Service of Process. Accordingly, Service of Process may be delivered either (i) to the Division of Insurance electronically, with a request for waiver of personal service, or (ii) in hard copy to the Attorney General's Office.</p>
	29.	P&C	Colorado Division of Insurance reissued Bulletin B-5.38 to property and casualty insurance carriers on September 17, 2020.	<p>Required Measures to Be Taken by Property and Casualty Insurers During the COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to to make reasonable accommodations to prevent individuals and businesses from losing coverage due to cancellation for the non-payment of premium.</p> <p>Bulletin reissues guidance previously issued on March 27, 2020.</p>
	30.	Health	Colorado Division of Insurance issued Emergency Regulation 20-E-13 to all carriers offering individual, small group and large group health benefit plans, student health plans and managed care plans on November 19, 2020.	<p>Coverage and Cost-Sharing Requirements for Commercial Insurance Market Coverage of COVID-19 Claims</p> <p>Emergency Regulation governs coverage and cost-sharing requirements for commercial insurance market coverage of COVID-19 claims. Emergency Regulation replaces Emergency Regulation 20-E-09, which was effective on July 18, 2020. Specifically, this Emergency Regulation states:</p> <ul style="list-style-type: none"> • During any period when a disaster state of emergency has been declared, in the state of Colorado or nationally, due to the presence of COVID-19, carriers must provide coverage for in-network telehealth services for COVID-19-related testing and treatment with no cost-sharing for the covered person. • For a covered person with symptoms of COVID-19 or a covered person for whom testing is deemed medically appropriate by a health care provider: <ul style="list-style-type: none"> • Carriers must ensure that coverage is provided for COVID-19 diagnostic testing, including in-home tests, with no cost-sharing for the covered person and carriers are prohibited from requiring providers to collect cost-shares. • Carriers must not limit the number of covered diagnostic tests so long as the diagnostic tests are deemed medically appropriate for the covered person by a health care provider. • When the purpose of a visit is for COVID-19 symptoms or testing, carriers must cover any test that meets the criteria for use in detecting or diagnosing COVID-19, which includes serological testing and any non-COVID-19 test that a provider determines to be medically appropriate to determine the need for COVID-19 diagnostic testing of the covered person, even if the visit does not result in an order for or administration of a COVID-19 test. • Carriers must cover cost-sharing for an in-network provider office visit, an in-network urgent care center visit, an emergency room visit and non-traditional care settings where licensed health care providers are administering the testing. • Carriers must ensure testing, diagnosis and screening for COVID-19 is available without unreasonable delay. For example, (1) carriers must cover testing for COVID-19 if performed by an out-of-network provider, pursuant to Col. Rev. Stat. § 10-16-704(2)(a), if an in-network provider is unable to conduct the testing; and (2) carriers must utilize both in-network and in-state out-of-network laboratories to process COVID-19 tests with no cost-share to the covered person. • Any COVID-19 diagnostic test is considered to be an emergency medical service to treat COVID-19 as an emergency medical condition during any period when a disaster state of emergency has been declared, either in the state of Colorado or nationally, due to the presence of COVID-19. • During any period when a disaster state of emergency has been declared, either in the state of Colorado or nationally, due to the presence of COVID-19, carriers must allow covered persons to obtain refills of up to 90 days of prescription drugs before the scheduled refill date so that covered persons are ensured an adequate supply of medications. • Carriers must not apply a different cost-sharing amount for an early refill of a prescription. <p>This regulation applies to all carriers offering individual, small group and large group health benefit plans, student health plans and managed care plans, including health savings account-qualified health benefit plans and grandfathered health benefit plans that are subject to the insurance laws of Colorado.</p> <p>Carriers who are third-party administrators for self-funded plans are strongly encouraged to follow the requirements of this regulation in order to create uniform billing structures during the COVID-19 emergency.</p>
	31.	P&C	Colorado Division of Insurance issued Emergency Regulation 20-E-15 to all insurers that issue or renew personal	<p>Commercial Automobile Coverage for Food Delivery During Pendency of the Public Health Crisis</p> <p>Emergency Regulation requires insurers to waive certain policy restrictions to allow for employees to continue to work while using their own personal automobiles for commercial food delivery. This Emergency Regulation replaces Emergency Regulation 20-E-10 that was effective as of July 22, 2020. This</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			automobile coverage on November 19, 2020.	emergency Regulation does not apply to persons who regularly deliver food as part of their employment or to persons working for food delivery services, catering services or other services not impacted by the restaurant closures outlined in previously issued Orders.
	32.	Health	<p>Colorado Division of Insurance issued Emergency Regulation 20-E-16 to all insurers offering health benefit plans on December 15, 2020.</p> <p>(Replaces Emergency Regulation 20-E-11)</p>	<p>Guidance Regarding Reimbursement of Telehealth Services</p> <p>Emergency Regulation requires carriers providing telehealth services to take the following measures:</p> <ol style="list-style-type: none"> 1. Reimburse providers for the provision of medically necessary covered health care services that are appropriately provided through telehealth; 2. Provide such reimbursement at rates not lower than in-person services delivered by providers and in compliance with state behavioral health parity laws; 3. Not impose specific requirements or limitations on the technologies used to deliver telehealth services; 4. Not require a covered person to have a previously established patient/provider relationship with a specific provider in order for that covered person to receive medically necessary health care services via telehealth from that provider; 5. Not impose additional certification, location or training requirements as a condition of reimbursing providers for using telehealth services; 6. Notify providers of any instructions necessary to facilitate billing for telehealth services; and 7. If a covered person is unable to access medically necessary health care services via telehealth from a participating provider, provide coverage for such telehealth services by a non-participating provider.
	33.	Health	<p>Colorado Division of Insurance issued Emergency Regulation 20-E-17 to all insurers offering health benefit plans on December 23, 2020.</p> <p>(Replaces Emergency Regulation 20-E-12)</p>	<p>Guidance Concerning Coverage and Reimbursement for COVID-19 Treatment During the COVID-19 Disaster Emergency</p> <p>Emergency Regulation establishes the following requirements for carriers offering individual, small group, large group plans, student health plans and managed care plans:</p> <ol style="list-style-type: none"> 1. COVID-19 must be considered an “emergency medical condition” and treated as such by carriers if any of the following occur: <ul style="list-style-type: none"> • A provider documents the patient as having COVID-19; • Documentation of a COVID-19 positive test; or • A presumptive positive COVID-19 test result. 2. For purposes of treating the COVID-19 virus, all treatment provided at an out-of-network facility for COVID-19 shall be considered: <ul style="list-style-type: none"> • Emergency services that are ancillary to the emergency department of a hospital; and • Necessary to treat the COVID-19 emergency medical condition in order to stabilize the patient and to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or if necessitated by circumstances, in accordance with waivers or flexibilities issued by the federal government. 3. Treatment of COVID-19 is subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing; 4. Carriers must reimburse out-of-network providers for emergency services rendered to covered persons for treatment of COVID-19, but such covered persons shall only be responsible for cost-sharing for emergency services rendered during the emergency; and 5. Carriers must suspend prior authorization requirements for emergency services rendered to covered persons with emergency medical conditions during the emergency. <p>Emergency Regulation also requires persons who are determined to have emergency medical conditions which are not COVID-19 to receive coverage during this time at a similar level to the coverage provided to persons who do have COVID-19 (including access to out-of-network providers and extended deadlines for claims submissions). In addition, for the duration of the emergency and the run-out of COVID-19-related claims, out-of-network providers are allowed to bundle COVID-19-related claims for purposes of the Colorado law arbitration program.</p> <p>In addition, Emergency Regulation clarifies that carriers must immediately cover all FDA authorized or approved vaccines for COVID-19 throughout the duration of the public health emergency, including all associated costs of administration, with no cost-sharing. This requirement to cover COVID-19 vaccines applies upon FDA authorization or approval and is not contingent on the issuance of a recommendation by the CDC’s Advisory Committee on Immunization Practices. For the duration of the public health emergency, carriers must reimburse out-of-network providers who administer COVID-19 vaccines and protect consumers</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				from balance billing. Coverage and administration of the COVID-19 vaccine are subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing contained in applicable Colorado law and regulations.
	34.	Health	Colorado Division of Insurance issued Emergency Regulation 21-E-04 to all carriers offering individual, small group and large group health benefit plans, student health plans and managed care plans on March 19, 2021.	<p>Coverage and Cost-Sharing Requirements for Commercial Insurance Market Coverage of COVID-19 Claims</p> <p>Emergency Regulation governs coverage and cost-sharing requirements for commercial insurance market coverage of COVID-19 claims. Emergency Regulation replaces Emergency Regulation 20-E-13, which was effective on November 18, 2020. Specifically, this Emergency Regulation states:</p> <ul style="list-style-type: none"> • During any period when a disaster state of emergency has been declared, in the state of Colorado or nationally, due to the presence of COVID-19, carriers must provide coverage for in-network telehealth services for COVID-19-related testing and treatment with no cost-sharing for the covered person. • For a covered person with symptoms of COVID-19 or a covered person for whom testing is deemed medically appropriate by a health care provider: <ol style="list-style-type: none"> 1. Carriers must assume that the receipt of a test reflects an individualized clinical assessment and the test should be covered without cost-sharing, prior authorization or other medical management requirements. Carriers must not require the presence of symptoms or a recent known or suspected exposure, or otherwise impose medical screening criteria on coverage of tests. 2. Carriers must ensure that coverage is provided for COVID-19 diagnostic testing, including in-home tests, with no cost-sharing for the covered person, and carriers are prohibited from requiring providers to collect cost-shares. 3. Carriers must not limit the number of covered diagnostic tests so long as the diagnostic tests are deemed medically appropriate for the covered person by a health care provider. 4. When the purpose of a visit is for COVID-19 symptoms or testing, carriers must cover any test that meets the criteria for use in detecting or diagnosing COVID-19, which includes serological testing and any non-COVID-19 test that a provider determines to be medically appropriate to determine the need for COVID-19 diagnostic testing of the covered person, even if the visit does not result in an order for or administration of a COVID-19 test. 5. Carriers must cover cost-sharing for an in-network provider office visit, an in-network urgent care center visit, an emergency room visit and non-traditional care settings where licensed health care providers are administering the testing. 6. Carriers must ensure testing, diagnosis and screening for COVID-19 is available without unreasonable delay. For example, (1) carriers must cover testing for COVID-19 if performed by an out-of-network provider, pursuant to Col. Rev. Stat. § 10-16-704(2)(a), if an in-network provider is unable to conduct the testing; and (2) carriers must utilize both in-network and in-state out-of-network laboratories to process COVID-19 tests with no cost-share to the covered person. 7. Any COVID-19 diagnostic test is considered to be an emergency medical service to treat COVID-19 as an emergency medical condition during any period when a disaster state of emergency has been declared, either in the state of Colorado or nationally, due to the presence of COVID-19. • Carriers must provide timely information to their enrollees about the Colorado Exposure Notification application and encourage use of the application to inform users of potential exposure to COVID-19. Carriers may use any method they deem cost effective to provide this information. A sample notice is included in the adopted version of this Regulation. • During any period when a disaster state of emergency has been declared, either in the state of Colorado or nationally, due to the presence of COVID-19, carriers must allow covered persons to obtain refills of up to 90 days of prescription drugs before the scheduled refill date so that covered persons are ensured an adequate supply of medications. • Carriers must not apply a different cost-sharing amount for an early refill of a prescription. <p>This Regulation applies to all carriers offering individual, small group and large group health benefit plans, student health plans and managed care plans, including health savings account-qualified health benefit plans and grandfathered health benefit plans that are subject to the insurance laws of Colorado.</p> <p>Carriers who are third-party administrators for self-funded plans are strongly encouraged to follow the requirements of this regulation in order to create uniform billing structures during the COVID-19 emergency.</p>
	35.	Health	Colorado Division of Insurance issued Emergency Regulation 21-E-03 to all	<p>Guidance Concerning Coverage and Reimbursement for COVID-19 Treatment During the COVID-19 Disaster Emergency</p> <p>Emergency Regulation establishes the following requirements for carriers offering individual, small group and large group plans, student health plans and managed care plans:</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<p>insurers offering health benefit plans on February 24, 2021.</p> <p>(Replaces Emergency Regulation 20-E-17)</p>	<ol style="list-style-type: none"> COVID-19 must be considered an “emergency medical condition” and treated as such by carriers if any of the following occur: <ul style="list-style-type: none"> A provider documents the patient as having COVID-19; Documentation of a COVID-19 positive test; or A presumptive positive COVID-19 test result. For purposes of treating the COVID-19 virus, all treatment provided at an out-of-network facility for COVID-19 shall be considered: <ul style="list-style-type: none"> Emergency services that are ancillary to the emergency department of a hospital; and Necessary to treat the COVID-19 emergency medical condition in order to stabilize the patient and to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or if necessitated by circumstances, in accordance with waivers or flexibilities issued by the federal government. Treatment of COVID-19 is subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing; Carriers must reimburse out-of-network providers for emergency services rendered to covered persons for treatment of COVID-19, but such covered persons shall only be responsible for cost-sharing for emergency services rendered during the emergency; and Carriers must suspend prior authorization requirements for emergency services rendered to covered persons with emergency medical conditions during the emergency. <p>Emergency Regulation also requires persons who are determined to have emergency medical conditions which are not COVID-19 to receive coverage during this time at a similar level to the coverage provided to persons who do have COVID-19 (including access to out-of-network providers and extended deadlines for claims submissions). In addition, for the duration of the emergency and the run-out of COVID-19-related claims, out-of-network providers are allowed to bundle COVID-19-related claims for purposes of the Colorado law arbitration program.</p> <p>In addition, Emergency Regulation clarifies that carriers must immediately cover all FDA authorized or approved vaccines for COVID-19 throughout the duration of the public health emergency, including all associated costs of administration, with no cost-sharing. This requirement to cover COVID-19 vaccines applies upon FDA authorization or approval and is not contingent on the issuance of a recommendation by the CDC’s Advisory Committee on Immunization Practices. For the duration of the public health emergency, carriers must reimburse out-of-network providers who administer COVID-19 vaccines and protect consumers from balance billing. Coverage and administration of the COVID-19 vaccine are subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing contained in applicable Colorado law and regulations.</p>
	36.	Health	<p>Colorado Division of Insurance issued Emergency Regulation 21-E-06 to all insurers offering health benefit plans on March 23, 2021.</p> <p>(Replaces Emergency Regulation 21-E-03)</p>	<p>Guidance Concerning Coverage and Reimbursement for COVID-19 Treatment During the COVID-19 Disaster Emergency</p> <p>Emergency Regulation establishes the following requirements for carriers offering individual, small group and large group plans, student health plans and managed care plans, and replaces Emergency Regulation 21-E-03 in its entirety:</p> <ol style="list-style-type: none"> COVID-19 must be considered an “emergency medical condition” and treated as such by carriers if any of the following occur: <ul style="list-style-type: none"> A provider documents the patient as having COVID-19; Documentation of a COVID-19 positive test; or A presumptive positive COVID-19 test result. For purposes of treating the COVID-19 virus, all treatment provided at an out-of-network facility for COVID-19 shall be considered: <ul style="list-style-type: none"> Emergency services that are ancillary to the emergency department of a hospital; and Necessary to treat the COVID-19 emergency medical condition in order to stabilize the patient and to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or if necessitated by circumstances, in accordance with waivers or flexibilities issued by the federal government. Treatment of COVID-19 is subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>4. Carriers must reimburse out-of-network providers for emergency services rendered to covered persons for treatment of COVID-19, but such covered persons shall only be responsible for cost-sharing for emergency services rendered during the emergency; and</p> <p>5. Carriers must suspend prior authorization requirements for emergency services rendered to covered persons with emergency medical conditions during the emergency.</p> <p>Emergency Regulation also requires persons who are determined to have emergency medical conditions which are not COVID-19 to receive coverage during this time at a similar level to the coverage provided to persons who do have COVID-19 (including access to out-of-network providers and extended deadlines for claims submissions). In addition, for the duration of the emergency and the run-out of COVID-19-related claims, out-of-network providers are allowed to bundle COVID-19-related claims for purposes of the Colorado law arbitration program.</p> <p>In addition, Emergency Regulation clarifies that carriers must immediately cover all FDA authorized or approved vaccines for COVID-19 throughout the duration of the public health emergency, including all associated costs of administration, with no cost-sharing. This requirement to cover COVID-19 vaccines applies upon FDA authorization or approval and is not contingent on the issuance of a recommendation by the CDC's Advisory Committee on Immunization Practices. For the duration of the public health emergency, carriers must reimburse out-of-network providers who administer COVID-19 vaccines and protect consumers from balance billing. Coverage and administration of the COVID-19 vaccine are subject to the provider reimbursement requirements, in-network benefits, direct payment rules and consumer protections against balance billing contained in applicable Colorado law and regulations. This Emergency Regulation sets increases to reasonable rates for administration of an initial and second dose of the vaccine, and also includes a reasonable rate for the administration of a single-dose vaccination.</p>
Connecticut	1.	Health	Connecticut Insurance Department issued Bulletin No. IC-39 to all health insurance carriers and health care centers on March 9, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin recommends that health insurance carriers and health care centers authorized to handle individual and group health insurance claims take the following measures:</p> <ol style="list-style-type: none"> 1. Waive cost-sharing for COVID-19 testing; 2. Devote resources to inform enrollees, certificate holders and insureds of available benefits and promptly respond to consumer inquiries; 3. Verify adequacy of provider network; 4. Make exceptions to provide access to out-of-network services; 5. Authorize payment to pharmacies for a 90-day supply of maintenance prescription medications for individuals; 6. To not apply any penalties for failure of an enrollee, certificate holder or insured to provide notice as would otherwise be required by a health insurer's or health care center's utilization review requirements where such individual has sought testing or treatment for COVID-19; 7. Extend the time limits for providers, enrollees, certificate holders and insureds to submit claims; and 8. Provide information to the Connecticut Department as to how they are complying with this Bulletin.
	2.	Health Life P&C	Connecticut Insurance Department issued Bulletin FS-36 Compliance With Certain Filing Requirements in Light of COVID-19 to all regulated insurance entities on March 24, 2020.	<p>Adjustment to Certain Filing Requirements in Light of COVID-19</p> <p>Bulletin advises regulated insurance entities of the temporary suspension of the filing of hard copy originals and biographical affidavits, including notarized copies of such documents, for insurer license applications, financial statements and holding company act filings, provided that prior notification is made to the Connecticut Insurance Department, together with timely submission of electronic versions of such documents and the provision of an estimated date when original documents can be submitted.</p> <p>In addition, the due date for the submission of first quarter financial statements is extended to June 15, 2020.</p>
	3.	Health Life P&C	Connecticut Insurance Department issued Bulletin IC-40 60-Day Grace Period for Insurance Premium Payments Due to the Disruption Caused by the COVID-19 Outbreak to all regulated insurance entities on March 24, 2020.	<p>Institution of Grace Period for Premium Payments</p> <p>Bulletin requests that all regulated insurance companies provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	4.	P&C	Connecticut Insurance Department issued Bulletin IC-41 to insurance companies which offer auto/motorcycle insurance on March 26, 2020.	Extension of Coverage for Personal Delivery Drivers Bulletin urges personal auto/motorcycle carriers to consider implementing an endorsement where necessary, broadening coverage for those using their personal vehicle/motorcycle for commercial purposes, such as modifying terms, conditions and exclusions that may leave delivery drivers without valuable liability and property coverage.
	5.	Health Life P&C	Connecticut Governor issued an Executive Order Requiring a 60-Day Grace Period On Insurance Premium Payments & Cancellation on April 2, 2020.	Executive Order Requiring a 60-Day Grace Period on Insurance Premium Payments & Cancellation If an insurance company has already extended the grace period of 60 days, pursuant to Bulletin IC-40, the company is considered to be in compliance with Executive Order No. 7S even if such 60-day period ends prior to June 1, 2020. Any extended grace period issued on or after April 1, 2020 is not required to go beyond June 1, 2020, pursuant to Executive Order No. 7S. Given the circumstances facing the State, the Department believes that it would be appropriate for insurers to notify insureds, brokers and producers of the 60-day grace period by any reasonable means including, but not limited to, electronic communications. Written notice is not required.
	6.	Health	Connecticut Insurance Department issued Bulletin HC-90-20A to carriers offering individual and small employer group health insurance plans on April 3, 2020. This bulletin repeals and replaces HC-90-20.	Guidance Regarding Filing Requirements for Certain Health Insurance Policies Subject to ACA Bulletin sets out revised filing deadlines and requirements for rate, form, formulary adequacy and network adequacy filings for carriers offering individual and small employer group health insurance plans in response to recent updates issued by CMS.
	7.	P&C	Connecticut Insurance Department issued a Notice on April 6, 2020.	COVID-19 and Auto Insurance Premiums Personal Auto and Commercial Hired and Non-Owned Auto Insurance The Insurance Department believes it is generally understood that consumers are driving less during the pandemic and, as a consequence, being less exposed to motor vehicle accidents causing injuries and property damage. In order to provide some relief to the many Connecticut drivers who are suffering financially from the consequences of the COVID-19 pandemic, the Department is urging all Connecticut automobile insurers to consider offering an immediate reduction in premiums to reflect the reduced exposure to automobile accidents. Certain businesses, in particular restaurants, have been forced to change their business models in terms of having to deliver food/meals due to social distancing directives. The Department encourages insurers to assist business owners who have had to begin deliveries by affording them coverage for those who request commercial Hired and Non-owned automobile insurance to protect their businesses, at least until the Governor's Emergency Order has been lifted.
	8.	All Lines	Connecticut Insurance Department issued Bulletin FS-37 on April 9, 2020.	Guidance Regarding Extension of Licensing Deadlines Bulletin clarifies that all licenses previously issued by the Connecticut Department to insurance companies, health care centers and fraternal benefit societies bearing an expiration date of May 1, 2020 are now be valid until July 1, 2020.
	9.	All Lines	Connecticut Insurance Department issued Bulletin FS-38 on April 29, 2020.	Compliance by Domestic Insurers with Certain Hard Copy Filing Requirements and Certain Holding Company Filings in Light of COVID-19 Domestic insurance companies are still required to make electronic filings that are required to be made with the NAIC (e.g., quarterly financial statements and audited financial statements) or with the Department. However, pursuant to Conn. Gen. Stat. §§ 38a-53(e) and 38a-614(8), the Department is willing to allow insurers an additional 30, 45, 60 or 90 days to complete certain hard copy filings listed in the bulletin. The domestic insurance company must request a waiver of the filing deadline, and the Department reserves the right to reject any such requests based on the company's individual circumstances. Pursuant to Conn. Gen. Stat. § 38a-136(a), insurance companies must continue to file Form D Prior Notice of a Transaction and Form D-1 Prior Notice of Dividends on Common Stock and Other Distributions electronically. Until June 15, 2020, the seal required on the signature page of such forms may be omitted. Due to the potential disruption, the Department approvals/disapprovals will be extended to a 90-day approval/disapproval timeframe.
	10.	All Lines	Connecticut Insurance Department issued Bulletin FS-39 on April 29, 2020.	Compliance by Foreign Insurers with Certain Hard Copy Filing Requirements and Certain Holding Company Filings in Light of COVID-19 Foreign insurance companies are still required to make electronic filings that are required to be made with the NAIC (e.g., quarterly financial statements and audited financial statements) or with the Department. However, pursuant to Conn. Gen. Stat. §§ 38a-53(e) and 38a-614(8) the Department is willing to allow

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				insurers an additional 30, 45, 60 or 90 days to complete certain hard copy filings listed in the Bulletin. The foreign insurance company must request a waiver of the filing deadline, and the Department reserves the right to reject any such requests based on the company's individual circumstances.
	11.	Health	Connecticut Insurance Department issued Bulletin HC-81-20A on May 11, 2020.	<p>Guidance Regarding Health Insurance Rate Filing Submission Guidelines</p> <p>Bulletin is being issued (repealing and replacing Bulletin No. HC-81-20) to remove the demonstration of compliance with non-quantitative treatment limitations ("NQTLs"). Such demonstration of compliance was a new requirement for rate filing submissions and has been removed due to the public health emergency posed by COVID-19.</p>
	12.	Health Life P&C	Connecticut Insurance Department issued Bulletin FS-40 regarding compliance with certain filing requirements in light of COVID-19 to all foreign regulated insurance entities on June 12, 2020.	<p>Adjustment to Compliance by Domestic Insurers with Hard Copy Filing Requirements and Certain Holding Company Filings in Light of COVID-19</p> <p>Bulletin advises domestic insurance entities that, while they are still required to make electronic filings that are required to be made with the NAIC (e.g., quarterly financial statements and audited financial statements) or with the Connecticut Insurance Department, they will be allowed additional time to submit hard copies of filings to the Connecticut Insurance Department. Accordingly, all hard copy filings delayed as a result of the pandemic are now due not later than two weeks after essential company personnel have returned to work, though the Connecticut Insurance Department reserves the right to revoke this extension and require the timely submission of hard copy filings based upon the changing financial condition and unique circumstances of the specific company. To the extent a company may not be able to meet such deadlines, it must contact the Connecticut Insurance Department to request a waiver of the filing deadline.</p> <p>Bulletin also states that Form Ds (prior notices of transactions) and Form D-1s (prior notices of dividends on common stock and other distributions) must continue to be filed electronically. The seal on the signature page of each such form is required to be filed with the Connecticut Insurance Department no later than two weeks after essential company personnel have returned to work.</p> <p>To the extent that this Bulletin grants extensions to deadlines previously extended by Bulletins FS-36 and 39 issued March 24, 2020 and April 29, 2020 respectively, the extensions in this Bulletin supersedes those previously granted.</p>
	13.	Health Life P&C	Connecticut Insurance Department issued Bulletin FS-41 regarding compliance with certain filing requirements in light of COVID-19 to all foreign regulated insurance entities on June 12, 2020.	<p>Adjustment to Compliance by Foreign Insurers with Hard Copy Filing Requirements in Light of COVID-19</p> <p>Bulletin advises foreign insurance entities that, while they are still required to make electronic filings that are required to be made with the NAIC (e.g., quarterly financial statements and audited financial statements) or with the Connecticut Insurance Department, they will be allowed additional time to submit hard copies of filings to the Connecticut Insurance Department. Accordingly, all hard copy filings delayed as a result of the pandemic are now due not later than two weeks after essential company personnel have returned to work, though the Connecticut Insurance Department reserves the right to revoke this extension and require the timely submission of hard copy filings based upon the changing financial condition and unique circumstances of the specific company. To the extent a company may not be able to meet such deadlines, it must contact the Connecticut Insurance Department to request a waiver of the filing deadline.</p> <p>To the extent that this Bulletin grants extensions to deadlines previously extended by Bulletin Number FS-36 and 39 issued March 24, 2020 and April 29, 2020 respectively, the extensions in this Bulletin supersedes those previously granted.</p>
	14.	Health	Connecticut Insurance Department issued Bulletin HC-128 regarding adjustments to health insurance coverage for telehealth on August 25, 2020.	<p>Health Insurance Coverage for Telehealth Revised Under Changes to Connecticut Law</p> <p>Bulletin is directed to health insurance companies and health care centers authorized to conduct business in Connecticut, and clarifies Connecticut's mandated coverage for telehealth, which has been revised as a result of recently enacted changes to the definition of "telehealth" and "telehealth provider" which are set out in the Bulletin. These changes became effective on July 31, 2020 and will remain in effect until the expiration of certain pandemic related legislation on March 15, 2021.</p> <p>Bulletin requires that the following requirements be addressed:</p> <ol style="list-style-type: none"> For contracts currently in force for the 2020 year, carriers must notify members immediately of the change in the telehealth coverage resulting from the changes to Connecticut law, the effective date of such changes and the sunset date for telehealth coverage. The carrier must administer any telehealth claims within the designated period to comply with the recent changes to Connecticut law. For contracts currently under review with the Connecticut Department, if the contract includes language that audio-only telephone is excluded from telehealth or that the telehealth provider is more restrictive than the new definition, then the carrier must either: <ul style="list-style-type: none"> Remove the reference to audio-only telephone from the exclusions and the definition of telehealth provider or

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Include language similar to "paid if compliant with Public Act 20-02."
Delaware	1.	Health	Delaware Department of Insurance issued Bulletin No. 115 to all insurance carriers authorized to transact health insurance on March 9, 2020.	<p>Recommendations and Requirements for Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin reminds applicable carriers of requirements under Delaware law, including:</p> <ol style="list-style-type: none"> That COVID-19 testing is an essential health benefit that must be covered under individual and small group comprehensive health insurance policies and contracts; That any telehealth programs must be adequate to meet increased demand; That provider networks must be adequate to handle a potential increase in the need for health care services and that exceptions must be made to provide access to out-of-network services (at the in-network cost-sharing level), if required; That utilization review decisions must still be made in a timely manner; That once a COVID-19 immunization is developed, carriers are required to cover certain immunizations for children and adults; That prescription drugs are an essential health benefit that must be covered under individual and small group comprehensive health insurance policies and contracts; <ul style="list-style-type: none"> Carriers are expected to provide for early refills or replacements of lost or damaged medications and expects this flexibility to continue while the potential for quarantine is high. Expected that carriers will allow affected consumers to obtain emergency supplies or refills without applying additional authorization requirements. That hospitalization, ambulatory patient and emergency services are categories of essential health benefits that must be covered under individual and small group comprehensive health insurance policies and contracts; and That there are certain prohibitions under Delaware law on balance billing by carriers.
	2.	Health Life P&C	Commissioner issued Bulletin No. 116 that provides recommendations to all regulated insurance entities on March 20, 2020.	<p>Recommendations and Requirements for Insurance Entities During COVID-19 Outbreak</p> <p>Bulletin makes the following recommendations and issues the following requirements to all regulated insurance entities:</p> <ul style="list-style-type: none"> Requests that all regulated carriers suspend cancellations and non-renewals due to non-payment of premium during the pendency of the emergency; Requires that all regulated carriers who are covering claims under insurance policies to which the telemedicine provision applies will fully reimburse providers who are providing telemedicine services through telehealth in accordance with Delaware law; Requests all regulated carriers waive all preauthorization requirements for the lab testing and treatment of confirmed or suspected COVID-19 patients; and Reminds all regulated carriers that the Delaware Department of Insurance will not take enforcement action against any health insurance issuer that amends its catastrophic plans to provide pre-deductible coverage for services associated with the diagnosis and/or treatment of COVID-19.
	3.	Health Life P&C	Commissioner issued Bulletin No. 116 that provides updated recommendations to all regulated insurance entities on March 26, 2020. (Original was issued on March 20, 2020).	<p>Recommendations and Requirements for Insurance Entities During COVID-19 Outbreak</p> <p>Bulletin sets out the following recommendations and requirements for all regulated insurance entities:</p> <ol style="list-style-type: none"> Prohibits carriers from suspending, cancelling and non-renewing policies due to non-payment of premium during the pendency of the emergency (except pursuant to a court order); Requires carriers who are covering claims under insurance policies to which the telemedicine provision applies to fully reimburse providers who provide telemedicine services through telehealth in accordance with Delaware law; Requires carriers to waive all preauthorization requirements for the lab testing and treatment of confirmed or suspected COVID-19 patients; Reminds carriers that the Delaware Department of Insurance will not take enforcement action against any health insurance issuer that amends its catastrophic plans to provide pre-deductible coverage for services associated with the diagnosis and/or treatment of COVID-19; and Confirms that, if carriers, producers and adjusters do not have personnel available to mail hard-copy information to enrollees and providers, it is acceptable for such entities to communicate with enrollees electronically or telephonically, provided a record of such communications is kept.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	4.	P&C	Commissioner issued Auto Bulletin No. 32 that provides updated recommendations to all property and casualty insurers writing private passenger automobile liability coverage on April 1, 2020.	<p>Commercial Use Exclusion in Private Passenger Automobile Insurance Policies</p> <p>Bulletin strongly encourages private passenger automobile insurers operating in Delaware to temporarily waive the commercial use exclusion for the duration of the COVID-19 emergency.</p> <p>Bulletin also advises insurers that:</p> <ul style="list-style-type: none"> • They may make an endorsement form filing that temporarily suspends the commercial use exclusionary language in their contracts until such time as the Governor lifts the state of emergency; • The Delaware Department will waive the fee for such filings and will review and approve the filing, if possible, within 24 hours of submission; and • Providing coverage in this manner may begin immediately.
	5.	All Lines	Commissioner issued Bulletin No. 117 (Producers and Adjusters Bulletin No. 33) on April 3, 2020.	<p>Guidance Regarding Compliance with Regulatory Requirements During the COVID-19 Outbreak</p> <p>Bulletin reminds regulated insurance entities of the following:</p> <ol style="list-style-type: none"> 1. Clarifies that although carriers are prohibited from suspending, cancelling or non-renewing policies due to non-payment of premium during the pendency of the emergency (except pursuant to a court order), this is not intended to relieve policyholders of the obligation to pay premium. <ul style="list-style-type: none"> • Insurers are encouraged to reach out to their insureds and work with them to modify payment schedules or otherwise make premium payment modifications during the duration of the emergency. • However, insurers should obtain validation that an insured's hardship or inability to make premium payments is directly related to the pandemic. • Accommodations made to insureds in connection with the above should not be unfairly discriminatory. 2. Entities should remain alert for COVID-19-related fraud or scams. 3. Insurers are encouraged to file required forms electronically and utilize electronic signatures where permitted. 4. Insurers are encouraged to allow their appraisers to rely on photographic, video, or other evidence submitted by a claimant to support their claim, and to only require an in-person appraisal inspection when it would be difficult to determine the full extent of damage from such evidence. 5. Communication with the Delaware Department should be conducted, where possible, by email. 6. Entities are reminded that the Delaware Department will temporarily not be conducting any on-site examination work that is non-essential or is contrary to directives to limit gatherings or practice social distancing or isolation. 7. Entities are reminded that the Delaware Department will not hold any administrative hearings and will not schedule any arbitrations that are nonessential or contrary to directives to limit gatherings or practice social distancing or isolation. 8. Entities are reminded that premium tax filing deadlines are not extended. 9. Temporary licenses will be offered for applicants for certain types of licenses (including producer licenses). 10. While there will not be any blanket extensions of regulatory filing deadlines, entities can communicate with the Delaware Department if they believe they may need more time to meet a filing deadline.
	6.	All Lines	Delaware Insurance Commissioner issued Bulletin No. 118 on April 9, 2020.	<p>Compliance with Regulatory Filing Requirements During the COVID-19 Outbreak</p> <p>Pursuant to this Bulletin, the Department is allowing insurers to request an extension of certain filing deadlines by an additional 30 to 60 days, depending on the type of filing as specified in the Bulletin.</p> <p>An insurer who believes that it will be unable to meet the financial filing deadlines required by law or by order must request a filing deadline extension.</p>
	7.	Workers' Compensation	Delaware Department of Insurance issued Bulletin No. 119 on April 28, 2020.	<p>Delays in Workplace Safety Program Premium Credits Due to the Necessity of Implementing COVID-19 Precautionary Measures</p> <p>Bulletin informs licensed insurers of the following:</p> <ol style="list-style-type: none"> 1. Approval of workers' compensation insurance premium credits associated with the Delaware Insurance Department Workplace Safety Program may be delayed due to the current state of emergency safety measures in place in response to the COVID-19 pandemic; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				2. Insurers who write workers' compensation insurance should allow at least three to six months additionally for 2020 discounts to be applied and, where possible, allow additional time for premiums to be paid.
	8.	All Lines	Delaware Insurance Commissioner revised and reissued Bulletin No. 117 (Producers and Adjusters Bulletin No. 33) on June 25, 2020. (Original was issued on April 3, 2020).	<p>Compliance with Regulatory Requirements During the COVID-19 Crisis</p> <p>Prior Bulletin No. 117 (Producers and Adjusters Bulletin No. 33) is revised and reissued as follows:</p> <ul style="list-style-type: none"> In the original version of the Bulletin, the Department indicated that it would not delay on-site examinations that are set to begin on or after June 2020. However, the Department has not scheduled any on-site exams during June or July. To the extent that the Department schedules on-site examinations in the future, if circumstances change and the current emergency continues after July 2020, the Department will continue to revisit its plans for scheduled on-site examinations and advise insurers accordingly. The Department has resumed its arbitration program and is scheduling arbitrations to be heard electronically. Pearson VUE has contracted with a third-party vendor to provide licensee examination services in settings that are large enough for applicants to take licensing examinations in-person in accordance with social distancing guidelines. As a result, temporary licensees should take note of the following: As of June 30, 2020, the Department will no longer issue temporary licenses. All temporary licenses will lapse on September 30, 2020. Temporary licensees who wish to remain licensed, must take the applicable examination before September 30, 2020. If a temporary licensee successfully passes the licensing exam, the temporary license will be automatically converted into a permanent license. If the temporary licensee fails the licensing exam, the temporary licensee's license will automatically lapse pursuant to consent orders that they were originally required to sign. Until further notice, the Department will not require insurers to conduct any on-site audits of third-party administrators that are contrary to directives to limit gatherings or practice social distancing or isolation. For now, insurers may utilize electronic information requests to satisfy their on-site audit obligations under Regulation 1406-7.3.
	9.	All Lines	Delaware Insurance Commissioner revised and reissued Bulletin No. 117 (Producers and Adjusters Bulletin No. 33) on July 2, 2020. (Original was issued on April 3, 2020; subsequently revised on June 25, 2020).	<p>Compliance with Regulatory Requirements During the COVID-19 Crisis</p> <p>Prior Bulletin No. 117 (Producers and Adjusters Bulletin No. 33) is revised and reissued as follows:</p> <ol style="list-style-type: none"> The moratorium on the cancellation of policies that had been in effect under the Sixth and Ninth Modifications to the Delaware Governor's declaration of a state of emergency has been lifted (as of July 1, 2020); and Insurers must grant policyholders suffering a COVID-19-related hardship an extension of time for the repayment of premium which was past due between March 25, 2020 through July 1, 2020 without penalty or interest under the following conditions: <ul style="list-style-type: none"> The policyholder must be provided at least 90 days to repay premiums in three equal installments and without penalty or interest; Insurers may permit a repayment period that is longer than 90 days to assist policyholders, also without penalty or interest; Insurers must provide adequate notice to their policyholders that contains information about the availability of 90-day (or longer) interest and penalty-free payment plans; All repayment plans must be documented in writing and must include the amount of delinquency, when payment is due and the amount of each payment, as they pertain to the individual policyholder; and An insurer may not cancel or decline to renew a policy due to previous non-payment while a policyholder is actively repaying past due premiums in accordance with the terms of the repayment plan. <ul style="list-style-type: none"> However, if a repayment or currently due premium payment is not paid by the policyholder in a timely fashion according to the terms of the insurance policy and this Bulletin, the insurer may consider cancellation or non-renewal, but only according to the Department's existing policy cancellation regulations, including notice requirements. With the striking of the Sixth Modification to the Delaware Governor's declaration of a state of emergency, which had required a court order to suspend, cancel or non-renew a policy, a court order is no longer necessary.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>3. Insurers who have existing repayment plans that extend longer than 90 days are permitted to use those plans, but only if interest is not accrued on policyholder debt during the repayment term. The Delaware Department requests that insurers who intend to utilize repayment plans that extend longer than 90 days share the terms of those plans with the Delaware Department.</p> <p>4. Notices to policyholders regarding the availability of the repayment plan should comply with the following requirements:</p> <ul style="list-style-type: none"> • Method of contacting policyholders: <ul style="list-style-type: none"> • Insurers must widely publicize the availability of repayment plans, including posting notices on their website (website-only notice is insufficient). • Insurers must contact policyholders directly in writing (by mail or by electronic means, as may be appropriate). • If the insurer can effectively identify the subset of policyholders who are past due during the period from March 25, 2020 through July 1, 2020 due to COVID-19 hardship, then the notice may sent only to those past-due policyholders, instead of to the insurer’s entire book of Delaware policyholders. • Minimum content of notice: <ul style="list-style-type: none"> • The notice, which may be generic, provided that the repayment plan it pertains to is customized to each policyholder, should advise the policyholder that if a policyholder has past due premiums from March 25, 2020 through July 1, 2020 because of a hardship due to the pandemic that the policyholder is entitled to a 90-day (or longer) interest and penalty-free repayment plan. • The notice should advise the policyholder that the policyholder must affirmatively take the responsibility to request a repayment plan and that the policyholder has two weeks from the date of the notice (whether received by mail or electronically) to contact the insurer. • The notice may require the policyholder to provide, concurrent with the request for a repayment plan, some form of validation that the hardship suffered is directly related to the pandemic and the state of emergency (or any subsequent executive orders issued by the Governor which closed businesses or ordered residents to remain at home unless performing an essential activity). Proof may include but is not limited to evidence in writing, or otherwise, from an employer, policyholder, insured or other appropriate source, but such proof must be at least minimally necessary to demonstrate a pandemic hardship.
	10.	Health	Delaware Insurance Commissioner issued Bulletin No. 120 (Producers and Adjusters Bulletin No. 34) on July 17, 2020.	<p>Passage of Telemedicine Statute</p> <p>The Governor of Delaware signed HS 1 for HB 348 on July 17, 2020. This new legislation temporarily codifies several measures developed during the COVID-19 outbreak that can increase access to health care due to expanding telemedicine. These measures include:</p> <ul style="list-style-type: none"> • Allowing patients to seek healthcare via telemedicine without having to first present themselves in person to a provider under circumstances which make in-person presentation impractical; • Deleting the requirement that a patient must be in Delaware at the time the telemedicine services are provided, so long as the patient is a Delaware citizen; • Prohibiting any regulation pertaining to telemedicine requiring visual communication so that telemedicine services may be delivered using non-smart phones and land line connections; • Authorizing all out of state mental health providers with an active license in good standing in any United States jurisdiction to provide in-person and telemedicine health services in Delaware; • Continuing the suspension of the Delaware Board of Medical Licensure and Discipline Regulation 19 limiting the scope of telemedicine; • Requiring out-of-state practitioners to complete a Medical Request Form and to comply with any other regulations established by the Division of Professional Regulation; • Allowing the practice of telemedicine by both physicians and advanced practice registered nurses (“APRNs”) without the existence of a pre-COVID-19 practitioner-patient relationship; • Specifying that prescribing controlled substances, including opioids prescribed via telemedicine, is subject to the same standards of practice under existing law pertaining to authorization for APRNs to prescribe controlled substances and adds the authority to prescribe opioids by electronic means; and • Requiring that telemedicine services permitted under the Act receive the same insurance coverage as under existing law.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	11.	Health	Delaware Insurance Commissioner issued Bulletin No. 123 (Producers and Adjusters Bulletin No. 35) on December 21, 2020.	<p>COVID-19 Immunization Availability and Coverage</p> <p>Bulletin provides guidance for carriers and insurance producers regarding the coverage and administration of COVID-19 vaccines. Bulletin advises that, while vaccine doses provided with U.S. taxpayer dollars will be provided at no cost, vaccine providers will be able to charge an administration fee for administering the vaccine, which can be reimbursed as follows:</p> <ul style="list-style-type: none"> • Patients with either private or public insurance: by the patient’s private insurance carrier, or public insurer such as Medicare or Medicaid. • Uninsured patients: by the Health Resources and Services Administration’s Provider Relief Fund. <p>Carriers are required to provide coverage for all office visit fees and administrative costs within 15 business days after the date on which the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices of the CDC makes an applicable recommendation relating to a qualifying coronavirus preventive service. However, the Delaware Department urges carriers to begin coverage of a vaccine as soon as it is approved rather than waiting 15 business days.</p> <p>Carriers are further reminded that, pursuant to the applicable provisions of Delaware law, they are required to cover certain immunizations for children and adults. Further, these provisions also prohibit carriers from imposing cost-sharing requirements with respect to an office visit if the immunization is not billed separately or is not tracked as individual encounter data separately from the office visit, and the primary purpose of the visit is the delivery of the immunization. In addition, Bulletin advises that immunizations are also preventive services that must be covered under individual and small group comprehensive health insurance policies and contracts as an essential benefit.</p> <p>Carriers are also reminded that Delaware law requires carriers to provide access to an out-of-network provider and to reimburse such provider at a previously agreed-upon or negotiated rate, if medically necessary covered services are not available through network providers or if network providers are not available within a reasonable period of time. Bulletin notes that the COVID-19 vaccination may present unique questions concerning limitations of in-network providers, such that patients may need to be referred out-of-network. Regarding the allowed administration fees, absent a negotiated rate, carriers must reimburse providers for such service in an amount that is reasonable.</p> <p>Since the health care provider may be the entity responsible for verifying whether a patient is “high-risk” and should therefore be vaccinated in early phases or vaccine rollout, carriers are encouraged to waive a preauthorization requirements, if any, that may apply to this “high-risk” screening, in an effort to ensure that as many people are vaccinated as quickly as possible. Further, Bulletin notes that communication with insureds will be a critical component to successful vaccine outcomes and misinformation about the vaccine may dissuade people from getting vaccinated.</p>
District of Columbia	1.	Health	Acting Commissioner of DC Department of Insurance Securities and Banking issued Response Order to all health insurance carriers on March 20, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Response Order requires that health carriers providing coverage through health benefit plans take the following measures:</p> <ol style="list-style-type: none"> 1. Waive cost-sharing for COVID-19 testing and ensure that prior authorization is not required for such testing; 2. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 3. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 4. Ensure coverage of emergency services, without prior authorization, with network-level cost-sharing, wherever such services are required; 5. Review the adequacy of any telehealth programs; 6. Ensure access to prescription drugs; 7. Ensure utilization review decisions are made in a timely manner; 8. Provide information (to both public health officials and the public) as to how they are complying with this Response Order; and 9. Not cancel or non-renew any health benefit plan without express consent from the Commissioner.
	2.	All Lines	Acting Commissioner of DC Department of Insurance Securities and Banking issued Bulletin 20-IB-2-04/10 on April 23, 2020.	<p>Modified Filing Requirements During the COVID-19 Outbreak</p> <p>At this time, companies are still required to make all required electronic filings with the NAIC based on modified filing deadlines, if applicable (e.g., quarterly financial statements, audited financial statements, Market Conduct Annual Statements), or for those that are not filed with the NAIC, with the Department. However, the Department is willing to allow insurers an additional 30 or 60 days (depending on the filing) to complete certain filings if the company files in writing a request to late file on or before the normal deadline. The Department reserves the right to deny any request to late file based on the financial condition of the company or other unique circumstances that warrant such action.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>The Department generally instructs companies to file certain documents in hard copy form with original (wet) signature, and in some cases file by certified or first-class mail and with notary requirements. The hard copy, original signature and related filing requirements are currently waived. However, companies are expected to keep a list of all filings that were made electronically in lieu of hard copy filings, so that they can file all the hard copies within 60 days after the stay-at-home orders in their jurisdictions have been lifted, rescinded or expired and the company's employees have been allowed to return to work. The Department expects electronic communication (e.g., email) will be used by companies on all other financial-related correspondence, with hard copies provided within 60 days, if required by law.</p> <p>While a stay-at-home order remains in effect, the Department will not conduct any on-site examination work. However, companies should be aware that the Department may need to request specific information in electronic form to track developing trends brought about by the COVID-19 pandemic.</p> <p>The Risk Finance Bureau is teleworking until further notice and remains fully functional. If companies have questions, the staff can be reached during business hours. If a letter or filing is mailed, also send a copy electronically to ensure that it is timely received.</p> <p>The Risk Finance Bureau also announced the following supplementary modifications applicable to captives and RRGs:</p> <ul style="list-style-type: none"> • There are currently no changes to the requirements for a board of directors to hold at least one meeting annually in DC. If a company is unable to comply with the requirement, then it should contact the Department in writing to request a waiver. • All submissions not addressed in this Bulletin (such as applications, business plan changes, biographical affidavits, etc.) should be filed electronically. • The Commissioner may require any RRG considered to be "troubled" or in "hazardous financial condition" to comply with the normal filing deadlines for the following: annual and quarterly financial statements, actuarial opinions and audited financial statements.
	3.	All Lines	District of Columbia Department of Insurance, Securities and Banking issued Order 03-2020 on April 27, 2020.	<p>Order Providing Relief to Policyholders</p> <p>Insurance companies and premium finance companies will be prohibited from terminating insurance contracts due to non-payment. The prohibition will not eliminate the obligation to pay unpaid premiums, but will be considered an extension of the grace period. To this end, insurance companies shall provide policyholders the ability to repay any unpaid premiums in installments over a period of no less than 12 months beginning one month after the end of the public health emergency. Insurance companies shall also waive late fees for premium payments due but not paid.</p> <p>The Department directs all insurance companies to make reasonable accommodations for policyholders during the public health emergency, including:</p> <ul style="list-style-type: none"> • Waiving installment, late payment or reinstatement fees; • Deferring cancellations, non-renewals and adverse underwriting actions; • Extending billing due dates and premium grace periods; • Ensuring that late payments during the emergency are not considered in any future premium calculations at any time (e.g., applicable late payments should not be counted for any rating, pricing, tiering attributes, etc.); • Making DC policyholders aware of the accommodations available; • Providing ready access for policyholders to apply for such accommodations, on line, by mail and telephonically; and • Providing an option to use electronic payment technology through a website, a software application or electronic bank transfers, when possible. <p>Many property and casualty insurance policies calculate premiums based on exposure estimates made at the time the policy is issued. As a result of the financial impact of COVID-19 and the Mayor's Order 2020-054, initial exposure estimates are expected to be much higher than the exposure realized. Consequently, for policies subject to audits, insurers are directed to allow policyholders to self-audit and self-report (in lieu of physical audits to the extent impracticable) changes in their exposure so that adjustments in premiums can be made.</p> <p>Prospective reductions in premium or retroactive refunds of premium offered by an insurance company due to a change in risk exposure will not be considered a rate change that requires a new rate filing or action constituting a rebate or unfair discrimination to the extent they are reasonable and consistently applied. In turn, reasonable and consistently applied premium adjustments or audit accommodations will not be considered violations of DC law governing returning premiums, frequency of premium changes or the filing and approval of rating plans, rules or policy language. Insurers that want to offer policyholders temporary premium reductions related to changes in exposures that create new classifications or are intended to extend beyond the duration of the public health emergency should submit new rate filings to implement the change.</p> <p>Insurance companies must provide a waiver or suspension of the "commercial" or "livery" use exclusion and exception in personal passenger automobile coverage to accommodate insureds while driving their own or another automobile to deliver food, medicine or medical supplies for: their employer; the</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>organization for which they are volunteering; or on their own for the benefit of the person for whom the delivery is being made and the delivery is a result of the public health emergency.</p> <p>All insurance companies that provide commercial general liability coverage to businesses of the type that are instituting delivery service as a result of the emergency must notify those businesses that hired and non-owned auto coverage is available if requested. If the insured business requests hired and non-owned auto coverage, the insurance company must, either through a rider or stand-alone policy, provide this coverage to any insured restaurant.</p> <p>The Department will provide expedited review of form and rate filings to insurance companies that offer reasonable accommodations and premium relief to policyholders.</p>
	4.	Premium Finance	District of Columbia Department of Insurance, Securities and Banking issued Bulletin 20-IB-2-05/08 on May 18, 2020.	<p>Interpretive Guidance on Order 03-2020 for Premium Finance Companies</p> <p>Bulletin offers the following guidance directly to premium finance companies pertaining to the prohibition on cancellation of policies for unpaid premiums and the requirement to allow 12 months of deferred payments for such premiums. Specifically, the following guidance is provided:</p> <ul style="list-style-type: none"> The prohibition on cancellations of policies for nonpayment of premiums and deferred premium relief for not less than 12 months is intended to apply to insurance premium finance agreements effective on or before March 11, 2020; The reasonable accommodations, including the prohibitions on cancellations of policies and the deferred payment relief, will remain in effect for the duration of the public health emergency; and A premium finance company may issue a notice of intent to cancel an insurance contract if an insured/borrower fails to make a payment calculated and scheduled in accordance with Order 03-2020 (above) after the public health emergency expires. <ul style="list-style-type: none"> A notice of intent to cancel an insurance policy (as well as any remedy pursued) must comply with both the terms of the premium finance agreement as well as all applicable DC laws. Until such event, an insurance company may not cancel an insurance policy and is under no obligation to return any unearned premiums.
	5.	Health	District of Columbia Department of Insurance, Securities and Banking issued Order 04-2020 on August 24, 2020.	<p>Order Extending Coverage of COVID-19 Testing for Symptomatic and Asymptomatic Individuals</p> <p>Order mandates that, for the duration of the public health emergency, all carriers offering health benefit plans in DC must cover testing to diagnose COVID-19 for individuals who meet the standards prescribed by applicable DC regulation without an order of testing by a physician or other health care provider or cost-sharing. Other than as provided in the Order, carriers may, but are not required to, cover testing for employees who are required by their employers to produce a negative test to return to work after being in a telework posture after reopening.</p>
	6.	All Lines	District of Columbia Department of Insurance, Securities and Banking issued a Notice on October 20, 2020.	<p>Guidance on Commissioner's Orders and Bulletins Providing Relief to Policyholders</p> <p>Notice reminds all insurers and premium finance companies licensed and operating in the District of Columbia that they are required to comply with all orders and bulletins issued by the DC Department through December 31, 2020 or until such time as the Mayor rescinds or otherwise modifies the declaration of a public health emergency.</p>
	7.	P&C	District of Columbia Department of Insurance, Securities and Banking issued Bulletin 20-IB-3-11/23 on November 23, 2020.	<p>Temporary Postponement of Property and Casualty Rate Increases</p> <p>Bulletin notifies all property and casualty insurers that for the duration of the COVID-19 pandemic, the District of Columbia Department of Insurance, Securities and Banking will temporarily postpone all rate increases filed during the pandemic to provide further relief to policyholders.</p>
	8.	All Lines	District of Columbia Department of Insurance, Securities and Banking issued a Notice on January 4, 2021.	<p>Guidance on Commissioner's Orders and Bulletins Providing Relief to Policyholders</p> <p>Notice advises all insurers and premium finance companies licensed and operating in the District of Columbia that they are required to comply with all orders and bulletins issued by the DC Department through March 31, 2021 or until such time as the Mayor rescinds or otherwise modifies the declaration of a public health emergency.</p>
	9.	All Lines	District of Columbia Department of Insurance, Securities and Banking issued a Notice on February 5, 2021.	<p>Guidance on Commissioner's Orders and Bulletins Providing Relief to Policyholders</p> <p>Notice advises all insurers and premium finance companies licensed and operating in the District of Columbia that they are required to comply with all orders and bulletins issued by the District of Columbia's Department until such time as the DC Mayor rescinds or otherwise modifies the declaration of a public health emergency.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	10.	Health	District of Columbia Department of Insurance, Securities and Banking issued Order 01-2021 on February 16, 2021.	Order Extending Coverage of COVID-19 Testing for Symptomatic and Asymptomatic Individuals Order, which supersedes Order 04-2020, mandates that, for the duration of the public health emergency (including any extensions), all carriers offering health benefit plans in DC must cover testing to diagnose COVID-19 for individuals who meet the standards prescribed by applicable DC regulation without an order of testing by a physician or other health care provider or cost-sharing. Other than as provided in the Order, carriers may, but are not required to, cover testing for employees who are required by their employers to produce a negative test to return to work after being in a telework posture or after reopening.
Florida	1.	Health	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-02M to all health insurers, health maintenance organizations and other authorized health entities on March 10, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Informational Memorandum requires all applicable carriers to waive time restrictions on prescription medication refills, which includes suspension of electronic "refill too soon" edits to pharmacies, to enable insureds or subscribers to refill prescriptions in advance, if there are authorized refills remaining, and shall authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription had most recently been filled by a pharmacist.
	2.	Health	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-01M to all health insurers, health maintenance organizations and other authorized health entities on March 10, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Memorandum directs insurers to: <ul style="list-style-type: none"> • Use every channel available to them to communicate with their policyholders and share official CDC and DOH information; • Devote resources to inform consumers of available benefits, quickly respond to inquiries, and avoid and dispel misinformation; • Work with public health officials to do everything possible to prepare and respond; and • Consider all practicable options to reduce the barriers of cost-sharing for testing and treatment of COVID-19.
	3.	Health Life P&C	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-03M to all regulated entities on March 16, 2020.	Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak Informational Memorandum requires all applicable entities to (a) review and update their Business Continuity Plans and/or Continuity of Operation Plans immediately; and (b) if such entity activates its Business Continuity and/or Continuity of Operations Plan in response to COVID-19, the company must notify the Florida Office within the same day. The plans must provide a framework for the continuation of company operations, including key insurance functions such as policy issuance, premium collection, claims adjustment and payment and policyholder service. The continuity plans should also account for Federal Department of Health and CDC guidance surrounding COVID-19, including executive orders issued at the state and national level.
	4.	Health Life P&C	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-04M to all regulated entities on March 25, 2020.	Requested Measures To Be Taken By Insurers To Manage COVID-19 Outbreak Informational Memorandum requests all applicable entities to take the following measures: <ol style="list-style-type: none"> 1. When prudently possible, be flexible with premium payments in order to avoid a lapse in coverage; 2. Remove exclusions on certain personal automobile policies where insureds might be temporarily utilizing personal automobiles for commercial use; 3. Explore virtual options for underwriting and adjusting claims; 4. Accept electronic communications in place of hardcopy originals; 5. Use email to arrange teleconferences; 6. Grant a 30-day extension for the filing of annual statements by certain regulated entities; and 7. Advises regulated entities that the Florida Office will accept electronic signatures and notarizations in lieu of hardcopy originals through May 1, 2020.
	5.	Health	Florida Governor issued Executive Order No. 20-85 on March 26, 2020.	Executive Order to Manage COVID-19 Outbreak Regarding Telehealth and Immunizations for State Group Insurance The Governor issued an order to facilitate (i) the use of telehealth and (ii) immunization coverage.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	6.	Workers' Compensation	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-05M on April 6, 2020.	<p>Guidance Regarding Workers' Compensation Coverage</p> <p>Insurers are reminded that first responders, health care workers and others that contract COVID-19 due to work-related exposure are eligible for workers' compensation benefits under Florida law.</p>
	7.	Health	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-06M on April 6, 2020.	<p>Guidance Regarding Telehealth Services and Pharmacy Audits</p> <p>Memorandum (i) encourages health insurers, health maintenance organizations and other health entities to broaden access to care for telehealth services to help alleviate hurdles for Floridians attempting to utilize telehealth services, and (ii) requests all health insurers and other health entities regulated by the Florida Office, and registered Pharmacy Benefit Managers to transition to an electronic audit process in order to avoid unnecessary risk and maintain social distancing.</p>
	8.	P&C	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-07M on June 25, 2020.	<p>Guidance for Hurricane Preparedness and Response</p> <p>The Florida Office issued this Informational Memorandum to all property and casualty insurers authorized to do business in Florida to provide guidance on hurricane preparedness and response.</p> <ul style="list-style-type: none"> Insurers should continue to (1) strongly consider Executive Orders 20-51 and 20-52 issued by Governor DeSantis that established COVID-19 response protocols and declared a state of emergency in the state of Florida and (2) recognize important social distancing protocols and other COVID-19 public safety measures throughout their hurricane preparedness and response plans. In regard to claims handling: <ul style="list-style-type: none"> Insurers are directed to consider all aspects of claims handling within their hurricane preparedness plans to ensure continuous operation, offer sufficient claims adjustment staff and provide effective consumer service resources for policyholders. Insurers are advised to review all aspects of their claims reporting, inspection, adjustment and payment processes to determine what in-person processes can be provided virtually. Where possible, insurers are encouraged to leverage technology to protect and best serve policyholders. Insurers should routinely refer to CDC, Florida Department of Health and local guidance regarding COVID-19 safety measures and consider any applicable changes to their processes and procedures as it relates to catastrophe claims handling and reporting. Insurers reviewing their current operational capacity must notify the Florida Office immediately if they believe they may not have the resources available to handle catastrophe claims. Insurers are also advised to review and consider COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season from FEMA as well as FEMA guidance on remote claims handling. In regard to communications with insureds: <ul style="list-style-type: none"> Insurers should make every effort to clearly communicate catastrophe claims processes, particularly new or updated processes. Insurers are directed to use every channel available to them to communicate with their policyholders, agents and employees to share information and resources and encourage a claims handling process that conforms with official CDC and Department of Health guidance.
Georgia	1.	Health	Georgia Office of Insurance and Safety Fire Commissioner issued Directive 20-EX-3 to insurers authorized to write accident and health insurance and health benefit plans on March 9, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Directive requires all applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Evaluate options to reduce potential barriers of cost-sharing for testing and treatment of COVID-19 during the outbreak; Ensure they are prepared to address COVID-19 cases; Make necessary and useful information available to insured and respond to queries expeditiously; Waive cost-sharing for COVID-19 laboratory testing; Review the adequacy of any telehealth programs; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Ensure utilization review decisions are made in a timely manner; Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				9. Ensure access to prescription drugs; and 10. Provide information (to both public health officials and the public) as to how they are complying with this Directive.
	2.	Health Life P&C	Georgia Office of Insurance and Safety Fire Commissioner issued Directive 20-EX-4 to all regulated insurance entities on March 17, 2020.	Guidance Provided to Regulated Insurance Entities Directive advised applicable carriers of the following: <ol style="list-style-type: none"> Requested commercial labs be mindful of what they charge and requests carriers to reimburse all such labs at an in-network rate; Advises that the Georgia Office is expediting its review of all applicable ISO forms which have been issued with respect to the outbreak; and Advises all licensed agents that in-person Continuing Education requirements are waived through April 30, 2020.
	3.	P&C	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin 20-EX-3 on March 17, 2020.	Business Interruption Insurance and COVID-19 The Insurance Department advises consumers about business interruption insurance coverage in light of the COVID-19 crisis, including ISO's new endorsements related to COVID-19. The Insurance Department advises that it is their intent to remove any barriers to insurers offering coverages that may protect Georgia businesses during the COVID-19 crisis.
	4.	Health Life P&C	Georgia Office of Insurance and Safety Fire Commissioner issued Directive 20-EX-5 to all regulated insurance entities on March 20, 2020.	Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak Directive requires all applicable regulated entities to take the following measures: <ol style="list-style-type: none"> For the next 60 days, all property and casualty insurers must refrain from canceling any commercial policies which include business interruption or business income coverage due to non-payment; For the next 60 days, all health insurers must refrain from cancelling policies due to non-payment; Advises carriers that all in-person, onsite exams, audits and licensing requirements are suspended until the Georgia Office advises otherwise; Advises that the Georgia Office will be suspending all non-federal filing deadlines and waiving all applicable late filing fees until the Georgia Office advises otherwise; Advises that the Georgia Office is expediting review of filings for products critical to managing the outbreak; and With respect to producer license applicants who are unable to take required in-person tests, that such applicants should forward the remainder of their application file to the attention of the Georgia Office.
	5.	All Lines	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin-20-EX-4 on March 24, 2020.	Insurance as Essential Business Bulletin advises counties to deem insurers to be considered essential businesses.
	6.	Health	Georgia Office of Insurance and Safety Fire Commissioner issued Directive 20-EX-7 to insurers authorized to write accident and health insurance and health benefit plans on March 26, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Directive requires all applicable carriers to suspend the following requirements for a 60-day period: <ol style="list-style-type: none"> Preauthorization requirements for scheduled surgeries or admissions at hospitals; Concurrent review for inpatient hospital services; Retrospective review for inpatient hospital services and emergency services at in-network hospitals and payment of attendant claims; Preauthorization requirements for post-acute placements; Credentialing by location for payers; Requests applicable carriers immediately pay claims and suspend non-essential audits of hospital payments; and Advises third-party administrators to apply these provisions to their administration of self-funded plans.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	7.	Health	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin 20-EX-5 on March 27, 2020.	Loss of Health Insurance Due to COVID-19 The Insurance Department advised unemployed consumers of their coverage options, including coverage associated with (1) COBRA, (2) ACA Special Enrollment, and (3) Georgia's Continuation Law.
	8.	All Lines	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin 20-EX-6 on March 31, 2020.	Waiving of In-Person Continuing Education Requirements In-person continuing education requirements for insurance agents are waived through May 31, 2020.
	9.	All Lines	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin 20-EX-7 on April 28, 2020.	Winding Down COVID-19 Bulletins and Directives Governor Kemp has permitted some individual businesses to reopen and is permitting hospitals to perform elective surgeries once again. In light of the improving conditions in Georgia, Commissioner King is issuing the following Bulletin to notify the industry and the public about winding down some of the Directives issued due to the COVID-19 pandemic. This Directive advises insurers, and the public of modifications or changes to the Bulletins and Directives issued previously: Directive 20-EX-5 1. The Directive to all property and casualty Insurers to refrain from canceling, for the cause of non-payment, any commercial policies that include business interruption to business income coverage will expire on May 19, 2020. 2. The Directive to all health insurers to refrain from canceling health policies for the cause of non-payment will expire on May 31, 2020. However, the Commissioner encourages health insurers to be accommodating towards consumers who find themselves in financial difficulty. 3. The suspension of all non-federal filing deadlines and waiver of late filing fees will expire on May 31, 2020. Directive 20-EX-6 1. The temporary suspension of enforcement of Rules 120-1-6-.01 and 120-1-6-.02 of the regulations of the Industrial Loan Commissioner will end on May 31, 2020. Directive 20-EX-7 1. Insurers and hospitals should note that the Commissioner's request that certain utilization review and notification requirements be suspended will expire on May 25, 2020. 2. The entire Directive is set to expire on May 25, 2020, subject to further evaluation as the COVID-19 situation develops. 3. Insurers and hospitals who are subject to this Directive should also take note that as elective procedures are once again being undertaken in Georgia, the Directive does not apply to elective procedures. Bulletin 20-EX-6 1. The extension of Continuing Education deadlines will remain in effect until May 31, 2020.
Hawaii	1.	Health Life P&C	Hawaii Insurance Division issued Memorandum 2020-1LIC to all active licensees and new licensing applicants on March 18, 2020.	Recommendations for Insurance Entities to Manage COVID-19 Outbreak Memorandum notes new producer and surplus lines broker license applicants can continue to submit applications through National Insurance Producer Registry ("NIPR") and encourages active licensees to renew as soon as possible via the online system provided by the Hawaii Division. The Memorandum also notes that reactivation of a license can only be done via paper filing.
	2.	Workers' Compensation	Hawaii Insurance Division issued Memorandum 2020-2LIC to all Workers' Compensation Adjuster Licensees Up for Renewal on March 19, 2020.	Workers' Compensation Licensee Examinations and License Status Due to the licensure testing suspension and test site closures, licenses will be extended past April 16th until examinations are made available under the following provisions: (1) licensees who are required to take and pass an examination for an April 16 renewal date must pay fees timely and submit a written examination that the examination requirement has not been met due to unavailability of testing. Licensees must take the examination within 45 days from the date that testing is made available.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	3.	Health Life P&C	Hawaii Insurance Division issued Memorandum 2020-31 to all admitted and nonadmitted insurers offering policies in the State of Hawaii on March 27, 2020.	<p>Recommendations for Insurers to Manage COVID-19 Outbreak</p> <p>Insurance Department encourages insurers to work with their insureds to ensure coverage continues during this time, policies do not lapse, and to consider the following:</p> <ol style="list-style-type: none"> 1. Refrain from cancelling or non-renewing policies due to non-payment during this time of hardship and to grant a grace period for premium payments to be made; 2. Work with insureds on a structured payment plan for late premium payments; 3. Waive late fees and penalties; 4. Extend timeframes to complete property and automobile inspections or undergo medical examinations; and 5. Continue working with insureds for a period of 60 days after this health emergency has passed, or as long as reasonably practical.
	4.	All Lines	Hawaii Insurance Commissioner issued Memorandum 2020-4A on April 27, 2020.	<p>Waivers of Certain Requirements for Insurers, Instructions and Guidelines</p> <p>The Insurance Division will not regard the following activities as unfair trade practices or unfair methods of competition and encourages carriers to consider adopting and implementing the following measures:</p> <ul style="list-style-type: none"> • Waiving fees, penalties or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond to an insurer's inquiries; • Extending grace periods for payment of premiums; • Granting additional time to policyholders to pay premiums before non-renewals or cancellations become effective; • Extending proof of loss submission deadlines to claimants; • Allowing self-auditing and self-reporting in lieu of physical audits to the extent that physical audits are impracticable; • Encouraging policyholders to use electronic payment technology on websites, applications and electronic bank transfers whenever possible to avoid in-person payments. <p>The Insurance Division will also support the following measures in claims handling to ensure consumer protection aimed at reducing the spread of the COVID-19 virus. These include:</p> <ul style="list-style-type: none"> • Virtual inspections of property; and • Increased use of electronic delivery methods for consumer notifications and interactions. <p>During this emergency, the Division may waive enforcement of relevant applicable statutes, and may allow insurer deviations from filed rates or contractual language, so long as the:</p> <ul style="list-style-type: none"> • Newly proposed rates are lower than what is the latest approved rate on file; • Insurer's actions are applied uniformly and without prejudice to all similarly affected insureds; and • Insurer has notified the Commissioner in writing of its specific proposal and justifications.
	5.	Workers' Compensation	Hawaii Insurance Department issued Memorandum 2020-5LIC on June 3, 2020.	<p>License Examinations and License Status</p> <p>Workers' compensation adjuster licenses that have a renewal date of June 16, 2020 or later will be extended past the renewal dates under the following provisions until in-person examinations are made available.</p> <p>Licenses who are required to take and pass an examination for a June 16, 2020 renewal date or later, must pay fees timely by the license renewal date and submit a written declaration stating the following information:</p> <ul style="list-style-type: none"> • The examination requirement has not been met due to unavailability of testing by Pearson VUE; • The licensee will take the examination within 45 days from the date that testing is made available; • The declaration is true and accurate to the best of their knowledge; • The licensee will inform the Insurance Division that they passed the examination within a reasonable time of successfully passing the examination; and • The declaration is being submitted under penalty of perjury.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	6.	All Lines Workers' Compensation	Hawaii Insurance Commissioner issued Memorandum 2020-09A on July 17, 2020.	Extension of Memoranda Memorandum announced that previously issued Memoranda 2020-1LIC, 2020-4A and 2020-5LIC shall apply and stay in effect until otherwise announced by the Hawaii Insurance Division.
	7.	All Lines	Hawaii Insurance Commissioner issued Memorandum 2020-13LIC on October 15, 2020.	Online Applications Mandated for Certain License Applications and Certain License Renewals As a result of the continuing public health crisis, the Hawaii Insurance Division is mandating the online submission of (a) new licenses via the National Insurance Producer Registry for insurance producers (in all cases, both resident and non-resident), limited lines producers (with certain exceptions), limited lines motor vehicle rental company producers and surplus lines brokers and (b) license renewals through the Hawaii Insurance Division's website for independent adjusters, independent bill reviewers, life settlement brokers, life settlement providers, limited lines motor vehicle rental company producers, limited lines portable electronic producers, limited lines producers, managing general agents, producers, public adjusters, reinsurance intermediary brokers, reinsurance intermediary managers and surplus lines brokers.
Idaho	1.		Certain Idaho carriers are voluntarily waiving cost-sharing (see link).	
	2.	Health	Idaho Department of Insurance issued Bulletin No. 20-01 on April 6, 2020.	Guidance Regarding Waiver of Certain Regulatory Requirements Bulletin directs health insurers to submit proposals to the Idaho Department with respect to the retention of health insurance coverage for individuals and employees impacted by the outbreak, including with respect to: <ol style="list-style-type: none">Extensions of grace periods for premium payment;Waiver of certain work requirements;Allowances for furloughed employees to maintain coverage, provided there is a reasonable expectation that they will return to work after the outbreak;Allowances for employees who are laid off to maintain coverage, including through COBRA;Waiver of probationary periods for employees who were laid off but then rehired; andProvision of refunds for services that could not be provided as a result of the outbreak. The Idaho Department intends not to enforce otherwise applicable provisions of law and rule, and to allow carrier deviation from contractual language, so long as: <ul style="list-style-type: none">The carrier justifies the proposals as increasing access to health insurance coverage;Such actions are applied uniformly to similarly-affected individuals or employer groups; andThe carrier has notified the Idaho Department in writing of its specific changes and justifications.
	3.	Health	Idaho Department of Insurance issued Bulletin No. 20-02 on April 6, 2020.	Waiver of Certain Pharmacy Benefit Requirements Bulletin waives the following pharmacy benefit requirements: <ol style="list-style-type: none">Policy limitations on the number of pharmaceutical refills and early refills;Restrictions that would disallow coverage of a 90-day refill at a retail setting, unless doing so would be inconsistent with an applicable prescription safety limits of the Social Security Act; andRequirements for in-person pharmacy signature logs as well as the associated signature audits by insurers or pharmacy benefit managers.
	4.	Health	Idaho Department of Insurance issued Bulletin No. 20-03 on April 6, 2020.	Temporary Waiver of Certain Policy and Enforcement Requirements Bulletin authorizes health insurers to take the following measures: <ol style="list-style-type: none">Immediately allow for provider-patient relationships to be established over two-way audio or audio-visual interaction;Provide coverage of telehealth visits for all in-network providers, if the visit would be "reimbursable telehealth" under applicable federal guidance;Allow in-network providers to use non-HIPAA compliant communication platforms to provide patient care, to the extent that the provider does not already have access to a HIPAA compliant platform; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				4. Allow health care service providers to waive or pay all or part of a claimant's deductible or cost-sharing for COVID-19-related testing, diagnosis, and treatment.
	5.	All Lines	Idaho Department of Insurance issued Bulletin No. 20-04 on April 6, 2020.	Guidance Regarding Provisional Producer Licenses Subject to certain requirements, the Idaho Department is issuing provisional producer licenses which are valid for up to six months.
	6.	P&C	Idaho Department of Insurance issued Bulletin No. 20-05 on April 15, 2020.	Waivers of Certain Requirements to Address COVID-19 – Property and Casualty The Department notifies insurance carriers that during the state of emergency, the Department will not regard certain activities as unfair trade practices or unfair methods of competition, and encourages carriers to consider implementing said activities during this state of emergency. These activities include but are not limited to: <ul style="list-style-type: none"> • Waiver of fees, penalties, or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond to an insurer's inquiries; • Extensions of grace periods for payment of premiums; • Allowing additional time before non-renewals or cancellation become effective; • Extensions of proof of loss deadlines; • For policies that are subject to audit, allowing self-auditing and self-reporting in lieu of physical audits to the extent that physical audits are impracticable; • Encouraging policyholders to use electronic payment technology on websites, apps and electronic bank transfers whenever possible to avoid in person payments; and • Expanding automobile coverage to allow personal vehicles to be covered while delivering food, medicine or other essential services for commercial and charitable purposes. In addition to the list above, the Department will consider specific proposals from insurers designed to quickly adjust to changes in the insurer's risk exposure. Such a proposal may, for example, temporarily reduce premium prospectively, refund premium retroactively, or both. During the emergency, the Department may waive enforcement of relevant provisions of law and rule, and may allow carrier deviation from filed rates or contractual language, so long as: <ul style="list-style-type: none"> • Such actions are applied uniformly and without prejudice, to all similarly affected insureds; and • The carrier has notified the Director in writing of its specific proposal and justifications.
	7.	Health	Idaho Department of Insurance issued Bulletin No. 20-06 on April 22, 2020.	Guidance Regarding Extension of Transitional Plans Bulletin allows the extension of non-grandfathered transitional plans (referred to as "grandmothered" plans) in the Idaho individual and small group markets to be extended until such extensions are no longer permitted by CMS or the Department rescinds the Bulletin. These grandmothered plans must continue to comply with certain ACA and Idaho law requirements and, further, are required to provide a notice at renewal which informs the individual or small employer of the option to renew the existing coverage or to enroll in a new plan on or off Your Health Idaho (Idaho's health insurance exchange), and also includes the information that some ACA market reforms are not included in their current plans.
	8.	All Lines	Idaho Department of Insurance issued Bulletin No. 20-07 on April 22, 2020.	Guidance Regarding Regulatory Filing Requirements Bulletin informs domestic insurers that, upon written request to the Idaho Department, they may receive either 30-day or 60-day extensions for certain regulatory filings. In addition, the Bulletin advises such insurers that electronic signatures are permissible for the duration of the emergency, though filings made with such signatures must be resubmitted in original form within 60 days of the conclusion of the emergency. Further, the Department informs insurers that it will not conduct any on-site examination work that is contrary to the spirit of any public health directive.
	9.	P&C	Idaho Department of Insurance issued Bulletin No. 20-08 on April 23, 2020.	Guidance Regarding Applicability of Business Interruption Coverage to COVID-19 Related Claims Bulletin provides the following guidance with respect to business interruption coverage: <ol style="list-style-type: none"> 1. Business interruption insurance is typically an optional coverage that can be purchased to protect businesses against income losses incurred when the business is fully or partially shut down as a result of sustaining a covered loss. The policies typically pay when the following four elements are met: <ul style="list-style-type: none"> • The policyholder has sustained physical damage to insured property;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> The damage is caused by a covered peril; The damage results in quantifiable business losses; and The losses take place during the time it takes to restore the property. <ol style="list-style-type: none"> Some policies may expressly exclude payment for damage caused by viruses or communicable diseases; Dependent on the specifics of a given policyholder's situation and policy language, there may be coverage for closure of the business because of an action by a governmental entity (a "civil authority") because of health and safety concerns, so long as the covered physical loss or damage has occurred; Because of the magnitude and unprecedented nature of COVID-19-related losses, policyholders should not be penalized for attempting to determine the boundaries of their coverage; Carriers are encouraged to consider all the foregoing factors, at a minimum, when determining whether coverage exists in any given situation.
	10.	Workers' Compensation	Idaho Department of Insurance issued Bulletin 20-09 on April 28, 2020.	<p>Guidance Regarding COVID-19-Related Rule and Code Adjustments</p> <p>The Department of Insurance has accepted the National Council on Compensation Insurance's ("NCCI") filing on April 21, 2020, revising the Basic Manual and Statistical Plans related to the COVID-19 pandemic. The Department advises all carriers to review the revisions, make necessary system changes and clearly communicate the revisions and record keeping expectations to all insureds as soon as possible.</p> <p>The revisions are effective March 1, 2020 and are valid through December 31, 2020. NCCI has established rules related to definitions, treatment and reporting of payments made by an employer to employees who are furloughed as a result of federal, state and/or local emergency orders, laws or regulations issued due to the COVID-19 pandemic which impact an employer's staffing or business operations; any claims attributable to paid furloughed employees; and reporting final premium for employers affected by the COVID-19 pandemic.</p> <p>Carriers should consider advising insureds to work with their agent or company representative to evaluate their operations to see changes in classification codes are warranted during this emergency.</p>
	11.	Health	Idaho Department of Insurance issued Bulletin No. 20-13 on July 10, 2020.	<p>Guidance Regarding COVID-19 Virus Testing Coverage Expectations</p> <p>Bulletin sets out the following guidance:</p> <ol style="list-style-type: none"> Necessary Steps to Fight COVID-19 Virus: To effectively remove barriers to testing and treatment of the COVID-19 virus, the Idaho Department recommends that carriers: <ul style="list-style-type: none"> Establish and publicize how insureds can obtain direct responses from the carrier about prevention and testing of the COVID-19 virus, about the insureds' available benefits and about how to find medical providers who offer testing for the virus; Relax prior approval requirements and procedures for medically necessary testing or treatment, so that insureds that may have been exposed to the COVID-19 virus may receive timely testing and treatment; Ease out-of-network requirements and procedures when access to urgent testing or treatment is unavailable from in-network providers; and Forgo any cost-sharing (copayments, deductibles or coinsurance) for covered COVID-19 virus diagnostic testing and related services, including influenza testing or other respiratory testing when done in conjunction with COVID-19 virus testing, at in-network doctors' offices, urgent care centers or emergency rooms and at out-of-network doctors' offices, urgent care centers or emergency rooms when access to urgent testing or treatment is unavailable from in-network providers. Diagnostic and Antibody Testing: The Idaho Department expects carriers to cover both diagnostic and antibody/serologic testing for the COVID-19 virus, in accordance with the recommendations of the Idaho state government and federal government. This expectation to cover diagnostic and antibody COVID-19 virus tests is limited to those that are approved, cleared or authorized for patient use under the Federal Food, Drug, and Cosmetic Act, including through premarket approval or emergency use pathways and tests that are developed and administered in accordance with state regulatory approval. <ul style="list-style-type: none"> Carriers should cover COVID-19 virus tests that meet the above criteria when medically necessary for the individual, as determined by the individual's attending health care provider. <ul style="list-style-type: none"> An "attending health care provider" is an individual who is licensed (or otherwise authorized) under applicable law, who is acting within the scope of the provider's license (or authorization) and who is responsible for providing care to the patient. A health care provider need not be directly

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>responsible for providing care to the patient to be considered an attending provider, as long as the provider makes an individualized clinical assessment to determine whether the test is medically necessary for the individual in accordance with current accepted standards of medical practice.</p> <ul style="list-style-type: none"> An attending health care provider may find it medically necessary for an asymptomatic individual to be tested: (1) upon hospitalization, (2) before having a potential aerosol-generating procedure, (3) after likely contact with confirmed or probable cases or (4) in other situations as determined by the attending health care provider. An FDA-authorized at-home COVID-19 virus test should be covered when ordered by an attending health care provider that determined the test to be medically necessary for the individual. The test should be covered when an attending health care provider makes an individualized clinical assessment and determines the test to be medically necessary for the individual. Regardless of the type of test, the Idaho Department finds that COVID-19 virus testing is not medically necessary if the test is solely directed or requested (1) by an employer as part of "return-to-work" or other employer-directed program, (2) for public health surveillance testing or (3) for any other purpose not intended for individualized diagnosis or treatment of COVID-19 or another health condition. <p>3. When carriers are acting as administrators for self-funded employer-sponsored health benefit plans, the Idaho Department expects carriers to encourage plan sponsors to take steps that are consistent with the provisions of the COVID-19 testing recommendations of the Idaho Testing Task Force and this Bulletin. Plan sponsors should be made aware of the public health risks to all Idaho residents and carriers should encourage plan sponsors to take steps to remove barriers to plan members accessing medically necessary testing, diagnosis and treatment of the COVID-19 virus.</p>
	12.	Health	Idaho Department of Insurance issued Bulletin No. 21-01 on February 12, 2021.	<p>Guidance Regarding Special Enrollment Period for Health Benefit Plans Due to COVID-19</p> <p>Bulletin, which applies to the Idaho Health Insurance Exchange ("YHI") and insurance carriers offering health benefit plans, both on and off Idaho's exchange, acknowledges that YHI will take necessary actions to open an exceptional special enrollment period for Idahoans to obtain healthcare coverage.</p> <p>Accordingly, Bulletin requests the following:</p> <ul style="list-style-type: none"> That carriers enroll Idahoans who qualify for coverage during the special enrollment period; That carriers similarly offer enrollment in off-exchange individual market health benefit plans to all eligible Idahoans in a non-discriminatory manner during the special enrollment period and that the carriers track applications and effectuations by rating area and metal level specific to the special enrollment period, submitting reports with such information to the Idaho Department weekly; and That YHI track costs incurred by YHI in offering the special enrollment period, as well as advanced premium tax credit determinations and per carrier enrollments specific to the special enrollment period, and report those costs to the YHI board and to the Idaho Department. <p>Further, Bulletin clarifies that the special enrollment period will:</p> <ul style="list-style-type: none"> Commence March 1, 2021. However, advance payment of premium tax credit determinations through the Idaho Department of Health and Welfare may begin sooner. Conclude on March 31, 2021, unless extended by the Idaho Department after conducting a cost benefit analysis and after consultation with YHI, the Idaho Department of Health and Welfare and other impacted parties. Not allow currently enrolled individuals to change carriers or metal levels unless there is a new qualifying life event. All plan selections made by March 31, 2021 will have an April 1, 2021 effective start date. <p>Bulletin will remain in effect until the termination of the special enrollment period.</p>
	13.	Health	Idaho Department of Insurance issued Bulletin No. 21-02 on March 30, 2021.	<p>Extension of Special Enrollment Period for Health Benefit Plans Through April 30, 2021</p> <p>Bulletin extends special enrollment period set out in Bulletin 21-01 through April 30, 2021. Further, Bulletin replaces the following provisions laid out in Bulletin 21-01, stating that the special enrollment period will:</p> <ul style="list-style-type: none"> Commence on March 31, 2021 and continue through April 30, 2021, unless extended by the Idaho Department after conducting a cost benefit analysis and after consultation with Your Health Idaho, the Idaho Department of Health and Welfare and other impacted parties.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Allow currently enrolled individuals, if so desired, to change to a different plan within those offered by the currently enrolled carrier. If an enrollee changes to a different plan with the same carrier, that carrier must transfer any payments of deductibles or other accumulators toward the coverage of the new plan. If there is a new qualifying life event, the enrollee may additionally choose from all available plans from any carrier. All plan selections made by March 31, 2021 will have an April 1, 2021 effective start date. All plan selections made between April 1, 2021 and April 30, 2021 will have a May 1, 2021 effective start date. <p>Bulletin will remain in effect until the termination of the special enrollment period.</p>
Illinois	1.	Health Travel	Illinois Department of Insurance issues Company Bulletin 2020-2 to issuers of health insurance coverage and travel insurance on March 2, 2020.	<p>Recommendations and Requirements for Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin reminds applicable carriers of the following requirements and recommendations:</p> <ol style="list-style-type: none"> That Illinois law imposes certain prohibitions on balance billing and surprise bills; That carriers are encouraged to evaluate options to reduce potential barriers of cost-sharing for testing and treatment of COVID-19 during the outbreak; That carriers are encouraged to cover enrollees for prescription drug refills even when the enrollee has not yet reached their scheduled refill date, provided that the prescription itself would remain valid beyond the refill date; <ul style="list-style-type: none"> Does not apply to prescription drugs with a high likelihood of abuse, such as opioids restricted to seven-day prescriptions. That Illinois law prohibits individual or group accident and health insurance from imposing any pre-existing condition exclusions, including in connection with COVID-19; That, unless a travel insurance policy contains an exception applicable to COVID-19, a policy of travel insurance that covers the risks sickness, accident, or death incident to travel presumptively must cover such risks relating to COVID-19; and That carriers are encouraged to relay guidance about mitigating the risk for contracting or spreading COVID-19 and to explain options available for covered health care services.
	2.	Health	Illinois Department of Insurance issued Bulletin 2020-04 requirements for telehealth services to health insurers on March 25, 2020.	<p>Requirements for Health Insurers Regarding Telehealth Services Provided in Connection with COVID-19 Outbreak</p> <p>Bulletin reminds applicable carriers of the following requirements:</p> <ol style="list-style-type: none"> To the extent that a covered service or treatment may be delivered in a clinically appropriate manner via telehealth instead of in-person, it must be covered when medically necessary for the insured; Carriers are required to pay costs of services that are already covered when they happen to be delivered via telehealth by a certain range of providers, but it does not require issuers to add qualitatively new benefits to their policies; and <ul style="list-style-type: none"> For example, some types of excepted benefit policies are not designed to pay benefits based on the nature of the health care service delivered. In certain circumstances the Medicaid emergency rule is superseded by applicable Illinois insurance laws, particularly where such laws require a policy to cover a benefit for services delivered by health care professionals with certain licensures.
	3.	All Lines	Illinois Department of Insurance issued Company Bulletin 2020-06 on March 31, 2020.	<p>Requests to Manage COVID-19 Outbreak</p> <p>Since the Illinois Department of Insurance is temporarily closed, and staff continues to work on a limited scale, the Department is working to process and respond to filings, applications, and consumer inquiries as quickly as possible, but the response time may be extended, particularly for anything sent via U.S. mail. The Bulletin requests that information be submitted electronically whenever possible.</p>
	4.	Health	Illinois Department of Insurance issued Company Bulletin 2020-07 on April 2, 2020.	<p>Managed Care Applications and Renewals to Be Processed Through SERFF</p> <p>All applications for Preferred Provider Administrator (“PPA”), Independent Review Organizations (“IRO”), Utilization Review Organizations (“URO”), and Discount Health Care Service Plans (“DHCP”) must file their applications, renewals and updates electronically through the State Electronic Rate and Form Filing (“SERFF”) system. The Insurance Department has pushed up its initiative to accept the aforementioned applications electronically through SERFF.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	5.	Life	Illinois Department of Insurance issued Company Bulletin 2020-08 on April 3, 2020.	<p>Use of Temporary Death Certificates as Due Proof of Death in Policies Covering Pre-Need Funeral Contracts and Prearrangements</p> <p>In an effort to reduce the delay of payments related to the costs of burial, funeral, cremation, or other disposition, and attendant delay in the final disposition of remains, the Illinois Department of Insurance asks all insurance companies doing business in Illinois, with all due diligence, to:</p> <ol style="list-style-type: none"> 1. Consider accepting temporary death certificates as due proof of death or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds, to make such policy payment when a death has occurred in Illinois and the insurance company has issued a policy for pre-need funeral contracts or prearrangements whether the death is related to COVID19 or not; and 2. Call the local county coroner or Cook County Medical Examiner to confirm that the cause of death was not homicide or suicide.
	6.	P&C	Illinois Department of Insurance issues Company Bulletin 2020-09 on April 3, 2020.	<p>Suspension of Cancellation, Non-Renewal and Premium Payment for P&C Insurance Policies</p> <p>Insurance Department requests:</p> <ol style="list-style-type: none"> 1. Insurers should seek to postpone or withdraw any previous notice of cancellation or non-renewal in which the cancellation or non-renewal occurs on or after March 9, 2020 on any in-force policy; 2. Insurers are requested to consider granting an extension of any policy provisions or other requirements that impose a time limit for an insured or claimant to perform any act, including the submission of a claim or proof of loss, reporting of information, or submission of bills; 3. If a consumer indicates to an insured that repairs cannot be completed within the time required under any policy, or within the 90-day period for repairs before termination due to condition of the property (215 ILCS 5/143.27), the Department requests that insurers provide consumers with an extension of at least 30 days to make such repairs, or such time as is necessary, given the concerns raised with COVID-19 and issues arising there from; 4. The Department does not intend to construe extensions of coverage provided pursuant to the guidance of this Company Bulletin as converting a policy into one subject to the 60-day notice requirement set forth in Section 143.21.1 of the Code; and 5. Insurers should continue to advise Illinois consumers that they may either call the Department's toll-free complaint hotline or file a complaint online.
	7.	All Lines	Illinois Department of Insurance issues Company Bulletin 2020-10 on April 16, 2020.	<p>Company Delays in Filing CGAD Due to COVID-19 Emergency</p> <p>The Department will:</p> <ul style="list-style-type: none"> • Allow Illinois insurers or insurance groups that are required to make an Illinois CGAD filing to make filings after the statutory deadlines. • Waive the \$200 daily penalty for a late filing until August 1, 2020 where delay in filing was caused by the COVID-19 emergency. <p>Any delays in filing up to August 1, 2020, caused by the COVID-19 emergency, do not require prior approval from the Director, but the filing should note that the delay was caused by the COVID-19 emergency.</p>
	8.	All Lines	Illinois Department of Insurance issued Company Bulletin 2020-11 on April 20, 2020.	<p>Guidance Regarding Emergency Rulemaking to Address Financial, Coverage and Prescription Drug Supply Concerns</p> <p>Bulletin issues guidance regarding certain proposed emergency rules which, once effective will require:</p> <ol style="list-style-type: none"> 1. 30-day or 60-day extensions on premium payment deadlines, depending on circumstances; 2. An issuer of group HMO coverage to refrain from interfering with an employer that wants to keep their employees on their existing health coverage despite a reduction in hours or temporary layoff; 3. An issuer of group HMO coverage to restrict its ability to prevent a person whose employment-based coverage was terminated from electing COBRA or state continuation coverage; 4. Persons who qualify for a special enrollment period ("SEP") due to loss of employment based coverage to have their new coverage retroactively begin the day after their loss of the previous coverage; 5. Coverage of off-formulary prescriptions if there is a shortage of a covered formulary drug; and 6. Coverage of a 90-day supply of covered maintenance medications, other than those prone to misuse.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				Bulletin sets out certain classes of insurers which may not be subject to one or more of the requirements listed above. In addition, Bulletin urges issuers to not raise premiums based on a drop in enrollment or participation during the emergency.
	9.	P&C	Illinois Insurance Department issued Bulletin 2020-12 on May 5, 2020.	<p>Extension of Previous Request to Insurers to Suspend Cancellations and Non-Renewals and Extend the Time for Premium Payments for Certain Types of P&C Policies</p> <p>Due to the continuing public health threat posed by COVID-19 and the extension of Governorial Disaster Proclamations and Executive Orders, the Bulletin extends through May 29, 2020 the Department's request that insurers suspend cancellations and non-renewals and extend the time for premium payments for consumer automobile and home insurance policies and commercial P&C insurance policies (other than fidelity and surety and ocean marine policies).</p>
	10.	P&C	Illinois Insurance Department issued Bulletin 2020-15 on June 8, 2020.	<p>Coverage Related to Business and Property Damage Losses, Including but not Limited to Those Arising Out of Vandalism and Looting</p> <p>Bulletin addresses the protests that have resulted in property damage, including vandalism and looting. The Department asks that, among other things, to the extent business interruption provisions are included and operative under a policy, insurers should base payouts on business activity levels that eliminate the impact of COVID-19.</p>
Indiana	1.	Health Life P&C	Indiana Department of Insurance issued Bulletin 252 to all regulated insurance entities on March 26, 2020.	<p>Recommendations and Requirements for Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin reminds applicable carriers of the following requirements and recommendations:</p> <ol style="list-style-type: none"> 1. Requests all regulated insurance entities to issue a moratorium on policy cancellations and non-renewals of any insurance policies for a 60-day period, but only for non-payment of premiums; 2. Advises all regulated entities that the Indiana Department will implement a 60-day grace period relating to renewals and cancellations for all licensees, certificate holders and registrants; 3. Requires applicable carriers to waive cost-sharing for COVID-19 testing and ensure that prior authorization is not required for such testing; 4. Encourages the use of telemedicine options; and 5. Advises all regulated entities that the Indiana Department is suspending requirements for providers participating in the Indiana Patient's Compensation Fund to hold an Indiana license.
	2.	All Lines	COVID-19 Information Page	<p>Extension of Licenses</p> <p>All licenses issued by the State which are set to expire in the next 60 days will instead expire on May 22, 2020. This means that any currently active license will remain active until at least May 22, 2020.</p>
	3.	All Lines	Indiana Department of Insurance issued a Notice on April 14, 2020.	<p>License Expiration Dates Extended to June 22, 2020</p> <p>Notice states that license expiration dates within the declared public health emergency in Indiana will be extended to June 22, 2020. Outstanding license renewal applications and/or continuing education ("CE") requirements that were due on March 31, 2020 or April 30, 2020 are now due on June 22, 2020. The new license expiration dates and CE due dates will be reflected online on April 30, 2020.</p>
	4.	Health	Indiana Department of Insurance issued Bulletin 253 on April 21, 2020.	<p>Guidance Regarding Patient's Compensation Fund, Temporary Healthcare Facilities and Coverage for COVID-19 Testing Services</p> <p>Bulletin requests the following:</p> <ol style="list-style-type: none"> 1. That any temporary healthcare facility established in order to relieve the burden on permanent healthcare facilities as a result of the emergency be subject to the same provider agreement, including, but not limited to the terms, conditions and reimbursement that the primary hospital to which such facility relates has with regards to policy benefits; and 2. That medical malpractice insurers extend coverage for temporary healthcare facilities which may be established in response to the emergency. <ul style="list-style-type: none"> • Bulletin also recommends that temporary facilities be associated with and operate under a primary hospital which, for the purposes of the Patient's Compensation Fund (the "PCF"), will provide liability insurance coverage and qualification for the PCF. • Bulletin also recommends that healthcare providers and student healthcare providers be associated and employed through a hospital for purposes of qualification with the PCF.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Bulletin also reminds insurers that the FFCRA and the CARES Act require insurers which offer group or individual plans to cover testing, related services and any associated visit in a range of setting without cost-sharing and that insurers must waive prior authorization requirements for COVID-19 testing services.</p> <p>Further, insurers are reminded that, under the CARES Act, they must reimburse the provider of diagnostic COVID-19 testing services, and if they offer ACA compliant individual or group plans, they must cover qualifying coronavirus preventive services 15 business days after such services are made available. Insurers are also reminded that they are encouraged to promote and use telehealth and telemedicine services and are encouraged to cover enrollees for prescription drug refills even when the enrollee has not reached their scheduled refill date (provided that the underlying prescription would remain valid beyond such date).</p>
	5.	All Lines	Indiana Department of Insurance issued Bulletin 254 on May 7, 2020.	<p>Extension of Moratorium on Policy Cancellations and Non-Renewals</p> <p>Bulletin extends through May 31, 2020 the previously issued moratorium on cancellations and non-renewals of any insurance policy in effect for a policyholder in Indiana for any premium payment due from March 19, 2020. Bulletin emphasizes that the moratorium is not a waiver, but only an extension of the period in which to pay the premium. The Department requests that insurance companies work with the impacted policyholders in paying the premiums that would have become due during the moratorium period by either allowing a payment plan or a further extension in paying the amount due in full.</p>
	6.	All Lines	Indiana Department of Insurance issued a Notice on May 11, 2020.	<p>Guidance Regarding Producer and Adjuster License Expiration Dates</p> <p>Producer and adjuster license expiration dates within the declared public health emergency in Indiana will be extended to June 4, 2020. Outstanding license renewal applications and/or continuing education (“CE”) requirements that were due on March 31, 2020, April 30, 2020 or May 31, 2020 are now due on June 4, 2020. The new license expiration dates and CE due dates will be reflected online on May 31, 2020.</p>
	7.	All Lines	Indiana Department of Insurance issued a Notice on May 11, 2020.	<p>Guidance Regarding Reopening of Professional Testing Centers</p> <p>As of May 1, 2020, Pearson VUE-owned and operated Pearson Professional Testing Centers are now open for testing in Indiana and throughout the United States for Indiana Department license candidates.</p>
	8.	All Lines	Indiana Department of Insurance issued a Notice on June 1, 2020.	<p>Guidance Regarding Licensing of Insurance Producers</p> <p>Due to the limited availability of license examinations amid COVID-19 exam site closures and sites operating at 50% “social-distancing” capacity, the Indiana Department of Insurance has expanded the availability of licensing examinations at Pearson VUE testing centers in Indianapolis (North Meridian) and Terre Haute.</p>
	9.	All Lines	Indiana Department of Insurance issued a Notice on June 4, 2020.	<p>Guidance Regarding Licensing of Insurance Producers</p> <p>Outstanding license renewal applications and/or continuing education requirements that were due on March 31, 2020, April 30, 2020 or May 31, 2020 are now due on June 30, 2020.</p>
	10.	Health Life	Indiana Department of Insurance issued Bulletin 255 on November 23, 2020.	<p>Waiver of Clinical Information Requirements for Prior Authorization During the Pandemic</p> <p>To increase the number of hospital beds and staff available to combat the pandemic, the Indiana Department encourages insurers to waive the clinical information requirements for prior authorizations. Insurers may require a prior authorization form to be submitted, but should waive the clinical information requirements for prior authorization for a period of 14 days. After such period of time has expired, insurers may require the provider or facility to submit clinical information for subsequent prior authorizations.</p>
	11.	Health Life	Indiana Department of Insurance issued Bulletin 256 on December 31, 2020.	<p>Extension of Approved Prior Authorizations</p> <p>In order to support hospitals, providers and Indiana residents whose surgeries have been delayed, the Indiana Department calls on carriers to extend prior authorization timeframes for open and approved authorizations by 180 days. Carriers are encouraged to extend any approved authorizations for 180 days from the expiration date of the prior authorization. This extension only applies to prior authorizations that were approved before December 16, 2020.</p>
Iowa	1.	Health Life P&C	Iowa Insurance Division issued Bulletin 20-03 to all authorized insurance companies on March 17, 2020.	<p>Recommendations for Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requests that as companies implement their business contingency plans in light of the COVID-19 emergency, that they advise as to what assistance the Iowa Division can provide.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	2.	Health	Iowa Insurance Division issued Bulletin 20-04 to all health insurance companies and health maintenance organizations on March 19, 2020.	<p>Recommendations for Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requests that all applicable insurance companies allow a premium grace period for any individual health benefit plan or small employer group health benefit plan as follows:</p> <ol style="list-style-type: none"> 1. For individual and small employer policyholders affected by the economic disruptions resulting from COVID-19 which are requesting extensions for premium payments beyond the insurers' normal payment due dates; 2. To allow any individual or small group policyholder at least 60 days after a premium payment is due before terminating coverage for any such policyholder who has a premium payment initially due between March 17, 2020 and June 30, 2020; 3. Recognizing that Federal law controls and may determine how an issuer acts, that issuers on the Federally Facilitated Exchange extend premium payment deadlines (such as deadlines for payment to effectuate coverage) and delay cancellations for non-payment of premium that are at least consistent with the Bulletin; and 4. For those policies with an automatic bank draft or electronic funds transfer arrangement, issuers may continue payment deductions unless or until the policyholder terminates this arrangement with the insurer and financial institution.
	3.	All Lines	Iowa Insurance Division issued Bulletin 2020-05 to licensed resident insurance producers and state-registered securities professionals regarding licensing relief on March 25, 2020.	<p>Suspension of Certain Licensing Requirements for Insurance Producers</p> <p>Bulletin advises applicable producers of the temporary suspension of expiration or renewal dates for licenses and the waiver of classroom method or proctor requirements for continuing education courses.</p>
	4.	Health	Iowa Insurance Division issued Bulletin 20-06 to all health insurance companies and health maintenance organizations on March 27, 2020.	<p>Requirements Regarding Telehealth Services Flexibility and Reimbursement</p> <p>Bulletin advises applicable carriers of the following requirements:</p> <ol style="list-style-type: none"> 1. Carriers must provide reimbursement for medically necessary, clinically appropriate covered services by telehealth on the same basis and rate as would apply to health care services provided to a covered person in an in-person meeting; 2. Carriers must eliminate barriers to audio-only telephone transmission requirements for reimbursement of health care services and explicitly allow the use of telephones, audio/video, secure text messaging, email or use of a patient portal for furnishing of telehealth services; 3. Carriers are requested to work with health care professionals to increase access to telehealth services; and 4. Carriers must not limit telehealth services only to patients with COVID-19.
	5.	Health	Commissioner of Insurance issues an announcement reminding Iowans economic impact due to COVID-19 to consider ACA special enrollment periods and other health coverage options on April 1, 2020.	<p>Guidance Reminds Iowans Experiencing Economic Impact Due to COVID-19 to Consider ACA Special Enrollment Periods and Other Health Coverage Options</p> <p>Iowans who have experienced change in employment status due to COVID-19 may be eligible to enroll in Affordable Care Act ("ACA") coverage through healthcare.gov. A special enrollment period ("SEP") is a period outside of open enrollment when a person can enroll in or switch ACA coverage.</p>
	6.	All Lines	Iowa Insurance Division issued Bulletin 20-07 on April 9, 2020.	<p>Clarification of Process to Obtain a Temporary Producer License</p> <p>Bulletin sets out process by which temporary producer licenses can be issued to those individuals who are not able to take the required licensing examinations.</p>
	7.	All Lines	Iowa Insurance Division issued Bulletin 20-09 on May 29, 2020.	<p>Extension of Period to Obtain a Temporary Producer License</p> <p>Bulletin extends period during which an individual can obtain a temporary producer license to June 30, 2020.</p>
	8.	Health	Iowa Insurance Division issued Bulletin 20-10 to all health insurance companies writing in the state of Iowa on June 22, 2020.	<p>Serologic or Antibody COVID-19 Testing</p> <p>Unless otherwise covered as part of the testing criteria of Iowa's State Hygienic Laboratory, testing to diagnose and treat people with symptoms of COVID-19 under a healthcare provider's order (i.e., a healthcare provider with prescribing authority under state law) is appropriately covered by health insurance.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Kansas	1.	Health Life P&C	Kansas Insurance Department issued Bulletin 2020-1 to all regulated entities on March 17, 2020.	Recommendations and Requirements for Insurers to Manage COVID-19 Outbreak Bulletin states that all such regulatory statutes in Chapter 40 that have a “deemed approved” or similar clause are without effect during the period of the emergency proclamation issued by the Governor of Kansas on March 12, 2020. The Kansas Department, however, is not suspending statutes that require insurance companies to pay claims promptly, and in accordance with their normal procedures.
Kentucky	1.	Health	Kentucky Department of Insurance issued guidance to all regulated entities on March 18, 2020.	Recommendations and Requirements for Insurers to Manage COVID-19 Outbreak Under this Bulletin, a covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. The Kentucky Department will not impose penalties for noncompliance with Ky. Rev. Stat. § 304.17A(47)(c) in connection with the good faith provision of telehealth using such non-public facing audio or video communication products.
	2.	All Lines	Kentucky Department of Insurance issued an announcement that it will be extending the time requirements for completion and submission of continuing education hours for March and April licensees.	
	3.	All Lines	Kentucky Department of Insurance issued guidance that insurance industry is considered a life-sustaining business on March 25, 2020. ¹³	Insurance Deemed an Essential Business Professional services, such as legal services, accounting services, insurance services, real estate services (including appraisal and title services). Professional services firms must implement telecommuting and remote work to the fullest extent possible, and should only use in-person interaction to support Minimum Basic Operations or where telecommuting is impossible.
	4.	Health	Kentucky Department of Insurance issued guidance on suspending pharmacy audits on March 27, 2020.	Temporary Suspension of Pharmacy Audits Accordingly, audits of pharmacy records performed in accordance with KRS 304.17A-740 through KRS 304.17A-747 are temporarily suspended for the duration of the State of Emergency.
	5.	Health Life P&C	Kentucky Department of Insurance issued guidance on continuity operations on March 30, 2020.	Continuity of Operations Insurance offices are deemed essential and are allowed to operate during the orders put in place by Governor Beshear and various governmental entities within Kentucky. Insurance company employees should seek to work remotely, or behind locked doors when possible, and should follow CDC guidelines that include social distancing and other recommended practices when in-person interaction is necessary.
	6.	P&C	Kentucky Department of Insurance issued amended guidance on personal auto coverage/delivery on March 30, 2020.	Personal Automobile Policy Coverage/Delivery Services Personal automobile insurance policies do not typically provide coverage for vehicles used for commercial purposes. To ensure that those providing temporary delivery services have coverage under their personal automobile insurance policies, insurers shall not deny a claim under a personal automobile insurance policy solely because the insured was engaged in delivery services on behalf of a business impacted by the closures necessitated by the Governor’s Executive Order. This guidance shall apply to all personal automobile insurance policies in effect on or after March 16, 2020, and shall remain in effect until the Governor’s Executive Order is lifted. This guidance does not apply to drivers working for a transportation network company or similar delivery company.
	7.	Health	Kentucky Department of Insurance issued amended guidance on April 3, 2020.	Health Benefit Plan Rate Filing Requirements For the duration of the State of Emergency, an electronic copy of required health benefit plan rate filing material may be provided to the Kentucky Attorney General in place of a written copy.

¹³ Updated as of May 29, 2020 to indicate that this guidance will be in effect until June 15, 2020. Audits of pharmacy records performed in accordance with KRS 304.17A-740 through KRS 304.17A-747 may resume on June 15, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	8.	Medical Malpractice	Kentucky Department of Insurance issued amended guidance on April 3, 2020.	<p>Changes to Notice of Scope of Practice</p> <p>Recognizing efforts to extend the capacity of the health care work force during the period of emergency, the Kentucky Department provides guidance regarding the process for health care providers to notify medical malpractice insurers of changes in the scope of their practice:</p> <ol style="list-style-type: none"> 1. Health care providers are encouraged to contact their licensure boards to determine whether there are any waivers or guidance relaxing restrictions related to their scope of practice; 2. Health care providers are encouraged to contact their insurance company or agent and follow such entity's requirements for notification of changes to the scope of practice; and 3. During the state of emergency, the Kentucky Department will not consider determinations by liability self-insurance groups or captive insurers allowing temporary coverage for health providers who do not meet the terms of membership requirements to be the sale of insurance by an unlicensed entity.
	9.	All Lines	Kentucky Department of Insurance issued Bulletin 20-02 on April 7, 2020.	<p>Guidance Regarding Regulatory Filing Requirements</p> <p>Bulletin informs domestic insurers that, upon written request to the Kentucky Department, they may receive either 30-day or 60-day extensions for certain regulatory filings. In addition, the Bulletin advises such insurers that electronic signatures are permissible for the duration of the emergency, though filings made with such signatures must be resubmitted in original form within 60 days of the conclusion of the emergency. Further, the Kentucky Department informs insurers that it will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>
	10.	P&C	Kentucky Department of Insurance issued Guidance on April 15, 2020.	<p>Extension of Quarterly Mine Subsidence Premium Payments</p> <p>The Mine Subsidence Insurance Fund was established by and operates pursuant to KRS 304.44010 through KRS 304.44-130. Many companies have reinsurance agreements for mine subsidence on file with the Department of Insurance. The companies pay a portion of the premium collected for mine subsidence for each quarter to the Mine Subsidence Insurance Fund. The premium for the first quarter (January 1 through March 31) would normally be due on May 15, 2020. The Department of Insurance has received inquiries requesting an extension of this deadline due to the COVID-19 pandemic's impact on company books of business. In light of the COVID-19 pandemic, the Department is extending the first quarter premium deadline until August 15, 2020. This results in both the first quarter and second quarter premiums being due on August 15, 2020.</p>
	11.	All Lines	Kentucky Department of Insurance issued Guidance on April 24, 2020.	<p>Practices of Premium Relief and Use of Technology to Promote Social Distancing</p> <p>Guidance notifies all insurers that, during the state of emergency, the Kentucky Department will not regard certain activities as unfair trade practices or unfair methods of competition, including but not limited to:</p> <ol style="list-style-type: none"> 1. Performing mid-term adjustments to retroactively or prospectively apply returned premium according to the change in risk exposure; 2. Placing coverage in abeyance, at the request of the insured, due to pandemic-related changes in risk and desire to prevent lapse in coverage; 3. Waiving fees, penalties or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond to an insurer's inquiries; 4. Virtual auditing or allowing self-auditing and self-reporting in lieu of physical auditing; 5. Extending grace periods for premium payment; 6. Extending the effective termination date of non-renewals and cancellations; 7. Extending submission deadlines for proof of loss; and 8. Encouraging insureds to use electronic payment technology that aids social distancing. <p>Implementing any of the above measures is at the discretion of insurers. The Department is aware that insurers vary in kinds of insurance offered, number of insureds, business procedures and points in policy duration where risk exposure has changed due to the pandemic. Along with considering the above measures, the Department may permit reasonable deviation from filed rates or contractual language when such actions are applied uniformly and without prejudice to all similarly affected insureds and the insurer has notified the Commissioner in writing of its specific proposal for premium relief and justifications.</p>
	12.	P&C	Kentucky Department of Insurance issued Guidance on April 24, 2020.	<p>Local Premium Tax Refund of Auto Policies</p> <p>Guidance provides that there is no need for refunds of local premium taxes in relation to the return of auto insurance premiums as a result of altered driving patterns during the COVID-19 pandemic.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	13.	Health	Kentucky Department of Insurance issued Guidance on April 30, 2020.	<p>Guidance Regarding Hospital Services</p> <p>Recognizing the impact that the COVID-19 pandemic has had on healthcare facilities and the insurance industry and in order to assist in focusing resources on treatment of those diagnosed with COVID-19, this Guidance waives or suspends certain requirements as follows:</p> <ol style="list-style-type: none"> Insurers shall not require preauthorization for the transfer of patients via ambulance to other facilities for the purpose of transferring a patient not diagnosed with COVID-19 to make a bed available for a patient diagnosed with COVID-19. <ul style="list-style-type: none"> Should the transfer of the patient involve a non-participating provider, this waiver is contingent on the non-participating provider and the insurer negotiating reimbursement for the services and holding the member harmless from paying the balance of the non-participating provider's billed charges. Preauthorization and concurrent review for all inpatient services are suspended. However, insurers may require notification of inpatient admissions and services in order to properly identify the status of members and provide for appropriate care management services. Further, insurers retain the ability to perform retrospective review of these inpatient services when the state of emergency is lifted. All audit activities, recoupments and appeal timeframes for appeals of post-service claims for inpatient services, are suspended through the state of emergency. <p>Guidance also encourages insurers to consider the following measures:</p> <ol style="list-style-type: none"> Expediting credentialing for providers that will be providing services specific to the COVID-19 pandemic. Providing clear and timely guidance to facilities on the proper billing of claims for extraordinary situations related to the treatment of COVID-19 patients. Working with hospitals that are struggling financially as a result of the regulatory measures taken with respect to the emergency to suspend or limit elective procedures by advancing claim payments or expediting processing of existing claims.
	14.	All Lines	Kentucky Department of Insurance issued Guidance on April 30, 2020. ¹⁴	<p>Guidance Regarding Temporary Resident Agent Licenses for New Applicants</p> <p>Guidance sets out requirements for issuance of temporary resident agent licenses.</p>
	15.	P&C	Kentucky Department of Insurance issued Guidance on May 20, 2020.	<p>Limited Waiver of Vacancy Clauses in Commercial Insurance Policies</p> <p>Guidance notifies insurers that the Kentucky Department will begin to enforce a limited waiver of commercial policy vacancy clauses. Vacancy clauses will be waived to the extent claims denial, policy cancellation or policy nonrenewal would occur based solely on the insured's business location being temporarily unoccupied because the insured complied with measures related to the COVID-19 pandemic. The waiver applies to denial, cancellation and nonrenewal decisions occurring during the period between the closure of nonessential businesses on March 23, 2020 and the time this Guidance is no longer in effect. The waiver only applies to businesses that are temporarily unoccupied at locations specified as covered under the commercial policy.</p>
	16.	All Lines	Kentucky Department of Insurance issued an announcement on May 28, 2020.	<p>Guidance Regarding Reopening of Testing Centers and Expiration of Issuance of Temporary Agent Licenses</p> <p>Guidance states that in-person insurance examinations will resume in Frankfort on June 15, 2020 and that the Kentucky Department will no longer issue temporary agent licenses beginning July 31, 2020.</p>
	17.	All Lines	Kentucky Department of Insurance issued Bulletin 2020-04 on July 1, 2020.	<p>Insurance Legislation Adopted by the 2020 Kentucky General Assembly</p> <p>Bulletin generally lists insurance related legislation adopted by the Kentucky General Assembly during the 2020 session, including with respect to measures taken with respect to the pandemic.</p>
	18.	P&C	Kentucky Department of Insurance issued amended guidance on personal auto coverage/delivery on November 19, 2020.	<p>Amended Guidance on Personal Automobile Policy Coverage/Delivery Services</p> <p>Guidance states that while personal automobile insurance policies do not typically provide coverage for vehicles used for commercial purposes, to ensure that those providing temporary delivery services have coverage under their personal automobile insurance policies, insurers shall not deny a claim under a personal automobile insurance policy solely because the insured was engaged in delivery services on behalf of a business impacted by the closures necessitated by the</p>

¹⁴ Updated as of June 1, 2020 to indicate that the last day that temporary licenses will be issued under this guidance is July 31, 2020 at 4:30 pm ET. Any applications pending for items at this time will be considered incomplete and will be placed in denied status.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				Governor's Executive Order. This guidance shall apply to all personal automobile insurance policies in effect on or after November 20, 2020, and shall remain in effect until December 13, 2020. This guidance does not apply to drivers working for a transportation network company or similar delivery company.
Louisiana	1.	Health	Louisiana Department of Insurance issued Emergency Rule 36 to all regulated entities that conduct health insurance on March 17, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <ol style="list-style-type: none"> Under this Emergency Rule, applicable entities are required to take the following measures: Waive cost-sharing for COVID-19 testing; Waive prior authorization requirements or restrictions for screening and diagnostic testing for COVID-19 and ensure responses for such requests for treatment are done on a timely basis; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Provide notice to contracted providers that they are waiving the cost-sharing and prior authorization requirements and restrictions; Allow insured individuals to obtain prescription drug refills even if the prescription was recently filled (consistent with approval from patients' health care providers and/or pharmacists); and <ul style="list-style-type: none"> Does not apply to prescription drugs with a high likelihood of abuse, such as opioids restricted to seven-day prescriptions. Ensure utilization review decisions are made in a timely manner.
	2.	Health	Louisiana Department of Insurance issued Emergency Rule 37 to all regulated entities that conduct health insurance on March 23, 2020.	<p>Required Measures to Be Taken by Health Insurers Regarding Telemedicine and Network Adequacy</p> <p>Under this Emergency Rule, applicable entities are required to take the following measures:</p> <ol style="list-style-type: none"> Take necessary steps to expand access to telemedicine services so insureds can continue receiving necessary care, including permitting telemedicine visits conducted through the patient's phone or personal device; Ensure coverage of mental health services via telemedicine to the extent they would be covered in-person, except for treatments that are not appropriate for remote delivery; Waive restrictions requiring patients to only conduct telemedicine visits with providers in the insurer's existing telemedicine network; and Evaluate their out-of-network cost-sharing to ensure patients are not unreasonably charged extra cost-sharing amounts under their insurance policy if in-network access becomes limited.
	3.	All Lines	Louisiana Department of Insurance issued Emergency Rule 38 to individuals applying for an insurance producer license on March 23, 2020.	<p>Guidance Regarding Temporary Licensing of Insurance Producers</p> <p>Emergency Rule provides guidance as to how individuals applying for an insurance producer license may obtain temporary licensure.</p>
	4.	Health Life P&C	Louisiana Department of Insurance issued Emergency Rule 39 to all regulated insurance entities on March 23, 2020.	<p>Provision for Mid-Term Self-Audits of Admitted Policies</p> <p>Emergency Rule requires all admitted carriers to take the following measures:</p> <ol style="list-style-type: none"> Carriers must permit a commercial insured with an auditable insurance policy, on the insured's demand to immediately conduct a mid-term self-audit of the insurance policy; If the mid-term self-audit establishes that the premium charged at the initiation of the policy is now in excess of what the premium would be based on the current rating variables, the carrier must adjust the premium immediately but in no event less than 10 days from the completion and submission of the mid-term self-audit, and to refund any overpayment to the insured; Carriers may conduct their own physical audits at any time during the policy term or at the end of the policy term as provided in the policy terms and conditions; and Surplus line carriers are "urged and requested" to adhere to the above provisions as well.
	5.	Health Life P&C	Louisiana Department of Insurance issued Emergency Rule 40 on March 27, 2020.	<p>Institution of Moratorium on Policy Cancellations/Non-Renewals</p> <p>Emergency Rule requires all admitted and surplus line carriers to suspend the cancellation, non-renewal and non-reinstatement of policies for the duration of the emergency. However:</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> • Policies may continue to be canceled for fraud and material misrepresentation or upon written request by the insured. • Insureds remain obligated to pay all premiums. Any life or P&C claim during this period is subject to a premium offset prior to payment. Processing of health claims may be suspended while premium due under the policy is delinquent and will be resumed only after the delinquent premium is received.
	6.	Health	Louisiana Department of Insurance issued Emergency Rule 41 on March 31, 2020.	<p>Guidance Regarding Post Transfer Stays in Step-Down Facilities</p> <p>This Emergency Rule ensures that post-transfer stays in step-down facilities can occur smoothly and without disrupting facility reimbursement. Patients will pay the same cost-sharing amount in the step-down facility that they would have paid had they remained in the acute care hospital.</p> <p>The Emergency Rule, among other things requires:</p> <ol style="list-style-type: none"> 1. Ensures that these transfers can occur smoothly and without disrupting facility reimbursement; 2. Ensures that patients will maintain the same cost-sharing amount in the step-down facility that they would have paid had they remained in the acute care hospital; 3. Ensures that insurers are not obligated to make additional reimbursement at publicly funded facilities; and 4. Provides a limited waiver for parishes or municipalities whose acute care hospitals daily inpatient bed occupancy exceeds 85%.
	7.	P&C	Louisiana Senate Bill 477 introduced on or about March 31, 2020. Louisiana House Bill 858 introduced on or about March 31, 2020.	<p>Proposed State Legislation to Manage COVID-19 Outbreak</p> <p>Bills 477 and 858 provide a framework for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it will be retroactive for any insured with a business interruption policy in place from March 11, 2020, when Louisiana first declared a public health emergency and a state of emergency due to the virus. House Bill 858 would apply to Louisiana businesses with less than 100 eligible employees, meaning full-time employees working a normal week of 25 hours or more, though Senate Bill 477 does not have this restriction. Neither of the Louisiana measures provide a mechanism for the insurers to seek reimbursement for payments made pursuant to the law.</p>
	8.	All Lines	Louisiana Department of Insurance issued Emergency Rule 43 on April 6, 2020.	<p>Guidance Regarding Temporary Licensing of Adjusters</p> <p>This Emergency Rule sets out a process for provision of temporary licenses to insurance adjusters which will expire on May 15, 2020.</p>
	9.	All Lines	Louisiana Department of Insurance issued Emergency Rule 44 on April 14, 2020.	<p>Extension of Renewal Dates in Response to the COVID-19 Outbreak</p> <p>This Emergency Rule extends the renewal dates for licenses of insurance producers and adjusters who have been negatively impacted by the business closures brought on by the COVID-19 pandemic. The Emergency Rule applies to insurance producers and adjuster licensees with an expiration date of April 30, 2020. The renewal date has been extended until May 12, 2020.</p>
	10.	P&C	Louisiana Department of Insurance issued a Press Release on May 5, 2020.	<p>Request for Commercial Auto Insurance Premium Discount Consideration</p> <p>The Insurance Commissioner calls upon commercial vehicle insurers to review their Louisiana policies and consider returning a percentage of premium to policyholders whose businesses have been impacted by the stay-at-home orders put in place as a result of the pandemic. The Commissioner notes that following the COVID-19 emergency declarations, many commercial fleet operators are seeing significantly fewer miles driven and as a result a reduction in the frequency of accidents and claims exposure to their insurers.</p>
Maine	1.	Health	Maine Bureau of Insurance issued an Emergency Order to health care organizations on March 12, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>The Emergency Order states that for the duration of this emergency, health carriers shall not refuse, because of lack of credentials, to pay claims submitted by providers credentialed within a health care organization but not at that health care organization's location where the service was provided or at a location not in that health care organization.</p>
	2.	Health	Maine Bureau of Insurance issued Bulletin 442 to carriers offering health care plan on March 12, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>The Bulletin, which incorporates an Emergency Order, applicable carriers are required to take the following measures:</p> <ol style="list-style-type: none"> 1. Waive cost-sharing for COVID-19 screening and testing;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 2. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 3. Ensure for coverage, without prior authorization but with network-level cost-sharing regardless of the status of the emergency provider, whenever a prudent person would believe that immediate medical attention is necessary to avoid serious jeopardy to health, serious impairment of a bodily function; or serious dysfunction of any organ or body part; 4. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 5. Review the adequacy of any telehealth programs; 6. Ensure access to prescription drugs; 7. Ensure utilization review decisions are made in a timely manner; and 8. Provide notice to enrollees, providers and the public of measures being taken to respond to the COVID-19 threat, including but not limited to measures taken to comply with the terms of this order.
	3.	Health	Maine Bureau of Insurance issued an Insurance Emergency Response Order - Coronavirus Public Health Emergency Supplemental Order Regarding Credentialing to regulated carriers which offer health insurance on March 19, 2020.	<p>Clarification Regarding Credentialing</p> <p>Supplemental Order requires health carriers to not refuse, because of lack of credentials, to pay claims submitted by providers credentialed within a health care organization but not at that health care organization's location where the service was provided or at a location not in that health care organization.</p>
	4.	Health	Maine Bureau of Insurance issued an Insurance Emergency Response Order - Coronavirus Public Health Emergency Supplemental Order Regarding Remote Delivery of Health Services to regulated carriers which offer health insurance on March 20, 2020.	<p>Clarification Regarding Remote Delivery of Health Services</p> <p>Supplemental Order requires health carriers to provide, in addition to coverage of telehealth, parity in coverage for other clinically appropriate remote delivery of medically necessary health care services, including office visits conducted by non-public-facing telephone communication methods that have audio-only or audio-video capability, to the extent that the provider is permitted by law to provide such services.</p> <p>In addition, rates of payment to in-network providers for services delivered via telehealth must not be lower than the rates of payment for such services when delivered in person.</p>
	5.	Health	Maine Bureau of Insurance issued a Supplemental Order to regulated carriers which offer group health insurance on March 27, 2020.	<p>Clarification Regarding Continuation of Group Health Coverage</p> <p>Supplemental Order requires applicable health carriers, when requested by an employer, to suspend the application of any group health plan contract provision that terminates coverage when an eligible employee is no longer actively employed by the group policyholder, provided that the employer's offer of continued coverage is made to all affected employees on a nondiscriminatory basis.</p>
	6.	All Lines	Maine Bureau of Insurance issued a Supplemental Order regarding deferral of premium deadlines on April 6, 2020.	<p>Guidance Regarding Deferral of Premium Deadlines</p> <p>Supplemental Order advises regulated carriers of the following:</p> <ol style="list-style-type: none"> 1. Carriers issuing individual coverage on the Health Insurance Marketplace must postpone the commencement of the premium grace period until at least June 1, 2020, for all policyholders receiving advance premium tax credits who fail to pay premium when due; 2. Until at least June 1, 2020, carriers must provide relief from premium cancellation to any individual policyholder not receiving advanced premium tax credits and to any small or large group policyholder, if the policyholder applies to the carrier for such relief and certifies that such relief is required as a result of hardship arising out of the COVID-19 pandemic; and 3. Carriers may continue to issue premium bills, and must notify any insured whose coverage would otherwise be subject to termination that the extension of time to pay premium does not exempt or excuse the insured from the obligation to pay the premiums owed.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	7.	P&C	Maine Bureau of Insurance issued Bulletin 443 on April 7, 2020.	<p>Guidance Regarding Property and Casualty Coverage</p> <p>Bulletin reminds property and casualty carriers that nonadmitted or surplus lines insurers may not use COVID-19 as a reason to attempt to narrow or cancel the coverage of a policy already in effect.</p>
	8.	P&C	Maine Bureau of Insurance issued Bulletin 444 on April 15, 2020.	<p>Guidance to Auto Insurers in Response to the COVID-19 Outbreak</p> <p>Bulletin provides guidance regarding compliance with regulatory requirements with respect to issuance of refunds, discounts or credits to policyholders as a result of the COVID-19 virus.</p> <p>Specifically, the Bulletin confirms that the Insurance Department will waive or expedite its review of rate and form filings identified as COVID-19-related.</p>
	9.	All Lines	Maine Bureau of Insurance issued Bulletin 445 on April 15, 2020.	<p>Guidance Regarding Temporary Licensing of Insurance Producers</p> <p>Bulletin provides guidance as to how individuals applying for an insurance producer license may obtain temporary licensure.</p>
	10.	All Lines	Maine Bureau of Insurance issued Bulletin 446 on April 24, 2020.	<p>Updated Guidance Regarding Updated Uniform Deadlines for Rate, Form and QHP Filings</p> <p>Bulletin provides guidance regarding updates to filing deadlines for rate, form and qualified health program filings for non-grandfathered individual and small group health plans with effective dates of coverage during 2021, which have been adjusted as a result of the recent COVID-19 pandemic.</p>
	11.	All Lines	Maine Bureau of Insurance issued Bulletin 447 on April 29, 2020.	<p>Regulatory Filing Deadlines</p> <p>If possible, carriers must make all filings with the Superintendent as and when required by Maine law or by order of the Superintendent, including electronic filings with the NAIC, such as quarterly financial statements and audited financial statements. However, any carrier may contact the Bureau's Financial Analysis Division to make a written request for an extension of time if the carrier thinks it cannot meet one or more financial filing deadlines stated in the Bulletin. For certain filings, extensions will not exceed 30 days and for other filings, extensions will not exceed 60 days.</p> <p>Regarding financial analysis and examination filing requirements, the Bureau generally instructs companies to file certain documents in hard copy form with original (wet) signature, and in some cases sent via certified or first-class mail and with notary requirements. The Bureau waives the hard copy, original signature and related filing requirements while the insurance emergency remains in effect, but expects companies to keep a list of all filings that were made electronically in lieu of hard copy filings so that they can file all the hard copies within 60 days after the emergency is lifted.</p> <p>The Bureau will not conduct any on-site examination work that is contrary to the spirit of any public health directive. To facilitate this, insurers should be aware that the Bureau might need to request more information in electronic form.</p>
	12.	All Lines	Maine Department of Insurance issued Bulletin 448 on May 11, 2020.	<p>Guidance Regarding Use of Credit Scoring</p> <p>Bulletin encourages insurers to work with their customers whose credit has been affected by the COVID-19 pandemic and reminds insurers of their obligations under Maine's Fair Credit Reporting Act when they renew insurance policies where their customers have frozen their consumer accounts.</p>
	13.	Health	Maine Department of Insurance issued Bulletin 450 on June 18, 2020.	<p>Guidance Regarding State Epidemiologist's Standing Order for COVID-19 Testing</p> <p>Bulletin reiterates that carriers offering health plans in Maine may not make first-dollar coverage with respect to medically necessary screening and testing for COVID-19 dependent on any prior authorization requirement and may not make first-dollar coverage dependent on the use of network providers unless the enrollee is offered the service in-network without additional delay but chooses instead to visit an out-of-network provider or to be tested by an out-of-network laboratory. On June 8, 2020 the Maine State Epidemiologist issued a Standing Order authorizing health care providers and other designated trained personnel to conduct SARS-CoV-2 molecular testing on anyone meeting one or more of the risk criteria described in the Emergency Order issued on March 12, 2020 and further authorizing the laboratory analysis of test specimens and reporting of test results. Bulletin specifically clarifies that services performed under the Standing Order for persons described within Categories A (known exposure) and B (elevated risk factors) are considered "medically necessary" and are eligible for first-dollar coverage under the Emergency Order issued on March 12, 2020.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	14.	Health	Maine Department of Insurance issued Bulletin 451 on June 18, 2020.	Revised Guidance Regarding State Epidemiologist's Standing Order for COVID-19 Testing Bulletin supersedes Bulletin 450 only with respect to referring to the current version of the Standing Order, as it may be revised from time to time. Otherwise Bulletin 451 does not alter the language of Bulletin 450 and fully restates such Bulletin.
	15.	P&C	Maine Bureau of Insurance issued Bulletin 452 on August 20, 2020.	Guidance to Auto Insurers in Response to the COVID-19 Outbreak Bulletin indefinitely extends guidelines established in Bulletin 444 and is otherwise identical to such Bulletin. Bulletin provides guidance regarding compliance with regulatory requirements with respect to issuance of refunds, discounts or credits to policyholders as a result of the COVID-19 virus. Specifically, the Bulletin confirms that the Insurance Department will waive or expedite its review of rate and form filings identified as COVID-19-related.
	16.	Health	Maine Department of Insurance issued Bulletin 453 on September 22, 2020.	Revised Guidance Regarding State Epidemiologist's Standing Order for COVID-19 Testing Bulletin supersedes Bulletin 451 to refer to a revised Standing Order issued by the Maine State Epidemiologist which makes any individual in Maine who is at least 12 months old eligible for COVID-19 testing. Otherwise Bulletin 453 does not alter the requirements of Bulletin 451.
	17.	All Lines	Maine Bureau of Insurance issued Bulletin 455 on January 15, 2021.	Discontinuance of Temporary Licensing Program for Insurance Producers Bulletin discontinues the temporary producer licensing program established by Bulletin 445, as Pearson VUE has resumed administering insurance examinations and the Maine Bureau of Insurance anticipates that online delivery of major lines exams will be available shortly.
Maryland	1.	Health	Maryland Insurance Administration issued Bulletin 20-05 to health carriers on March 6, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Bulletin requires applicable carriers to: 1. Remove cost barriers to COVID-19 testing; 2. Encourage use of telehealth services, as appropriate; and 3. Consider treatment of COVID-19 an emergency case for purposes of expediting a review of an adverse decision.
	2.	Health	Maryland Insurance Administration issued Bulletin 20-06 to health carriers on March 10, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Bulletin requires applicable carriers to: 1. Waive cost-sharing for any visit to diagnose or test COVID-19 (regardless of setting); 2. Waive cost-sharing for laboratory fees to diagnose or test COVID-19; 3. Waive cost-sharing for vaccination when COVID-19, when such vaccination becomes available; 4. Evaluate a request to use an out-of-network provider to perform diagnostic testing of COVID-19 solely on the basis of whether the use of the out-of-network provider is medically necessary or appropriate; and 5. Consider an adverse decision on a request for coverage of diagnostic services for COVID-19 an emergency case for which an expedited grievance procedure.
	3.	Health	Maryland Insurance Administration issued Bulletin 20-07 to health carriers on March 13, 2020.	Informational Notice to Manage COVID-19 Outbreak The Bulletin advises applicable carriers that the Center for Medicare & Medicaid Services ("CMS") has developed a HCPCS code that can be used by laboratories to bill for certain COVID-19 tests.
	4.	Title	Maryland Insurance Administration issued Bulletin 20-08 to title insurance producers on March 16, 2020.	Scheduling of Title Insurance Producer On-Site Reviews Bulletin allows a title insurer, if it believes that it is not safe to conduct an onsite review in the agent's principal place of business, to reschedule that audit for a later date, provided the audit is completed on or before December 31, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	5.	P&C	Maryland Insurance Administration issued Bulletin 20-09 to property and casualty insurers and producers which sell travel insurance on March 20, 2020.	Clarification Regarding Travel Insurance Sales Bulletin requests that insurers which issue travel insurance policies during this emergency provide an option for consumers to purchase a Cancel For Any Reason waiver, or otherwise offer an option to purchase trip cancellation coverage that will reimburse non-refundable costs if the trip is cancelled due to COVID-19.
	6.	Health Life P&C	Maryland Insurance Administration issued Bulletin 20-10 to all regulated insurance entities on March 20, 2020.	Guidance Regarding Cancellation of Policies Bulletin encourages all applicable carriers to make reasonable accommodations so that individuals and businesses do not lose coverage due to non-payment of premium during this emergency.
	7.	Health Life P&C	Maryland Insurance Administration issued Bulletin 20-11 to all regulated insurance entities on March 23, 2020.	Guidance Regarding Remote Claims Handling Bulletin encourages regulated insurance entities to utilize remote claims handling technologies to the greatest extent possible.
	8.	P&C	Maryland Insurance Administration issued Bulletin 20-12 to property and casualty carriers on March 23, 2020.	Guidance Regarding Property and Casualty Temporary Rate Relief Filings Bulletin encourages applicable carriers to consider making rate filings that provide temporary relief to insureds during this emergency. Filings may take the form of a premium discount for specific perils or coverages, or any other appropriate reduction in premium commensurate with reduced loss exposure.
	9.	P&C	Maryland Insurance Administration issued Bulletin 20-13 to property and casualty carriers writing private passenger automobile liability coverage on March 25, 2020.	Guidance Regarding Property and Casualty Carriers Writing Private Passenger Automobile Liability Coverage Bulletin suspends requirement that a private passenger automobile notice of cancellation (other than for non-payment), non-renewal, or premium increase be mailed 45 days in advance of a proposed action.
	10.	All Lines	Maryland Insurance Administration issued Bulletin 20-14 regarding premium receivables on March 26, 2020.	Premium Receivables Over 90 Days During the COVID-19 State of Emergency Maryland-domiciled insurers that provide premium grace periods to policyholders may request a permitted accounting practice to waive the requirements under Statutory Accounting Principles to non-admit premium receivable assets over 90 days past due. The permitted accounting practice will be effective for the year 2020. The number of days past due that will be allowed as an admitted asset will be based on an insurer's grace period. For example, an insurer that allows a 30-day grace period for all policies may request a permitted accounting practice to admit receivables up to 120 days past due. The request for a permitted accounting practice should include sufficient detail to support the request.
	11.	P&C	Maryland Insurance Administration issued Bulletin 20-15 regarding PPA liability to P&C insurers on March 30, 2020.	Commercial Use Exclusion in Private Passenger Auto (PPA) Policies The Insurance Administration encourages PPA insurers operating in Maryland to temporarily waive the commercial use exclusion for the duration of the COVID-19 emergency. Insurers may make an endorsement form filing that temporarily suspends the commercial use exclusionary language in their contracts. The Insurance Administration will waive the fee for such filings and will review and approve the filing, if possible within 24 hours of submission. Providing coverage in this manner may begin immediately.
	12.	Title	Maryland Insurance Administration issued Bulletin 20-16 to title insurers on March 30, 2020.	Conducting Mobile Settlements Bulletin authorized remote notarizations during the state of emergency and also provided guidelines for remotely notarizing documents during this time. During the state of emergency, it is permissible for licensed title insurance producers to conduct remote settlements so long as the settlement agent follows specific guidelines.
	13.	P&C	Maryland Insurance Administration issued Bulletin 20-17 on April 3, 2020.	COVID-19 and Contractual Deadlines within Property & Casualty Insurance Policies The Insurance Department seeks the full cooperation of all P&C insurers with respect to the following issues:

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 1. In the event that an insured is unaware of a loss or unable to provide notice of a claim, due to factors beyond their control directly as a result of COVID-19, insurers are requested to be lenient in the application of this policy language and consider whether or not late notice of a claim was preventable and if the late-notice actually prejudiced the insurer's ability to adjust the claim; 2. In light of social distancing protocols, travel restrictions, illnesses and other impediments arising from the COVID-19 virus, the Insurance Administration requests insurers to utilize a Sworn Statement in Proof of Loss ("SSPOL") only when necessary and to relax the completion deadline if necessary to accommodate COVID-19-related circumstances. When the use of SSPOL is necessary insurers may choose to accept electronic signatures consistent with the Uniform Electronic Transaction Act; 3. In regards to Additional Living Expenses / Loss of Use / Rental Reimbursement / Non-COVID-19 business interruption claims, insurers are reminded that reasonable time periods may be elongated during the COVID-19 crisis and policyholders should not be penalized due to delays of this sort outside of their control; 4. Insurers must consider the safety of all parties and should consider remote technology for Examinations Under Oath's whenever possible; and 5. The Insurance Administration requests insurers provide the same consideration of COVID-19 caused delays with respect to the 180 days and two-year timeframes contained in the policy and § 19-213 of the Insurance Article of the Maryland Code. Additionally, to the extent that policies involving other property and casualty lines of business include deadlines for a policyholder to notify an insurer and make a claim for RC benefits, the Insurance Administration encourages insurers to utilize these same considerations.
	14.	P&C	Maryland Insurance Administration issued Bulletin 20-18 on April 6, 2020.	<p>Guidance Regarding Adjustments to Commercial Automobile Coverage</p> <p>Bulletin requires insurers to work with owners of multiple vehicles, including commercial fleets, who may wish to put some vehicles out of service during the emergency in order to discontinue coverage for those vehicles and save the attendant premium.</p>
	15.	All Lines	Maryland Insurance Administration issued Bulletin 20-19 on April 7, 2020.	<p>Guidance Regarding Quarterly Estimated Premium Tax Payments</p> <p>Effective through June 1, 2020, penalties and interest for the late payment of quarterly estimated premium taxes due on April 15, 2020 are waived if an insurance company is unable to make timely payment because the COVID-19 pandemic has impacted the company's premium tax administrative offices.</p>
	16.	P&C	Maryland Insurance Administration issued Advisory on Temporary Rate Relief Filings on April 9, 2020.	<p>Guidance Regarding Temporary Rate Relief Filings</p> <p>Insurance Administration commends insurers for providing temporary rate relief measures, but notes that insurers are required to make filings with the Insurance Administration with respect to these measures. This filing may be in the form of a policy endorsement or rate/rule that describes the parameters of the program.</p>
	17.	P&C	Maryland Insurance Administration issued Bulletin 20-20 on April 13, 2020.	<p>Guidance Regarding Commercial Insurance in Response to the COVID-19 Outbreak</p> <p>Some commercial lines of business, including but not limited to workers' compensation and commercial general liability, are priced based on an estimate of the annual payroll or revenue of the insured. Many commercial policyholders are reporting furloughs and layoffs of employees driving payroll down and substantial loss of revenue. All insurers writing commercial policies of this sort should work with producers to accommodate policyholder requests for mid-term revisions to premium based on COVID-19-related changes in payroll or revenue rather than waiting for actual payroll/revenue results at the close of a policy period.</p> <p>Some commercial policies contain short-rate penalty provisions for mid-term non-payment cancellations or other cancellation requests from the insured. The Insurance Administration requests all insurers to waive or reduce to the greatest extent possible short-rate cancellation penalties during the COVID-19 crisis.</p> <p>Some commercial insurers utilize credit/financial rating reviews of applicants and insureds for pricing and/or payment plan eligibility. The Insurance Administration requests insurers that utilize credit/financial rating reviews in this manner to take into consideration the unforeseeable economic impact of COVID-19 and to minimize to the greatest extent possible adverse pricing impact and eligibility outcomes for applicants and insureds resulting from the crisis. To the extent possible, insurers should weight such reviews heavily on pre-COVID-19 data; and minimize the impact of COVID-19 by reviewing an insured's or applicant's credit/financial history over a period of several years.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				The Insurance Administration published an Advisory on March 18, 2020 advising consumers that business interruption claims arising from COVID-19 are typically not covered under commercial insurance contracts. The Insurance Administration requests all commercial insurers to refrain from attaching any adverse underwriting or pricing outcomes for insureds who have made inquiries or filed business interruption claims that have not resulted in a claim payment.
	18.	Workers' Compensation	Maryland Insurance Administration issued Bulletin 20-21 on April 24, 2020.	<p>Guidance Regarding Workers' Compensation</p> <p>Bulletin informs applicable carriers that:</p> <ol style="list-style-type: none"> In recognition that claims will be filed by employees asserting that they were exposed to and contracted COVID-19 in the workplace, National Council on Compensation Insurance ("NCCI") and other workers' compensation rating organizations will need to track such claims. Accordingly, NCCI filed, and the Maryland Administration has approved, updates to NCCI's Statistical Plan for Workers' Compensation and Employers Liability Insurance creating uniform codes for the tracking of COVID-19 injuries, losses and expenses; and The NCCI filed and the Insurance Administration has approved changes to the Statistical Plan and the Basic Manual for Workers' Compensation and Employers Liability Insurance. <ul style="list-style-type: none"> These temporary rule changes allow for the exclusion of payroll for workers who are not performing any employment functions but are still being paid by the employer. The rules specify that the employer must be able to document this payroll segment in order to exclude such payroll amounts.
	19.	Health	Maryland Insurance Administration issued Bulletin 20-22 on April 30, 2020.	<p>Guidance Regarding Audits of Pharmacies</p> <p>Until the declaration of the emergency is lifted or this Bulletin is deactivated, pharmacy benefits managers and health carriers are required to suspend random audits, including, but not limited to in-person or "desk" audits of pharmacies, unless there is a reasonable suspicion of fraud.</p>
	20.	Health	Maryland Insurance Administration issued Bulletin 20-27 to insurers, nonprofit health service plans, health maintenance organizations and dental plan organizations on June 16, 2020.	<p>Health Benefit Plan Filings During the COVID-19 Outbreak</p> <p>Bulletin reminds insurers and those entities that use provider panels for health benefit plans that the annual access plan filings are due by July 1, 2020. Among other things, this Bulletin states that the Maryland Insurance Administration ("MIA") intends to take COVID-19 issues into consideration when reviewing 2020 access plan filings. The MIA asks that if an insurer believes that any of its reported data is inaccurate or unreliable due to the impacts of the COVID-19 pandemic, it should provide the following information in its access plan filing:</p> <ul style="list-style-type: none"> Identification of the specific metrics that are affected; A description of the deficiencies or limitations of the data available at the time of reporting, and how this was related to COVID-19; Separate data for that portion of the reporting period prior to the declaration of the state of emergency in Maryland; An explanation of the insurer's proposed plan to gather, analyze and report updated data to accurately and reliably measure the adequacy of the insurer's network during the reporting year; and A commitment to provide the MIA with updated data by September 1, 2020.
	21.	P&C	Maryland Insurance Administration issued Bulletin 20-28 on July 2, 2020.	<p>Guidance Regarding Cancellation of Property & Casualty Insurance Policies Due to Non-Payment of Premium</p> <p>The Maryland Administration previously encouraged all property and casualty insurers doing business in Maryland to make reasonable accommodations in policy payment terms, so that individuals and businesses adversely impacted by the pandemic would not lose coverage due to non-payment of premium. In this Bulletin, the Maryland Administration recognizes those voluntary efforts and confirms that it has not issued, and does not (at this time) plan to issue, orders compelling property and casualty insurers to continue to maintain policies in force indefinitely without payment of premium.</p> <p>However, the Maryland Administration plans to monitor the impact of COVID-19 on policy cancellations, as well as the accommodations that have been and are being made by insurers to mitigate cancellations. To that end, the Maryland Administration will be requiring each property and casualty insurer holding a certificate of authority in Maryland, as well as the Maryland Automobile Insurance Fund and the Chesapeake Employers Insurance Company, to make an informational filing in SERFF with the details of its COVID-19 response efforts.¹⁵</p>

¹⁵ A future Bulletin setting out the requirements for such filing will be issued at a later date by the Maryland Administration.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Bulletin also provides the following guidance with respect to the resumption of non-payment cancellations of property and casualty insurance policies in Maryland:</p> <ol style="list-style-type: none"> All existing legal requirements for advance notification, mailing method and content of such notices are in effect; An insurer may not cancel a current policy term as a result of a past due amount from a prior term; and Payments received from insureds that are in arrears should be applied to the current policy period before being applied to a prior term's premium due.
	22.	Title	Maryland Insurance Administration issued Bulletin 20-29 on July 23, 2020.	<p>Temporary Suspension of Title Insurer Audits</p> <p>Bulletin announces the temporary suspension of the obligation of title insurers to conduct an on-site review of each of their title insurance producers appointed as a principal agent within a calendar year. The suspension will last until the 30th day after the date by which the state of emergency is terminated and the catastrophic health emergency is rescinded for each title insurer that has established and performed within the calendar year 2020 a virtual audit pursuant to processes and procedures submitted to and deemed adequate by the Commissioner.</p> <p>The suspension of the annual on-site audit requirement is subject to the following limitations and conditions:</p> <ol style="list-style-type: none"> If the suspension is lifted before the end of the year and the title insurer does not comply with the on-site review requirement, the Administration will consider the circumstances in determining what actions to take with respect to the title insurer; In order to take advantage of the suspension, a title insurer must prepare and submit to the Administration the procedures that it will use to conduct audits remotely; and Each title insurer whose virtual review procedures have been deemed sufficient by the Commissioner must assure that, by the end of calendar year 2020, it has conducted a review of each title insurance producer appointed by the insurer as a principal agent on-site or virtually in accordance with its submitted and approved procedures.
	23.	Health	Maryland Insurance Administration issued Bulletin 20-30 on July 30, 2020.	<p>Suspension of Individual Health Benefit Plan Cancellations and Nonrenewals Due to Nonpayment of Premium</p> <p>Effective immediately, health carriers are to suspend health benefit cancellations and nonrenewals of individual health policies for non-payment of premium. This suspension is to remain in effect for 60 days, at which time the suspension will be reevaluated for renewal.</p> <p>Regulations previously activated in Bulletins 20-05, 20-06 and 20-22 remain in effect until the emergency declaration in Maryland is lifted or the Maryland Administration specifically deactivates the Bulletins at issue.</p>
	24.	Health	Maryland Insurance Administration issued Bulletin 20-30 (Revised) to all health carriers offering individual health benefit plans on August 11, 2020.	<p>Suspension of Individual Health Benefit Plan Cancellations and Non-Renewals due to Non-Payment of Premium</p> <p>Bulletin 20-30 was issued on July 30, 2020 regarding the suspension of individual health benefit plan cancellations and non-renewals due to non-payment of premium. Bulletin 20-30 is revised to identify limited exceptions to the suspension of terminations of individual health benefit plans for non-payment of premium in light of the COVID-19 Emergency Special Enrollment Period initiated by the Maryland Health Benefit Exchange as of August 7, 2020.</p> <p>According to Bulletin 20-30, health carriers are to suspend health benefit cancellations and non-renewals of individual health policies for non-payment of premium, unless the conditions set forth below are satisfied.</p> <ul style="list-style-type: none"> This requirement is only for individual health benefit plans as defined in § 15-1301 of the Maryland Insurance Article. Additionally, carriers are only required to suspend cancellations and non-renewals due to nonpayment of premium. Cancellations and non-renewals for reasons other than non-payment of premium that are otherwise permitted by the terms of the contract and applicable law are still permitted. Notwithstanding the above, health carriers are permitted to cancel or non-renew an individual health benefit plan due to non-payment of premium if: <ul style="list-style-type: none"> Open enrollment or the Coronavirus Emergency Special Enrollment Period offered by the Maryland Health Benefit Exchange is in effect; The health carrier has complied with the grace period and notice requirements set forth in the policy being terminated; The health carrier provides an additional written notice of date of termination at least 10 days prior to the effective date of termination that includes a disclosure statement in at least 12 point bold type advising the member that the Maryland Health Benefit Exchange is offering a Coronavirus Emergency Special Enrollment Period, that subsidies for the payment of premium may be available, if the member is eligible; that coverage through the Maryland

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Health Benefit Exchange does not depend on the payment of any premium owed under the policy being terminated; and providing the web address and toll-free number for the Maryland Health Connection; and</p> <ul style="list-style-type: none"> The termination is effective on the last day of a month. These requirements are in effect for 60 days from July 30, 2020, at which time the Maryland Insurance Administration will determine whether to renew the Bulletin. The requirements previously activated in Bulletins 20-05, 20-06, and 20-22 are to remain in effect until the Governor's emergency declaration is lifted or the Maryland Insurance Administration issues a Bulletin deactivating the requirements at issue.
	25.	P&C	Maryland Insurance Administration issued Bulletin 20-32 to all property & casualty insurers and producers on August 13, 2020.	<p>Temporary Property & Casualty Moratoriums</p> <p>The Maryland Insurance Administration reminds all property and casualty insurers to review and abide by all of the requirements contained in COMAR 31.08.12 with respect to temporary insurance moratoriums. The Bulletin noted that these requirements include, but are not limited to the following:</p> <ol style="list-style-type: none"> An insurer may not implement a moratorium unless the insurer has previously filed a moratorium protocol with the Administration for all lines of business that the insurer may wish to implement a moratorium; The filed moratorium protocol must identify the events that will trigger and deactivate a moratorium; The triggering of a moratorium must be reasonably related to the triggering event; A moratorium may not be triggered absent at least one of the following events / emergencies: <ol style="list-style-type: none"> The National Weather Service issues a hurricane or tropical storm watch, warning or advisory; The Governor or other governmental entity declares a state of emergency; An announcement of a voluntary or mandatory evacuation of part of or the entire State of Maryland; The imposition of a curfew; An earthquake measuring 5.0 – 5.9 on the Richter scale within a 50-mile radius of the epicenter; and An earthquake measuring > 5.9 on the Richter scale within a 100-mile radius of the epicenter. A moratorium may only be implemented for a line of business that is reasonably expected to be affected by the triggering event or emergency.
	26.	P&C	Maryland Insurance Administration issued Bulletin 20-34 to all resident and non-resident public adjusters on August 14, 2020.	<p>Disaster and Emergency Response Requirements</p> <p>In response to recent public safety emergencies and the threat of natural disasters occurring in Maryland, this Bulletin reminds all resident and non-resident public adjusters of and sets out the requirements of the Maryland Insurance Article that pertain to their conduct within Maryland, particularly with respect to certain licensing and contracting requirements.</p>
	27.	P&C	Maryland Insurance Administration issued Bulletin 20-35 to applicable property and casualty insurance carriers on September 1, 2020.	<p>Follow Up to Bulletin 20-28</p> <p>Bulletin sets out requirements for SERFF filing (initially discussed in Bulletin 20-28) which must be made by October 1, 2020 by applicable Maryland property and casualty insurance carriers.</p> <p>The filing should be specific as to the line(s) of business and each underwriting company within a group, and must include the following details:</p> <ol style="list-style-type: none"> Voluntary suspensions by the insurer of cancellations for non-payment of premium or other reasons including the period of time when the suspension began and ended and the number of policyholders that benefited from the suspension of pre-COVID-19 cancellation protocols; Details of adjustments made to claim handling procedures taken to ensure the safety of policyholders and employees; Details of rate relief programs, including all premium reductions, credits and/or dividends issued with the effective date parameters for such actions and the total dollar amount of savings for Maryland policyholders;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>4. Details of any broadened coverage provided (e.g., suspension of the commercial use exclusion in PPA policies) including the effective and expiration date parameters of such actions; and</p> <p>5. Details of any other significant actions taken in response to COVID-19 to ensure the insurer's continuity of operations, assist the insurer's policyholders and protect the safety of the insurer's employees.</p>
	28.	Health	Maryland Insurance Administration issued Bulletin 20-36 to health carriers on September 4, 2020.	<p>Renewal and Reactivation of Emergency Powers with Respect to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin notifies applicable carriers that the Maryland Commissioner is invoking emergency powers in order to institute measures to combat the pandemic and reminds applicable carriers that they are required to:</p> <ol style="list-style-type: none"> 1. Waive cost-sharing for any visit to diagnose or test COVID-19 (regardless of setting); 2. Waive cost-sharing for laboratory fees to diagnose or test COVID-19; 3. Waive cost-sharing for vaccinations for COVID-19, when such vaccination becomes available; 4. Evaluate a request to use an out-of-network provider to perform diagnostic testing of COVID-19 solely on the basis of whether the use of the out-of-network provider is medically necessary or appropriate; and 5. Consider an adverse decision on a request for coverage of diagnostic services for COVID-19 an emergency case for which an expedited grievance procedure will apply. <p>Bulletin further states that the cost-sharing waivers do not apply to a Medicare supplement policy (as defined under applicable Maryland law). Further, with respect to an eligible individual, a carrier in the Medicare supplement market may not:</p> <ul style="list-style-type: none"> • Deny or condition the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the issuer; • Discriminate in the pricing of a Medicare supplement policy because of health status, claims experience, receipt of health care or medical condition; or • Impose an exclusion of benefits based on a pre-existing condition under a Medicare supplement policy. <p>Bulletin also notes that certain Maryland regulations have been deactivated at this time.</p>
	29.	P&C	Maryland Insurance Administration issued Bulletin 20-38 to private passenger automobile carriers on September 17, 2020.	<p>Guidance Regarding Private Passenger Automobile Rate Filings</p> <p>Bulletin encourages all private passenger automobile insurers to review their most recent data, including frequency of accident reports and miles driven captured by telematics programs or other sources, to ascertain if it is appropriate at this time to provide additional immediate premium relief to Maryland policyholders. Insurers that choose to provide relief at this time should make a rate/rule filing in SERFF on or before November 1, 2020 that provides the details. In addition to evaluating the need for, and if appropriate implementing, a second round of temporary premium relief measures by such insurers, the Maryland Administration expects such insurers will take the necessary steps to analyze current market conditions, project future loss costs and make a rate filing on or before January 1, 2021 to incorporate post COVID-19 onset data.</p>
	30.	Health	Maryland Insurance Administration issued Bulletin 20-39 to all health carriers offering individual health benefit plans on September 28, 2020.	<p>Renewed Requirement to Suspend Individual Health Benefit Plan Cancellations and Non-Renewals due to Non-Payment of Premium</p> <p>Bulletin 20-39 was issued on September 28, 2020 imposing a renewed requirement to suspend individual health benefit plan cancellations and non-renewals due to non-payment of premium.</p> <p>Bulletin 20-39 requires health carriers to suspend health benefit cancellations and non-renewals of individual health policies for non-payment of premium, except as provided below.</p> <ul style="list-style-type: none"> • This requirement only applies to individual health benefit plans as defined in § 15-1301 of the Maryland Insurance Article. Additionally, carriers are only required to suspend cancellations and non-renewals due to non-payment of premium. Cancellations and non-renewals for reasons other than non-payment of premium that are otherwise permitted by the terms of the contract and applicable law are still permitted. • Notwithstanding the above, health carriers are permitted to cancel or non-renew an individual health benefit plan due to non-payment of premium if all of the following conditions are satisfied: <ul style="list-style-type: none"> • Open enrollment or the Coronavirus Emergency Special Enrollment Period offered by the Maryland Health Benefit Exchange is in effect; • The health carrier has complied with the grace period and notice requirements set forth in the policy being terminated;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> The health carrier provides an additional written notice of date of termination at least 10 days prior to the effective date of termination that includes a disclosure statement in at least 12 point bold type advising the member that the Maryland Health Benefit Exchange is offering a Coronavirus Emergency Special Enrollment Period, that subsidies for the payment of premium may be available, if the member is eligible; that coverage through the Maryland Health Benefit Exchange does not depend on the payment of any premium owed under the policy being terminated; and providing the web address and toll-free number for the Maryland Health Connection; and The termination is effective on the last day of a month. The foregoing requirements are in effect for 60 days from September 28, 2020, at which time the Maryland Insurance Administration will determine whether to renew the Bulletin. <p>The requirements previously activated in Bulletins 20-05 and 20-36 will remain in effect until the Governor's emergency declaration is lifted or the Maryland Insurance Administration issues a Bulletin deactivating the requirements at issue.</p>
	31.	Health	Maryland Insurance Administration issued Bulletin 20-42 to all health carriers offering individual health benefit plans on November 25, 2020.	<p>Renewed Requirement to Suspend Individual Health Benefit Plan Cancellations and Non-Renewals due to Non-Payment of Premium</p> <p>Bulletin 20-42 was issued by the Maryland Insurance Administration on November 25, 2020 imposing a renewed requirement to suspend individual health benefit plan cancellations and non-renewals due to non-payment of premium. Bulletin requires health carriers to suspend health benefit cancellations and non-renewals of individual health policies for non-payment of premium, except as provided below.</p> <ul style="list-style-type: none"> This requirement only applies to individual health benefit plans as defined in § 15-1301 of the Maryland Insurance Article. Additionally, carriers are only required to suspend cancellations and non-renewals due to non-payment of premium. Cancellations and non-renewals for reasons other than non-payment of premium that are otherwise permitted by the terms of the contract and applicable law are still permitted. Notwithstanding the above, health carriers are permitted to cancel or non-renew an individual health benefit plan due to non-payment of premium if all of the following conditions are satisfied: <ol style="list-style-type: none"> Open enrollment or the Coronavirus Emergency Special Enrollment Period offered by the Maryland Health Benefit Exchange is in effect; The health carrier has complied with the grace period and notice requirements set forth in the policy being terminated; The health carrier provides an additional written notice of date of termination at least 10 days prior to the effective date of termination that includes a disclosure statement in at least 12 point bold type advising the member that the Maryland Health Benefit Exchange is offering a Coronavirus Emergency Special Enrollment Period, that subsidies for the payment of premium may be available, if the member is eligible; that coverage through the Maryland Health Benefit Exchange does not depend on the payment of any premium owed under the policy being terminated; and providing the web address and toll-free number for the Maryland Health Connection; and The termination is effective on the last day of a month. The foregoing requirements are in effect for 60 days from November 27, 2020, at which time the Maryland Insurance Administration will determine whether to renew the Bulletin. <p>The requirements previously activated in Bulletins 20-05 and 20-36 will remain in effect until the Governor's emergency declaration is lifted or the Maryland Insurance Administration issues a Bulletin deactivating the requirements at issue.</p>
	32.	Health	Maryland Insurance Administration issued Bulletin 20-43 to all health carriers offering individual health benefit plans on December 14, 2020.	<p>Guidance Regarding Charges for Enhanced Infection Control and Personal Protective Equipment</p> <p>Maryland Insurance Administration advises that personal protective equipment ("PPE") and additional infection control measures are an integral part of performing any health care service covered under a policy or contract involving physical patient contact. Accordingly, a provider's use of such measures, including PPE, may not be considered a separate non-covered service under a carrier's contract with a member or provider, and a health care provider participating in the carrier's network may not charge an additional fee to the patient for PPE or other infection control measures.</p> <p>Maryland Insurance Administration further advises carriers that they are required to:</p> <ul style="list-style-type: none"> Enforce their existing provider contracts with participating providers; Assure that no participating provider bills any member or subscriber for enhanced infection control and additional PPE;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> • Provide clear guidance to providers on whether the carrier has elected to reimburse providers under their provider contracts for enhanced infection control and additional PPE, which includes providing information on the proper coding of claims for reimbursement and ensuring that participating providers are using appropriate billing codes so that no such allowed amounts are charged to members or subscribers; • Remind providers of their obligations under the provider contract and/or Maryland law to accept the allowed amount as payment in full and not bill members for any additional amounts except for cost-sharing obligations, provided that no member shall contribute to any amount that a carrier agrees to pay its participating providers for enhanced infection control and additional PPE; • Provide members with accurate information that they are not liable for charges by providers for additional PPE or enhanced infection control measures; and • Consider whether it is appropriate to increase reimbursement rates to cover additional costs that providers are incurring for enhanced infection control measures.
	33.	P&C	Maryland Insurance Administration issued Bulletin 21-01 to private passenger automobile carriers on January 4, 2021.	<p>Guidance Regarding Changes in Vehicle Usage Due to COVID-19 Pandemic</p> <p>Bulletin reminds and urges all insurance producers, as well as any direct writers of private passenger automobile insurance, of the need to initiate contact with their policyholders to determine if they have experienced a change in their vehicle usage and/or annual miles driven as a result of the pandemic. Where usage and/or rating has changed, the appropriate adjustment in rating should be made promptly. To the greatest extent possible, the Maryland Administration encourages insurers to provide refunds/credits for reduced mileage retroactively to the onset of the reduction in miles being driven.</p>
	34.	P&C	Maryland Insurance Administration issued Bulletin 21-03 to property and casualty insurers that write motor vehicle liability insurance on January 12, 2021.	<p>Guidance Regarding Motor Vehicle Liability Policy Cancellations and Non-Renewals Due to Driver Expirations</p> <p>Bulletin states that, for the duration of the state of emergency caused by the COVID-19 pandemic, insurers that issue motor vehicle liability insurance policies in Maryland may not cancel or non-renew a policy due to the expiration of an insured's driver's license. The Maryland Administration requests that all property and casualty insurers that write motor vehicle liability insurance policies in Maryland take the necessary steps to prevent the issuance of cancellation and/or non-renewal notices of this type.</p>
	35.	Health	Maryland Insurance Administration issued Bulletin 21-05 to all health carriers offering individual health benefit plans on January 26, 2021.	<p>Suspension of Individual Health Benefit Plan Cancellations and Non-Renewals due to Non-Payment of Premium</p> <p>Bulletin 21-05 was issued on January 26, 2021, imposing a renewed requirement to suspend individual health benefit plan cancellations and non-renewals due to non-payment of premium. Bulletin requires health carriers to suspend health benefit cancellations and non-renewals of individual health policies for non-payment of premium, except as provided below.</p> <ul style="list-style-type: none"> • This requirement only applies to individual health benefit plans as defined in § 15-1301 of the Maryland Insurance Article. Additionally, carriers are only required to suspend cancellations and non-renewals due to non-payment of premium. Cancellations and non-renewals for reasons other than non-payment of premium that are otherwise permitted by the terms of the contract and applicable law are still permitted. • Notwithstanding the above, health carriers are permitted to cancel or non-renew an individual health benefit plan due to non-payment of premium if all of the following conditions are satisfied: <ol style="list-style-type: none"> 1. Open enrollment or the Coronavirus Emergency Special Enrollment Period offered by the Maryland Health Benefit Exchange is in effect; 2. The health carrier has complied with the grace period and notice requirements set forth in the policy being terminated; 3. The health carrier provides an additional written notice of date of termination at least 10 days prior to the effective date of termination that includes a disclosure statement in at least 12 point bold type advising the member that the Maryland Health Benefit Exchange is offering a Coronavirus Emergency Special Enrollment Period, that subsidies for the payment of premium may be available, if the member is eligible; that coverage through the Maryland Health Benefit Exchange does not depend on the payment of any premium owed under the policy being terminated; and providing the web address and toll-free number for the Maryland Health Connection; and 4. The termination is effective on the last day of a month. • The foregoing requirements are in effect for 60 days from January 26, 2021, at which time the Maryland Insurance Administration will determine whether to renew the Bulletin. • The requirements previously activated in Bulletins 20-05 and 20-36 will remain in effect until the Maryland Governor's emergency declaration is lifted or the Maryland Insurance Administration issues a Bulletin deactivating the requirements at issue.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	36.	Health	Maryland Insurance Administration issued Bulletin 21-10 to all health carriers offering individual health benefit plans on March 24, 2021.	<p>Suspension of Individual Health Benefit Plan Cancellations and Non-Renewals due to Non-Payment of Premium</p> <p>Bulletin 21-10 was issued on March 24, 2021, imposing a renewed requirement to suspend individual health benefit plan cancellations and non-renewals due to non-payment of premium. Bulletin requires health carriers to suspend health benefit cancellations and non-renewals of individual health policies for non-payment of premium, except as provided below.</p> <ul style="list-style-type: none"> This requirement only applies to individual health benefit plans as defined in § 15-1301 of the Maryland Insurance Article. Additionally, carriers are only required to suspend cancellations and non-renewals due to non-payment of premium. Cancellations and non-renewals for reasons other than non-payment of premium that are otherwise permitted by the terms of the contract and applicable law are still permitted. Notwithstanding the above, health carriers are permitted to cancel or non-renew an individual health benefit plan due to non-payment of premium if all of the following conditions are satisfied: <ol style="list-style-type: none"> Open enrollment or the Coronavirus Emergency Special Enrollment Period offered by the Maryland Health Benefit Exchange is in effect; The health carrier has complied with the grace period and notice requirements set forth in the policy being terminated; The health carrier provides an additional written notice of date of termination at least 10 days prior to the effective date of termination that includes a disclosure statement in at least 12 point bold type advising the member that the Maryland Health Benefit Exchange is offering a Coronavirus Emergency Special Enrollment Period, that subsidies for the payment of premium may be available, if the member is eligible; that coverage through the Maryland Health Benefit Exchange does not depend on the payment of any premium owed under the policy being terminated; and providing the web address and toll-free number for the Maryland Health Connection; and The termination is effective on the last day of a month. The foregoing requirements are in effect for 60 days from March 24, 2021, at which time the Maryland Insurance Administration will determine whether to renew the Bulletin. The requirements previously activated in Bulletins 20-05 and 20-36 will remain in effect until the Maryland Governor's emergency declaration is lifted or the Maryland Insurance Administration issues a Bulletin deactivating the requirements at issue.
Massachusetts	1.	Health	Massachusetts Division of Insurance issued Bulletin 2020-02 to applicable health insurance carriers on March 6, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Establish dedicated help lines to respond to calls and requests for information about the coronavirus; Promote telehealth options; Relax prior approval requirements and procedures so that members can get timely medical testing and treatment; Relax out-of-network requirements and procedures when access to urgent testing or treatment is unavailable from in-network providers; Forgo cost-sharing for medically necessary coronavirus testing, counseling and vaccinations; and Forgo copayments for medically necessary coronavirus treatment.
	2.	Health	Massachusetts Division of Insurance issued Bulletin 2020-03 to applicable health insurance carriers on March 12, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin allows currently uninsured Massachusetts residents to enroll in health coverage plans until April 25, 2020.</p>
	3.	Health	Massachusetts Division of Insurance issued Bulletin 2020-04 to applicable health insurance carriers on March 16, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>The Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Communicate prevention, testing and treatment options to covered persons; Promote telehealth options – when delivering services via telehealth, forgo any cost-sharing or prior authorization requirements; Permit all in-network providers to deliver clinically appropriate, medically necessary covered health services via telehealth to covered members; Develop appropriate guidelines to deliver medically necessary health services via telehealth;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>5. Provide reimbursement for health service provided via telehealth; and</p> <p>6. When carriers are acting as administrators for employment-sponsored non-insured health benefit plans, carriers are expected to encourage plan sponsors to take steps that are consistent with the provisions of previously published bulletins.</p>
	4.	Health Life P&C	Massachusetts Division of Insurance issued Bulletin 2020-05 to all regulated insurance carriers on March 23, 2020.	<p>Guidance Regarding Flexibility and Administration of Insurance During Emergency</p> <p>Bulletin advises all applicable carriers to provide as much flexibility as reasonably possible during this emergency to allow insureds to maintain their existing coverage, particularly with respect to timing of premium payments.</p>
	5.	P&C	Massachusetts Senate Bill SD.2888 was introduced on March 25, 2020.	<p>Proposed State Legislation to Manage COVID-19 Outbreak</p> <p>SD.2888 mandates coverage for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it mandates coverage even given unambiguous policy language and, would apply to insureds with 150 or fewer full-time equivalent employees. The bill will be retroactive for any insured with a business interruption policy in place from March 10, 2020 until the state of emergency is rescinded.</p>
	6.	Health	Massachusetts Division of Insurance issued Bulletin 2020-06 to all regulated insurance carriers which offer health insurance on March 26, 2020.	<p>Guidance Regarding Administration of Prescription Drug Benefits During Emergency</p> <p>Bulletin advises all applicable carriers to provide as much flexibility as reasonably possible during this emergency with respect to prescription drug coverage administration and delivery.</p> <p>In addition, Bulletin suggests that applicable carriers pay particular attention to make sure that new prescriptions for chloroquine and hydroxychloroquine can be filled going forward.</p>
	7.	Health	Massachusetts Division of Insurance issued Bulletin 2020-07 to all regulated insurance carriers which offer health insurance on March 26, 2020.	<p>Guidance Regarding Consumer Education During Emergency</p> <p>Bulletin advises all applicable carriers to make necessary and useful information available to insureds and respond to queries expeditiously, including with respect to the provision of information pertaining to use of a carrier's telehealth platform and the provision of clear and concise guidelines pertaining to coverage benefits and appeals and grievance processes.</p>
	8.	Medical Malpractice	Massachusetts Division of Insurance issued Bulletin 2020-08 to all regulated insurance carriers which offer medical malpractice insurance on March 27, 2020.	<p>Guidance Regarding Flexibility of Issuance and Administration of Medical Malpractice Insurance During Emergency</p> <p>Bulletin requests that all applicable carriers review their existing coverage forms to ensure that such coverage provides flexibility where needed and/or file or add endorsements to their existing policies to ensure that existing coverage will apply to health care professionals who are acting within the scope of their professional license when they respond to the emergency.</p>
	9.	Health	Massachusetts Division of Insurance issued Bulletin 2020-09 on March 30, 2020.	<p>Special Open Enrollment Period</p> <p>Bulletin extends the special enrollment period during which uninsured Massachusetts residents can enroll in health coverage.</p>
	10.	Health	Massachusetts Division of Insurance issued Bulletin 2020-10 on March 30, 2020.	<p>Credentialing and Prior Authorization During COVID-19</p> <p>Bulletin informs insurers to be flexible enough to suspend whatever unnecessary procedures or information requirements may delay providers from being available to provide necessary care</p> <p>Bulletin also sets out the following expectations:</p> <ol style="list-style-type: none"> 1. Insurers should examine their credentialing systems and develop modifications that will expedite the network credentialing for all health care practitioners who are seeking to be newly credentialed by an insurer or who are seeking to modify the materials that are part of an existing credentialing file; 2. Insurers should not to require prior approval for a patient being tested for COVID-19 by any practitioner within the insurer's network of providers. If an in-network provider is unable to be available for testing as needed, the insurer is expected to pay for necessary testing when provided by an out-of-network provider; 3. Insurers should suspend any prior authorization systems that may be delaying patients from being moved to lower levels of needed care;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> Insurers should suspend any prior authorization system that may impede patients from being able to stay home to receive medically necessary and appropriate home health care; and Insurers are expected to cooperate with government programs.
	11.	Health Life P&C	Massachusetts Division of Insurance issued Bulletin 2020-11 on April 3, 2020.	<p>Guidance Regarding Flexibility for Certain Filing Requirements</p> <p>Bulletin informs regulated insurance entities of the following:</p> <ol style="list-style-type: none"> Quarterly financial statements for Q1 2020 may be filed electronically in an unsigned form without notarization, provided that the applicable carrier informs the Massachusetts Division that it will be doing so and provides an estimated date for its provision of a properly signed and notarized version of the statement; The deadline for the filing of quarterly statements for Q1 2020 is extended to June 15, 2020 for any carrier which notifies the Massachusetts Division that it will need to utilize this extension; The deadline for the filing of annual statement supplement filings is extended to June 15, 2020 for any carrier which notifies the Massachusetts Division that it will need to utilize this extension; Form D filings may be submitted electronically and without seals on the signature pages for the duration of the emergency, including a ten day period following the conclusion of the emergency; <ul style="list-style-type: none"> The approval of Form D filings submitted during this period is expected to take up to two months. The deadline for Form B filings is extended to June 15, 2020 and such filings may be made electronically without any seal for any carrier which notifies the Massachusetts Division that it will need to utilize this extension; <ul style="list-style-type: none"> The deadline for Form B filings for licensed HMOs is extended to August 15, 2020. The deadline for Form F filings is extended to June 15, 2020 and such filings may be made electronically without any seal for any carrier which notifies the Massachusetts Division that it will need to utilize this extension; <ul style="list-style-type: none"> The deadline for Form F filings for licensed HMOs is extended to August 15, 2020. The deadline for the filing of the Corporate Governance Annual Disclosure report is extended until June 15, 2020 and such filing may be made electronically for any carrier which notifies the Massachusetts Division that it will need to utilize this extension; The deadline for the filing of certain audit or internal control reports is extended to June 15, 2020 for any carrier which notifies the Massachusetts Division that it will need to utilize this extension; All UCAA Applications may be filed electronically provided that the applicable carrier informs the Massachusetts Division that it will be doing so and provides an estimated date for its provision of a properly signed and notarized version of the statement; The deadline for managed care accreditation filings is extended to August 15, 2020; and The deadline for mental health parity annual certifications is extended to August 15, 2020.
	12.	All Lines	Massachusetts Division of Insurance issued Bulletin 2020-12 on April 3, 2020.	<p>Guidance Regarding Individual Insurance Producer Licenses</p> <p>Bulletin informs individuals holding insurance producer licenses of the following:</p> <ol style="list-style-type: none"> Though encouraged to file renewal applications by their original due date, the due date for renewal of all individual licenses in "good standing" at the time of the declaration of the emergency is extended by 90 days following the end of the emergency; Multiple online continuing education courses have been approved to allow individual producers to meet their continuing education requirements; and Any required licensing exams will not take place until after April 16, 2020.
	13.	All Lines	Massachusetts Division of Insurance issued Bulletin 2020-13 on April 9, 2020.	<p>Guidance Regarding COVID-19 Treatment and Out-Of-Network Emergency and Inpatient Reimbursement</p> <p>Bulletin requires regulated carriers to take the following measures:</p> <ol style="list-style-type: none"> When delivered by in-network providers, to provide coverage and forgo any cost-sharing for medically necessary outpatient COVID-19 treatment, in accordance with DPH and CDC guidelines;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 2. When delivered by either in-network or out-of-network providers, to provide coverage and forgo any cost-sharing for medically necessary outpatient COVID-19 treatment, in accordance with DPH and CDC guidelines; 3. To reimburse all in-network providers at the contractually allowed amounts for those members with whom they have a contract and who participate in a member's health plan; 4. Without prior authorization, provide coverage for medically necessary emergency department and inpatient services rendered by out-of-network acute care hospitals, in accordance with DPH and CDC guidelines; 5. Provide reimbursement to out-of-network acute care hospitals and out-of-network providers providing emergency department and inpatient services for patients of such hospitals for COVID-19 treatment, in accordance with DPH and CDC guidelines, subject to certain restrictions; and 6. Encourage plan sponsors to take steps to remove barriers to plan members accessing medically necessary testing, diagnosis, counseling and treatment of COVID-19 and to encourage full coverage for out-of-network inpatient services.
	14.	All Lines	Massachusetts Division of Insurance issued Bulletin 2020-14 on April 29, 2020.	<p>Temporary Individual Insurance Producer Licenses During the COVID-19 Outbreak</p> <p>The Division will issue Temporary Insurance Producer Licenses to applicants meeting the requirements for licensure without requiring examination. Such requirements and procedures are set out in the Bulletin.</p> <p>The sponsoring insurer must maintain a record of all producers operating under a temporary license and business transacted by them. Sponsoring insurers should assist producers with moving through the examination and background check process more quickly once the current state of emergency has been lifted. The sponsoring insurer must assure that the temporarily licensed producers' sales activities and training are coordinated by a licensed insurance producer in good standing with the Division or where applicable, a FINRA-licensed registered principal.</p> <p>Remote testing for Massachusetts license examinations is not currently available. However, the Department is working to make remote testing available as soon as possible.</p>
	15.	Health	Massachusetts Division of Insurance issued Bulletin 2020-15 on April 30, 2020.	<p>Relaxing Certain Health Plan Administrative Procedures During the COVID-19 Outbreak</p> <p>As hospitals, health centers, medical doctors and other health care practitioners are devoting their time and resources to addressing COVID-19, the Department needs to ensure that they are not held to certain utilization review and administrative procedures that take them away from COVID-19 work. Therefore, the Division is notifying Massachusetts carriers that it expects them to take all necessary steps to streamline utilization review and administrative procedures during the state of emergency.</p> <p>The Department expects carriers to take steps to address the following for the duration of the state of emergency unless otherwise indicated:</p> <ol style="list-style-type: none"> 1. Forgo prior authorization reviews or concurrent reviews for any scheduled surgeries and behavioral health or non-behavioral health admissions at acute care and mental health hospitals for a period of 60 days (or at the end of the emergency period if the public health emergency ends prior to the conclusion of the 60-day period); 2. Devote carrier resources to assisting hospitals with discharge planning; 3. Provide hospitals additional time to respond to carrier requests for claims review information or to process internal and external appeals and document claims; 4. Delay audits of hospital payments; 5. Process all "clean claims" according to prompt payment standards; 6. Explore ways to streamline coding and billing policies to reduce the administrative complexity of coding for claims; and 7. Develop processes that expedite health plan credentialing. <p>Due to the public health crisis caused by COVID-19, when carriers are acting as administrators for employer-sponsored non-insured health benefit plans, the Division expects carriers to encourage plan sponsors to take steps that are consistent with the provisions of Bulletins 2020-02, 2020-04, 2020-10, 2020-13 and 2020-15. Plan sponsors should be made aware of the public health risks to all Massachusetts residents and carriers and should do all they can to encourage plan sponsors to take steps to remove barriers to plan members accessing medically-necessary testing, diagnosis, counseling and treatment of COVID-19 and to provide administrative relief for providers and hospitals during the state of emergency.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	16.	Health	Massachusetts Division of Insurance issued Bulletin 2020-16 to applicable health insurance carriers on May 18, 2020.	<p>Guidance Regarding COVID-19 Testing</p> <p>Bulletin advises applicable carriers to take the following measures regarding COVID-19 testing:</p> <ul style="list-style-type: none"> Establish dedicated help lines to respond to all calls about COVID-19 and to provide related information (i.e., information on providers who test/treat the virus, members' available benefit and phone numbers to call for additional information); Relax prior approval requirements and procedures so that members can get timely, medically-necessary treatment if they are at risk of contracting COVID-19; Eliminate prior approval requirements for antigen and polymerase chain reaction testing for COVID-19; Relax out-of-network requirements and procedures when access to testing or urgent treatment is unavailable from in-network providers; Waive any cost-sharing (copayments, deductibles or coinsurance) for medically-necessary COVID-19 testing, counseling and vaccinations; and Provide coverage to three types of COVID-19 tests, including polymerase chain reaction ("PCR") tests, antigen tests and antibody tests (also known as serology tests). <ul style="list-style-type: none"> Cover PCR and antigen tests designed to detect the presence of COVID-19 when a covered patient has any symptom of COVID-19 or the patient has been exposed to COVID-19 (specimen collection and lab processing costs associated with COVID-19 must be reimbursed at a rate greater than the Massachusetts Medicaid rate when individually reimbursed). Cover antibody tests only when such tests are medically necessary in order to support diagnosis or treatment for COVID-19 or for treatment of another disease. <p>Bulletin also provides guidance regarding COVID-19 testing advising applicable carriers of the following:</p> <ul style="list-style-type: none"> Carriers may develop utilization review systems that apply to COVID-19 tests if the systems are consistent with the provisions of M.G.L. c. 1760; Carriers may require that a test be ordered by a treating physician based on health plan medical necessity criteria and, if so, the criteria must be explained to members and all network providers so that they are aware of the requirements before members begin receiving health services; Carriers that choose to adopt new medical necessity guidelines associated with any COVID-19-related test should make these policies clear to all contracting providers, as well as covered employees and members, in order to delineate when the carriers will cover and pay for COVID-19 testing; and Carriers that are acting as administrators for employment-sponsored non-insured health benefit plans, are expected by the Massachusetts Division of Insurance to encourage plan sponsors to take steps that are consistent with the provisions of previously issued Bulletins 2020-02, 2020-04, 2020-10, 2020-15 and 2020-16.
	17.	P&C	Massachusetts Division of Insurance issued Bulletin 2020-17 on May 18, 2020.	<p>Flexibility in the Administration of Vacancy Clauses During the COVID-19 Outbreak</p> <p>During the COVID-19 outbreak, many businesses not considered essential were ordered to close, causing many Massachusetts properties to be unoccupied during the outbreak. Since many commercial policies include provisions that limit coverage if a property is vacant for a certain number of days, this Bulletin advises P&C carriers to provide businesses with as much flexibility as is reasonably possible during the COVID-19 outbreak to maintain their existing coverage. Carriers are expected to do take the following measures:</p> <ul style="list-style-type: none"> Take steps to be flexible with accounts regarding vacancy limitations in policies issued to those businesses not deemed "essential" under Massachusetts Emergency Orders and those businesses which have not been allowed to operate under applicable laws. When counting days that a property is considered vacant, exclude days that the property is vacant due to Massachusetts Emergency Orders, if the property is properly secured according to the terms of the coverage on those days.
	18.	Health	Massachusetts Division of Insurance issued Bulletin 2020-18 on May 21, 2020.	<p>Extension of Special Open Enrollment Period</p> <p>Bulletin extends the special enrollment period during which uninsured Massachusetts residents can enroll in health coverage to June 23, 2020.</p>
	19.	Health	Massachusetts Division of Insurance issued Bulletin 2020-19 on June 8, 2020.	<p>Flexibility with Early Intervention Services Due to the COVID-19 Health Emergency</p> <p>Bulletin sets out the expectation of the Massachusetts Division of Insurance regarding carrier flexibility in the administration of early intervention services. Under the applicable Massachusetts statutes, Local Education Agencies are required to work with the families of those children who may require medically necessary early intervention services during the six months prior to the child's third birthday to evaluate a child and develop an Individualized Educational</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Program that will identify the child's special educational needs and how the Local Education Agencies will coordinate and fund services to meet the needs identified within the Individualized Educational Program. An Individualized Educational Program is developed for each child so that there is an appropriate transition as the child moves from Early Intervention to Special Education services.</p> <p>As a result of the pandemic, some children have yet to receive their evaluations for special education services, despite the fact that they are nearing their third birthday. Without evaluations, children who are currently being served in Early Intervention programs may not have the appropriate transition to Special Education services through an Individualized Educational Program. Accordingly, for children who meet certain specified criteria, the Massachusetts Division of Insurance expects carriers to extend coverage for early intervention services provided between June 1, 2020 and October 15, 2020 to those children who turn three between March 15, 2020 and August 31, 2020. Such extension of benefits should continue until the Local Education Agency in question is able to evaluate a child and transition him or her to Early Childhood Special Education or until October 15, 2020 (whichever occurs sooner).</p> <p>In addition, to the extent carriers are operating as administrators for employment-sponsored non-insured health benefit plans, the Massachusetts Division of Insurance expects such carriers to encourage plan sponsors to take steps consistent with this Bulletin.</p>
	20.	Health	Massachusetts Division of Insurance issued Bulletin 2020-20 on June 23, 2020.	<p>Special Open Enrollment Period in Response to COVID-19</p> <ul style="list-style-type: none"> In light of the spread of COVID-19 in Massachusetts and its impact on public health, a limited-time special enrollment period ("SEP") was announced, originally until April 25, 2020 and extended first until May 25, 2020, then until June 23, 2020, and now again until July 23, 2020 for qualified individuals who are currently without insurance. The SEP for eligible individuals will last through July 23, 2020. This SEP will not allow currently enrolled individuals to switch plans; it is strictly to allow for those without coverage to obtain insurance coverage.
	21.	Health	Massachusetts Division of Insurance issued Bulletin 2020-21 on June 25, 2020.	<p>Continued Relaxation of Prior Authorization Procedures in Response to the COVID-19 Health Emergency</p> <p>Bulletin updates Bulletin 2020-15 about the Division's expectations regarding the continued need to relax prior authorization procedures in response to the COVID-19 public health crisis.</p> <ul style="list-style-type: none"> The Division expects insurers to take steps to address the following until September 30, 2020 or the end of the COVID-19 public health emergency, whichever is earlier, unless otherwise indicated: <ol style="list-style-type: none"> Forgo prior authorization reviews or concurrent reviews for any scheduled surgeries and behavioral health or non-behavioral health admissions at acute care and mental health hospitals for a period lasting through September 30, 2020. Devote insurer resources to assist hospitals with discharge planning. Provide hospitals additional time to respond to insurer requests for claims review information or to process internal and external appeals and document claims. Delay audits of hospital payments. Process all "clean claims" according to prompt payment standards. Explore ways to streamline coding and billing policies to reduce the administrative complexity of coding for claims. Develop processes that expedite health plan credentialing. The Division had previously issued guidance that it would not be appropriate for insurers to require prior authorization for COVID-19 treatment. The Division would also not find it appropriate for insurers to conduct retrospective reviews to deny emergency or inpatient hospital services that were provided to treat COVID-19 during the declared state of emergency as being "not medically necessary" when rendered to an insured individual for the purpose of treating COVID-19. When insurers are acting as administrators for employer-sponsored non-insured health benefit plans, the Division expects insurers to encourage plan sponsors to take steps that are consistent with the provisions of Bulletins 2020-02, 2020-04, 2020-10, 2020-13, 2020-15 and 2020-21 (please see above). Insurers acting as administrators should do all they can to encourage plan sponsors to take steps to remove barriers to plan members accessing medically necessary testing, diagnosis, counseling and treatment of COVID-19 and to provide administrative relief for providers and hospitals during the state of emergency.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	22.	Health	Massachusetts Division of Insurance issued Bulletin 2020-23 on July 8, 2020.	<p>Updated Guidance About COVID-19 PCR and Antigen Testing</p> <p>Bulletin sets out expectation that carriers should communicate prevention, testing and treatment options to covered persons, including polymerase chain reaction (“PCR”) and antigen testing in certain situations, discussed further in the Bulletin itself. Bulletin also sets out specific procedures for PCR and antigen testing.</p> <p>Bulletin also emphasizes that when carriers are acting as administrators for employment-sponsored non-insured health benefit plans, the Massachusetts Division expects carriers to take all steps consistent with guidance previously issued by the Massachusetts Division. Plan sponsors should be made aware of the public health risks to all Massachusetts residents, and carriers should encourage plan sponsors to take steps to remove barriers to plan members accessing medically necessary testing, diagnosis and treatment of the COVID-19 virus.</p>
	23.	All Lines	Massachusetts Division of Insurance issued Bulletin 2020-24 to insurance carriers on July 20, 2020.	<p>Continued Flexibility in Compliance with Regulatory Filing Requirements</p> <p>Bulletin implements measures that allow for flexibility in the submission of certain regulatory filings during the COVID-19 public health crisis. These measures include:</p> <ul style="list-style-type: none"> • The requirement for financial statement signatures to be notarized, acknowledged and made under oath, as well as the requirement that hard copy original signed reports be filed with the Division are suspended during the COVID-19 public health emergency, and for 10 days after the COVID-19 public health emergency is terminated, for any insurer that is unable to comply due to circumstances related to the COVID-19 public health crisis, so long as the insurer by email: (1) notifies the Division; (2) provides a brief description of why the requirement could not be satisfied; (3) provides an estimated date for when the requirement can be satisfied; and (4) provides the required signed documentation. • Form Bs, Form Cs and Form Fs must be filed during the state of emergency and for 10 business days after the state of emergency is terminated by email. During the state of emergency and for 10 business days after the state of emergency is terminated, the seal required on the signature page of each such form may be omitted from the form filing. • Form D submissions made during the state of emergency and for 10 business days after the state of emergency is terminated must be filed via email. During the state of emergency and for 10 business days after the state of emergency is terminated, the seal required on the signature page of such Form D may be omitted from the Form D filing. Due to the potential disruption, Division approvals/disapprovals will be extended for a two-month time frame. • The due date for the filing of Form Bs is extended until August 15, 2020 for any licensed health maintenance organization that by email: (1) notifies the Division; (2) provides a brief description of the reasons why it could not satisfy the requirements; and (3) files with the Division an electronic copy of the Form B by the applicable extended due date. • The due date for Form Fs is extended until August 15, 2020 for any licensed health maintenance organization that by email: (1) notifies the Division; (2) provides a brief description of the reasons why it could not satisfy the requirements; and (3) files with the Division an electronic copy of the Form F by the applicable extended due date. • For insurance company and health maintenance organization license applications, the Division will only be accepting NAIC UCAA electronic applications. During the state of emergency and for a period of 10 business days after the state of emergency is terminated, the current biographical notarization requirements and any paper filing requirements of original signatures for applications are suspended for any insurance company or health maintenance organization that is unable to meet the current requirements due to circumstances related to the current COVID-19 public health crisis, so long as the filing company by email: (1) notifies the Division; (2) provides a brief description of why the requirement could not be satisfied; (3) provides an estimated date for when the requirement can be satisfied; and (4) provides the un-notarized biographical affidavit(s) and/or an electronic copy of the signed license application/amendment. • The July 1, 2020 due date for Managed Care Accreditation Renewal Applications is extended until August 15, 2020 for applicable health insurance carriers that need to receive managed care accreditation for the two-year period beginning on November 1, 2020. • The July 1, 2020 due date for the filing of Annual Certification and Report of Compliance with State and Federal Mental Health Parity Laws is extended until August 15, 2020 for applicable health insurance carriers that are required to submit the Annual Certification for the prior calendar year.
	24.	Health	Massachusetts Division of Insurance issued Bulletin 2020-25 on July 29, 2020.	<p>Easing Administrative Billing for PCR and Antigen Testing</p> <p>Bulletin informs all carriers covering health services in Massachusetts of the Division’s updated expectations regarding easing of administrative billing for polymerase chain reaction (“PCR”) and antigen testing and specifically sets out the following expectations for such carriers:</p> <ol style="list-style-type: none"> 1. Take all appropriate steps to enable covered members to obtain appropriate testing and treatment;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>2. Take steps (a) to permit covered tests to be done by new laboratories which may have become available to process tests but may not have developed administrative systems to properly bill carriers for tests conducted; and (b) for related bills to be processed for such laboratories; and</p> <p>3. From the date of the issuance of this Bulletin and for the duration of the public emergency, to relax any contractual provisions with non-laboratory providers that prohibit so-called "pass-through" arrangements where a provider (e.g., a hospital or community health center) bills a carrier for a laboratory test that it has sent out to be done by an independent laboratory with respect to the processing of PCR and antigen tests.</p> <p>4. When a non-laboratory provider submits a claim for a PCR or antigen laboratory test provided by an external laboratory, the carrier is to pay the provider the amount that it would pay the external laboratory for the test without any additional charge added for the provider processing the claim for the external laboratory. The carrier may require that the non-laboratory provider apply a special billing code or modifier when it is submitting a claim for a PCR or antigen laboratory test provided by an external laboratory so the claim may be handled according to this Bulletin.</p> <p>Due to the public health crisis caused by COVID-19, when carriers are acting as administrators for employer-sponsored non-insured health benefit plans, the Division expects carriers to encourage plan sponsors to take steps that are consistent with the provisions of Bulletins 2020-02, 2020-04, 2020-10, 2020-15, 2020-16, 2020-23 and 2020-25. Plan sponsors should be made aware of the public health risks to all Massachusetts residents and carriers and should do all they can to encourage plan sponsors to take steps to remove barriers to plan members accessing medically-necessary testing, diagnosis, counseling and treatment of COVID-19.</p>
	25.	Health	Massachusetts Division of Insurance issued Bulletin 2020-21 on September 22, 2020.	<p>Continued Relaxation of Prior Authorization Procedures in Response to the COVID-19 Health Emergency</p> <p>Bulletin updates Bulletin 2020-21 about the Division's expectations regarding the continued need to relax prior authorization procedures in response to the COVID-19 public health crisis.</p> <ul style="list-style-type: none"> The Division expects insurers to continue to ease administrative processes outlined in Bulletin 2020-21 for inpatient acute care hospitals until December 31, 2020 to allow these hospitals to prepare staff for the restart of these administrative processes beginning with dates of service that are on or after January 1, 2021. In addition, the Division expects insurers to work with individual hospitals, other facilities and individual healthcare provider offices who reach out to them, especially those continuing to treat significant numbers of COVID-19 patients and who are experiencing unusual staff constraints, to find ways to ease the restart of these processes until such conditions improve. The Division had previously issued guidance that it would not be appropriate for insurers to require prior authorization for COVID-19 treatment. The Division would also not find it appropriate for insurers to conduct retrospective reviews to deny emergency or inpatient hospital services that were provided to treat COVID-19 during the declared state of emergency as being "not medically necessary" when rendered to an insured individual for the purpose of treating COVID-19. When insurers are acting as administrators for employer-sponsored non-insured health benefit plans, the Division expects insurers to encourage plan sponsors to take steps that are consistent with the provisions of Bulletins 2020-02, 2020-04, 2020-10, 2020-13, 2020-15 and 2020-21. Insurers acting as administrators should do all they can to encourage plan sponsors to take steps to remove barriers to plan members accessing medically necessary testing, diagnosis, counseling and treatment of COVID-19 and to provide administrative relief for providers and hospitals during the state of emergency.
	26.	All Lines	Massachusetts Division of Insurance issued Bulletin 2020-29 on October 7, 2020.	<p>Guidance Regarding Individual Insurance License Extensions Granted During the COVID-19 Pandemic</p> <p>As a result of improving health data, the Division of Insurance has issued this Bulletin to provide guidance with respect to the return to regularly scheduled license renewals for individual insurance licenses. The Division of Insurance has determined that all license extensions for individual insurance licenses with renewal dates since March 10, 2020 will remain in effect through December 31, 2020, but all individuals holding such licenses must renew them on or before December 31, 2020.</p> <p>Notwithstanding the above, the Bulletin encourages individuals to submit renewal applications corresponding to their original renewal date or, if such date has passed, prior to December 31, 2020. Renewal applications are being accepted electronically through nivr.com or by mail. Any individual insurance license that is scheduled to expire on or after January 1, 2021 is not eligible for an extension and must be renewed on or before its originally scheduled expiration date.</p> <p>The Bulletin also notes that individuals who have qualified to have their licenses extended must satisfy their Continuing Education obligations prior to December 31, 2020. The Bulletin encourages such individuals to complete such requirements in advance of their original renewal date or, if such date has passed, prior to December 31, 2020 to allow processing of such information prior to year-end.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	27.	Health Life P&C	Massachusetts Division of Insurance issued Bulletin 2020-30 on December 29, 2020.	<p>Guidance Regarding Continued Flexibility and Administration of Insurance During Emergency</p> <p>Bulletin advises all applicable carriers to provide as much flexibility as reasonably possible during this emergency to allow insureds to maintain their existing coverage, particularly with respect to timing of premium payments. The Massachusetts Division would not consider it appropriate for a carrier to impose any new or additional fee in exchange for granting this flexibility. Bulletin further notes that exploring all appropriate flexibility in arrangements and timing of payments will help protect policyholders while preserving the solvency of the Massachusetts insurance market.</p> <p>Further, in addition to continuing the flexibilities outlined in Bulletin 2020-05, the Massachusetts Division expects carriers to maintain customer support services to provide consumers information about their insurance options, such as exploring ways to modify coverage to reduce premiums. The Massachusetts Division expects carriers to proactively provide policyholders with information about how to contact them to investigate options that may be available to prevent a loss of coverage, as the Massachusetts Division anticipates that some policyholders will experience financial hardships related to the public health crisis and will have trouble meeting their premium payment obligations.</p>
	28.	Health	Massachusetts Division of Insurance issued Bulletin 2020-31 on December 29, 2020.	<p>Guidance Regarding Continued Flexibility in Efforts to Treat and Restrict the Spread of COVID-19</p> <p>Bulletin advises all applicable carriers that they are expected to do the following:</p> <ol style="list-style-type: none"> 1. Take special care that their systems are operating in a manner consistent with Bulletins 2020-02, 2020-04, 2020-06, 2020-07, 2020-10, 2020-13, 2020-15, 2020-16, 202-21, 2020-23, 2020-25 and 2020-28; 2. Ease administrative processes that were outlined in Bulletin 2020-21 for inpatient acute care and mental health hospitals until March 31, 2021 in order to allow hospitals to devote their resources to address necessary treatment of COVID-19 patients; and 3. Communicate all appropriate testing, treatment and vaccine options to covered persons in accordance with guidelines from the Massachusetts Department of Public Health, the CDC and the Federal Centers for Medicare and Medicaid Services.
	29.	Health	Massachusetts Division of Insurance issued Bulletin 2020-32 on December 29, 2020.	<p>Guidance Regarding COVID-19 Vaccines</p> <p>Bulletin reminds carriers of the expectation of the Massachusetts Division that carriers will ensure access of health insurance coverage for COVID-19 vaccines to Massachusetts residents and that the cost of such vaccines will not be a barrier for Massachusetts residents. The Massachusetts Division emphasizes that carriers are expected to communicate all appropriate testing, treatment and vaccine options to covered persons in accordance with guidelines from the Massachusetts Department of Public Health, the CDC and the Federal Centers for Medicare and Medicaid Services.</p> <p>In addition, the Massachusetts Division expects carriers to do the following:</p> <ul style="list-style-type: none"> • Develop clear and comprehensive information to be posted on plan websites that will explain how vaccines will be available, according to government guidelines, the plan's benefits for vaccines and tools that will explain how to learn more about locations that will be available to administer COVID-19 vaccines. • Maintain dedicated help lines to respond to all calls about the Coronavirus and keep covered members aware of providers that can administer COVID-19 vaccines, members' available benefits and phone numbers that members can call for additional help. • Relax prior approval requirements and procedures so that members can get timely COVID-19 vaccines, in accordance with Massachusetts Department of Public Health and CDC guidelines. • Relax any and all protocols regarding prior approval or notice for obtaining vaccines from out-of-network providers, in accordance with Massachusetts Department of Public Health, CDC, and Federal Centers for Medicare and Medicaid Services requirements. • Reimburse all providers, whether in-network or out-of-network, for the cost of administering COVID-19 vaccines. Forgo any cost-sharing (copayments, deductibles or coinsurance) for vaccinations at doctors' offices, urgent care centers, emergency rooms, pharmacies or other appropriate locations in accordance with Massachusetts Department of Public Health and CDC requirements, including from out-of-network providers, if vaccinations are not readily available from in-network providers. In the event that a COVID-19 vaccine is administered in conjunction with a full office visit not associated with COVID-19 testing, assessment or treatment, carriers are expected to reimburse providers for the vaccine separately if billed in that manner, even though vaccine administration may ordinarily be bundled within reimbursement for the full office visit. • For out-of-network providers, carriers may limit reimbursement for the vaccine administration to the amount set by Federal Centers for Medicare and Medicaid Services for Medicare rates of reimbursement for the same service. For in-network providers, carriers are expected to reimburse providers at a level that is always higher than the MassHealth rate of reimbursement for the same service.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	30.	Liquor Liability Workers' Compensation	Massachusetts Division of Insurance issued Bulletin 2020-33 on December 29, 2020.	<p>Guidance Regarding Flexibility in the Issuance and Administration of Liquor Liability and Workers' Compensation Insurance During Emergency</p> <p>Bulletin notes that restrictions have been placed on the operation of establishments holding licenses for the service and sale of alcohol and, where such licensees have decided to reopen, they will be required to submit appropriate proof to the appropriate licensing authority of both a liquor liability and workers' compensation policy.</p> <p>Bulletin reminds carriers that COVID-19 Order No. 53 issued by the Massachusetts Governor on November 2, 2020 provides that "no insurer, broker, agent, or their representative shall impose or collect any surcharge penalty, fee or other charge in addition to the premium" for any liquor liability or workers' compensation coverage obtained pursuant to the allowances outlined in such Order. Agent commissions applied as part of the usual and reasonable course of business constitute a component of the premium and thus do not fall within the category of fees or other charges that are impermissible under such Order. Any violations of of this order will be subject to review by the Massachusetts Division's Special Investigations Unit.</p>
	31.	Health	Massachusetts Division of Insurance issued Bulletin 2021-01 on January 21, 2021.	<p>Additional Guidance Regarding COVID-19 Vaccines</p> <p>Bulletin provides additional guidance to the previously issued guidance in Bulletin 2020-32 (regarding the provision of COVID-19 vaccines) and specifically clarifies that the Massachusetts Division of Insurance expects carriers to take the following steps:</p> <ol style="list-style-type: none"> 1. Forgo any cost-sharing (copayments, deductibles or coinsurance) for vaccinations at providers' offices, urgent care centers, hospitals, pharmacies or other locations allowed by Massachusetts Department of Public Health and CDC requirements; 2. Reimburse providers, whether in-network or out-of-network, for the cost of administering COVID-19 vaccines. For in-network and out-of-network providers, carriers are expected to reimburse providers at a level that is always higher than the MassHealth rate of reimbursement for the same service for any vaccine administered from January 1, 2021 onwards; 3. In the event that a COVID-19 vaccine is administered in conjunction with a full office visit, emergency department visit or other encounter not associated with COVID-19 testing, assessment or treatment, carriers are expected to reimburse providers for the vaccine separately if billed in that manner, even though vaccine administration may ordinarily be bundled within reimbursement for the full office visit; 4. For vaccines administered through the temporary vaccine clinics at "pop up" locations, mass vaccination sites or public clinics hosted by state or municipal health departments, where Commonwealth Medicine will coordinate the processing of bills for administered vaccines, carriers are expected to pay all subrogation claims submitted by Commonwealth Medicine as the billing agent for these temporary vaccine clinics and may not establish any time limitation on the submission of Commonwealth Medicine claims that is earlier than 180 days after the date that the vaccine is administered; and 5. For those carriers who are acting as administrators for employment-sponsored non-insured health benefit plans, such carriers are requested to encourage plan sponsors to take steps that are consistent with the provisions of this Bulletin. Plan sponsors should be made aware of the public health risks to all Massachusetts residents and carriers should do all they can to encourage plan sponsors to remove access to medically necessary vaccines and coordinate benefits in a manner consistent with this Bulletin.
	32.	Health	Massachusetts Division of Insurance issued Bulletin 2021-02 on February 3, 2021.	<p>Special Open Enrollment Period Effective Immediately</p> <p>Bulletin announces a special enrollment period during which eligible individuals (uninsured Massachusetts residents) can enroll in health coverage. The special enrollment period will last until May 23, 2021.</p>
	33.	All Lines	Massachusetts Division of Insurance issued Bulletin 2021-03 on April 2, 2021.	<p>Updated Guidance Regarding Coverage and Reimbursement for Certain Services During the COVID-19 Health Crisis</p> <p>Bulletin provides updated guidance regarding coverage and reimbursement for certain services to regulated carriers and, specifically, requires regulated carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. When delivered by in-network providers, to provide coverage and forgo any cost-sharing for medically necessary outpatient COVID-19 treatment, in accordance with Department of Public Health ("DPH") and CDC guidelines; 2. When delivered by either in-network or out-of-network providers, to provide coverage and forgo any cost-sharing for medically necessary outpatient COVID-19 treatment, in accordance with DPH and CDC guidelines; 3. To reimburse all in-network providers at the contractually allowed amounts for those members with whom they have a contract and who participate in a member's health plan;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 4. Without prior authorization, provide coverage for medically necessary emergency department and inpatient services rendered by out-of-network acute care hospitals, in accordance with DPH and CDC guidelines and that carriers will enable patient transfer and reimbursement for the cost to transfer patients to other facilities as needed to meet the challenges posed by the number of seriously ill patients; 5. Suspend any prior authorization systems that may be delaying patients from being moved to lower levels of needed care or which may apply to the cost to transport covered persons to lower levels of needed care; 6. Provide inpatient hospitals with up-to-date lists of in-network rehabilitation hospitals and skilled nursing facilities and, when patients are transferred from an acute care hospital to an in-network rehabilitation hospital or skilled nursing facility for medically necessary care, to provide reimbursement to the facility based upon its contractual rate; 7. Suspend any prior authorization systems that may be delaying patients from being able to stay home to receive medically necessary and appropriate home health care; 8. Provide inpatient hospitals with up-to-date lists of in-network home health care agencies and, when patients are transferred from an acute care hospital to their homes to receive home health care, to provide reimbursement to the agency based upon its contractual rate; 9. Provide reimbursement to out-of-network acute care hospitals and out-of-network providers providing emergency department and inpatient services for patients of such hospitals for COVID-19 treatment, in accordance with DPH and CDC guidelines, subject to certain restrictions; and 10. Encourage plan sponsors to take steps to remove barriers to plan members accessing medically necessary testing, diagnosis, counseling and treatment of COVID-19 and to encourage full coverage for out-of-network inpatient services.
	34.	Health	Massachusetts Division of Insurance issued Bulletin 2021-04 to applicable health insurance carriers on April 9, 2021.	<p>Guidance Regarding Managed Care Practices and Continued Access to Telehealth Services</p> <p>Bulletin largely restates, supplements and, in some areas, supersedes Bulletin 20-04. New guidance issued in this Bulletin includes requirements that carriers:</p> <ol style="list-style-type: none"> 1. Submit to the Massachusetts Division certain information to allow the Massachusetts Division to review carriers' plans for changes to policies currently in place; and 2. Reimburse providers for services delivered via telehealth at least at the rate of reimbursement as defined under Massachusetts law. <ul style="list-style-type: none"> • Where carriers have specific agreements with a provider regarding reimbursement for services delivered via telehealth that are inconsistent with the reimbursement arrangements defined under Massachusetts law (including relevant regulations and other guidance), it is required that telehealth reimbursement parity (as such term is defined under Massachusetts law) is maintained until at least 90 days after the termination of the pandemic state of emergency.
Michigan	1.	Health Life P&C	Michigan Department of Insurance issued Bulletin 2020-08-INS to all regulated insurance entities on March 20, 2020.	<p>Guidance Regarding Temporary Regulatory Flexibility</p> <p>Bulletin encourages applicable carriers to utilize maximum flexibility in rescheduling meetings or allowing alternatives to in-person policyholder or stockholder meetings. Carriers should also consider enacting alternatives such as teleconferences or videoconferences for meeting of the board of directors and committees of the board.</p>
	2.	Title	Michigan Department of Insurance issued Bulletin 2020-11-BT/CF/CU on March 30, 2020.	<p>Insurance Deemed an Essential Service</p> <p>Title company services are not prohibited from being conducted in person.</p>
	3.	Health Life P&C	Michigan Department of Insurance issued Bulletin 2020-12-INS on March 30, 2020.	<p>Insurance Deemed an Essential Service</p> <p>Executive Order allows critical infrastructure workers to continue in-person work. These workers include some workers in the insurance industry, but only to the extent that their work cannot be done by telephone or remotely. This includes insurance companies, health maintenance organizations, third party administrators, nonprofit dental care corporations, producers, adjusters, and any workers necessary to the continued operation of these entities.</p>
	4.	Title	Michigan Department of Insurance issued Bulletin 2020-13-BT/CF/CU on April 10, 2020.	<p>Extension of Determination of Insurance as an Essential Service</p> <p>Bulletin extends the determination of the conduct of the business of insurance to be an "essential service" through April 30, 2020. Title company services are not prohibited from being conducted in person during this period.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	5.	Health Life P&C	Michigan Department of Insurance issued Bulletin 2020-14-INS on April 10, 2020.	Extension of Determination of Insurance as an Essential Service Bulletin extends the determination of the conduct of the business of insurance to be an “essential service” through April 30, 2020.
	6.	All Lines	Michigan Department of Insurance issued Bulletin 2020-15-INS on April 13, 2020.	Guidance Regarding Temporary Licensing of Insurance Producers Bulletin provides guidance as to how individuals applying for an insurance producer license may obtain temporary licensure.
	7.	All Lines	Michigan Department of Insurance issued Bulletin 2020-16-INS on April 13, 2020.	Guidance Regarding Flexibility and Administration of Insurance During Emergency Bulletin advises all insurers doing business in Michigan, regardless of the line of coverage, to consider flexibility to help insureds avoid additional financial consequences as a result of their inability to pay insurance premiums or timely file claims. The Department strongly encourages insurers to provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium. The Department urges insurers to work with their insureds experiencing financial hardship during the COVID-19 pandemic to discuss specific policy options available to them that may modify the amount of premium owed. The Department asks that insurers make adjustments to claim filing deadlines to accommodate insureds who may encounter difficulty in timely providing notice of a claim. Insurers should consider waiving or allowing flexibility in fulfilling policy requirements, including the ability to do so electronically whenever possible. Insurers must memorialize these arrangements with their insureds in writing. Many property losses may be exacerbated by COVID-19 and may result in insureds facing much longer repair or replacement times. In these instances, insurers should consider extending coverage for living expenses, rentals and loss of use when circumstances necessitate. The Department requires insurers taking any measures to provide flexibility due to COVID-19 to submit their plan, within seven days, regarding the steps to be followed to implement flexibility for their insureds during this state of emergency.
	8.	All Lines	Michigan Department of Insurance issued Bulletin 2020-17-INS on April 13, 2020.	Complying with Regulatory Requirements During the Public Health Emergency Bulletin dictates specific extensions of filing deadlines applicable to a wide variety of mandatory filings due from insurers and other regulated entities. Bulletin waives applicable “hard copy” filing requirements and notes that it expects companies to make filings in electronic form.
	9.	P&C	Michigan Department of Insurance issued Bulletin 2020-18-INS on April 13, 2020.	Guidance Regarding Automobile Insurers Issuing Refunds or Premium Waivers to Their Customers Bulletin provides guidance to automobile insurers that plan to issue refunds or premium waivers to their customers as a result of the COVID-19 pandemic and advises them of the filing requirements for these plans. The DIFS has created a special filing type of “COVID-19 Refund/Premium Waiver” in SERFF.
	10.	All Lines	Michigan Department of Insurance issued Bulletin 2020-20-INS on April 22, 2020.	Revised Guidance Regarding Temporary Licensing of Insurance Producers Bulletin supersedes Bulletin 2020-15-INS and provides revised guidance as to how individuals applying for an insurance producer license may obtain temporary licensure.
	11.	All Lines	Michigan Department of Insurance issued Bulletin 2020-22-INS on April 30, 2020.	Essential Insurance Services In accordance with Executive Order 2020-59, DIFS Bulletin 2020-12-INS, as extended by Bulletin 2020-14-INS, is again extended pursuant to this Bulletin, effective for the period of time that Executive Order 2020-59, and any subsequent Executive Order that reaffirms or clarifies the measures set forth in it, remains effective. Thus, certain critical infrastructure workers are permitted to continue in-person work. These workers include some workers in the insurance industry, but only to the extent that their work cannot be done by telephone or remotely. This includes insurance companies, health maintenance organizations, third party administrators, nonprofit dental care corporations, producers, adjusters and any workers necessary to the continued operation of these entities.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	12.	All Lines	Michigan Department of Insurance issued Bulletin 2020-24-INS on May 7, 2020.	<p>Rate Filings – Individual and Small Group Markets</p> <p>Bulletin informs insurers that the Department will allow issuers to decide whether to include emerging experience related to COVID-19 in their rate development. Issuers that decide to include COVID-19 experience must provide an exhibit that specifically details whether rates include COVID-19 experience and describes the rating methodology. The exhibit must describe the rating and trending impact by essential health benefit category and must include actuarial support.</p> <p>Bulletin further notes that the Department will direct its consulting actuarial firms to consider trends and experience by issuer. Following actuarial review, the Department will review the aggregate data to determine if any issuers are outliers. The Department is concerned that outliers could result in enrollment shifts among issuers, which could negatively impact the market.</p>
	13.	Health Dental	Michigan Department of Insurance issued Bulletin 2020-26-INS on May 22, 2020.	<p>Guidance Regarding Health and Dental Insurer Premium Refunds/Credits Due to COVID-19</p> <p>Bulletin applies to any health and dental insurers that plan to issue premium refunds or credits to their customers as a result of the COVID-19 pandemic to advise of the filing requirements for these plans. Insurers must submit a filing to the Department advising of any premium refunds or credits they plan to issue to their insureds in response to the COVID-19 pandemic. Insurers must attach a filing memorandum that outlines the changes requested in the filing as follows:</p> <ol style="list-style-type: none"> 1. The amount of the premium refund or credit by policyholder. 2. The summary of the method for determining the amount of premium refund or credit. 3. Parameters on which policyholders will receive the premium refund or credit. 4. Timeframe during which the premium refund or credit applies. 5. How payments will be issued (e.g., check, direct deposit, policy credits, etc.). 6. A communication plan for insureds. 7. A description of how annual benefits will be addressed (e.g., well-baby visits, annual physicals, dental cleaning, mammograms, etc.). 8. In the case of health insurers, how the plan outlined in the filing memorandum addresses advance premium tax credit for those in the individual market and medical loss ratio in all markets. <p>Insurers must attach to the filing memorandum the actuarial support that they relied on to determine the amount of the premium refund or credit. Proposed adjustments that vary by policyholder must comply with applicable statutory requirements.</p> <p>Insurers must also attach copies of any notices that will be sent to insureds, whether in hard copy or electronically.</p>
	14.	All Lines	Michigan Department of Insurance issued Bulletin 2020-40-INS on October 16, 2020.	<p>Guidance Regarding Temporary Producer Licenses</p> <p>Bulletin advises that the Michigan Department has now determined that its third-party vendor has reopened its testing facilities and implemented remote testing capabilities to such an extent that temporary insurance producer licenses are no longer necessary pursuant to applicable Michigan statutes which were enacted in response to the public health emergency. Accordingly, effective October 22, 2020, Bulletin 2020-20-INS is rescinded and the Michigan Department will no longer accept applications for temporary insurance producer licenses.</p>
	15.	All Lines	Michigan Department of Insurance issued Bulletin 2020-41-INS/BT/CF/CU on October 19, 2020.	<p>Guidance Regarding Compliance With Recent Michigan Supreme Court Decision</p> <p>On October 12, 2020, the Michigan Supreme Court issued an order in <i>House of Representatives v. Governor</i> (Docket No. 161917) stating that,¹⁶ effective immediately, the executive powers provided to the Michigan Governor to combat the public health emergency are of no continuing legal effect. Accordingly, the Michigan Department is reviewing its previously issued guidance relating to the public health emergency to determine whether modifications are required at this time.</p> <p>At this time, entities and individuals which are regulated by the Michigan Department must remain apprised of and in compliance with the Michigan Department's guidance that impacts such regulated entities and individuals. Further, regulated entities and individuals must also remain apprised of and in compliance with new or amended laws intended to address the public health emergency that require such regulated entities or individuals to take or refrain from taking certain actions or otherwise impact such regulated entities or individuals. In addition, regulated entities and individuals must continue to comply</p>

¹⁶ The decision cited above was consistent with a ruling of the Michigan Supreme Court on October 2, 2020, *In Re Certified Questions* (Docket No. 161492). The Michigan Department had previously issued Bulletin 2020-38-INS/BT/CF/CU which provided that its previously issued guidance with respect to the public health emergency remained in effect in light of the ruling in *In Re Certified Questions*. However, such Bulletin has now been superseded by Bulletin 2020-41-INS/BT/CF/CU.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				with all applicable guidance issued by other Michigan governmental authorities and all applicable laws, rules or regulations enacted in response to the public health emergency at the federal, state or local level.
	16.	All Lines	Michigan Department of Insurance issued Bulletin 2020-43-INS on October 26, 2020.	<p>Guidance Regarding Compliance with Bulletins Related to the COVID-19 Outbreak</p> <p>Bulletin reminds entities and individuals subject to Michigan Department of Insurance and Financial Services regulation that they are expected to comply with any applicable law, rule or regulation related to the COVID-19 public health emergency. Bulletin 2020-43-INS supersedes Bulletins 2020-12-INS, 2020-14-INS and 2020-22-INS.</p>
	17.	All Lines	Michigan Department of Insurance issued Bulletin 2020-44-INS on October 27, 2020.	<p>Temporary Regulatory Flexibility for Filings and Meetings</p> <p>Bulletin, among other things, provides that:</p> <ul style="list-style-type: none"> • Insurers are encouraged to utilize maximum flexibility in rescheduling meetings or allowing alternatives to in-person policyholder or stockholder meetings. • Insurers should also consider enacting alternatives such as teleconferences or videoconferences for meetings of the board of directors and its committees. • Any temporary amendments to an insurer's bylaws to adopt provisions that allow greater flexibility regarding the scheduling of annual stockholder or policyholder meetings and remote meetings of the board of directors and board committees in response to COVID-19 are deemed approved by the Michigan Department of Insurance and Financial Services (the "Department"), to the extent permitted by applicable law, rule and regulation. • In reviewing compliance with state law or a company's articles of incorporation and bylaws, the Department will view a cancellation or rescheduling of an insurer's annual meeting or an alternative to in-person meetings of the board of directors because of COVID-19 as necessitated by urgent circumstances outside of the insurer's control. Insurers should note that corporate actions are not rendered invalid by the failure to hold an in-person meeting. • Regarding filing requirements, the Department's Annual Forms and Instruction Booklets instruct companies to file certain documents in hard copy form with original (wet) signatures. Companies must continue to make all required electronic filings with the NAIC (e.g., quarterly financial statements, audited financial statements). However, all other required filings may be made electronically to the Department with an email to the assigned analyst, with a copy also going to the analyst's manager, unless notified otherwise by the Department. Deadlines to file a hard copy of those filings remain postponed, and the Department will notify companies when the hard copy filings must be resumed. A list of all filings made electronically in lieu of hard copy filings must be maintained and the hard copy filed upon being notified by the Department. The Department may request a copy of this list at any time. • During the time period in which the Department is accepting electronic filings in lieu of hardcopy filings, the Department is accepting required filings that contain electronic signatures.
Minnesota	1.	Health	Minnesota Departments of Commerce and Health issued a Memorandum to health insurance carriers on March 13, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>The Memorandum requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Eliminate all cost-sharing for COVID-19 testing, including costs associated with an office visit or urgent care visit to be tested; 2. Limit or eliminate cost-sharing for all forms of treatment for COVID-19 for in-network providers and to also take steps to ease any other requirements, such as prior authorization or pre-certification requirements, for treatment of COVID-19; 3. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 4. Promote use of telemedicine; 5. Provide a one-time refill of covered prescription medications prior to the expiration of the waiting period between refills so that enrollees can maintain an adequate supply of necessary medication; 6. Review their procedures to ensure Minnesotans are able to access preventive care and are not discouraged from seeking care because of cost; and 7. Communicate important benefits and network information, as well as timely and accurate information about COVID-19, to enrollees to ensure that enrollees are receiving accurate, timely information about their coverage and risks.
	2.	P&C	Minnesota Department of Commerce released a Consumer Alert on business interruption insurance on March 19, 2020.	<p>Business Interruption Insurance Coverage Explanation</p> <p>The Insurance Department explained business interruption insurance coverage and how it is affected by the outbreak.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	3.	All Lines	Minnesota Department of Commerce issued Regulatory Guidance on March 30, 2020.	<p>Guidance Regarding Temporary Emergency Relief for License Renewals and Reinstatements</p> <p>Guidance specifies that individuals due to renew a Minnesota insurance producer or insurance adjuster license by the end of March now have until April 30, 2020 to complete all renewal requirements, including continuing education hours and the required application and fee. In addition, the deadline for reinstatement of lapsed licenses is extended until Minnesota testing facilities can reopen.</p>
	4.	Health	Minnesota Governor announced Minnesota's health plans have voluntarily agreed to waive COVID-19-related expenses on April 2, 2020.	
	5.	P&C	Minnesota Department of Commerce issued a Bulletin on April 28, 2020.	<p>Guidance Regarding Homeowner Disclosure and Filing Requirements</p> <p>Bulletin extends deadline until June 1, 2020 for the filing of an annual report by each insurer writing homeowner's insurance for property located in the seven county metropolitan area or a city of the first class.</p>
	6.	P&C	Minnesota Department of Commerce issued a Bulletin on June 22, 2020.	<p>Coverage Related to Business and Property Damage Losses, Including Those Arising out of Vandalism and Looting</p> <p>Bulletin addresses the protests that have resulted in property damage, including vandalism and looting. The Minnesota Department asks that, among other things, to the extent business interruption provisions are included and operative under a policy, insurers should base payouts on business activity levels that do not include the impact of COVID-19.</p>
Mississippi	1.	Health Life P&C	Mississippi Insurance Department issued Bulletin 2020-01 to all regulated insurance entities on March 16, 2020.	<p>Guidance Regarding Use of Telemedicine</p> <p>Bulletin directs applicable carriers to adopt procedures to encourage policyholders to utilize telemedicine and waives the following restrictions:</p> <ol style="list-style-type: none"> Any limitation on the use of audio-only telephonic consultations; Any requirement by a health insurance or health benefit plan that limits coverage to health care providers in the plan's telemedicine network; and Any requirement by a health insurance or health benefit plan that limits coverage to provider consultations only.
	2.	P&C	Mississippi Insurance Department issued Bulletin 2020-02 on March 23, 2020.	<p>Guidance Regarding Audit of Premium of Commercial Policies</p> <p>With regard to commercial insurance policies rated using auditable exposure bases, Bulletin encourages applicable carriers to allow when requested, mid-term audits, self-audits or other adjustments to rating bases thereby reducing the associated premium and more accurately reflecting annual exposure projections. Bulletin is not intended to waive carrier's rights or responsibilities to perform a final audit at policy expiration.</p>
	3.	Health Life P&C	Mississippi Insurance Department issued Bulletin 2020-03 on March 25, 2020.	<p>Institution of Moratorium on Policy Cancellations/Non-Renewals</p> <p>Bulletin issues a 60-day moratorium on the cancellation/non-renewal of policies for the non-payment of premiums, effective March 24, 2020.</p>
	4.	Health Life P&C	Mississippi Insurance Department issued Bulletin-2020-04 on April 1, 2020.	<p>Institution of Moratorium on Policy Cancellations/Non-Renewals</p> <p>Bulletin 2020-3, as amended, is clarified as follows:</p> <ol style="list-style-type: none"> Insurers may issue cancellation/non-renewal notices for non-payment of premiums during the 60-day moratorium period. When such notices are issued during the 60-day moratorium, notice periods required by statute or the policy may begin to run, but in no event may a cancellation/non-renewal for non-payment be effective until after the 60-day moratorium period expires.
	5.	All Lines	Mississippi Insurance Department issued Bulletin 2020-05 on April 1, 2020.	<p>Extension of Continuing Education Compliance Date for Insurance Producers, Adjusters and Bail Bondsmen</p> <p>Mississippi insurance producers, adjusters and bail bondsmen whose continuing education compliance periods end in March, April, May, or June 2020, should timely contact the Insurance Department requesting an extension for completing continuing education requirements in order to meet license requirement for</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				renewals. This includes Mississippi non-resident adjusters with Mississippi as the Designated Home State. The Insurance Department will work with those licensees to ensure that they are given an appropriate opportunity to meet their continuing education requirements.
	6.	All Lines	Mississippi Insurance Department issued Bulletin 2020-06 on April 7, 2020.	<p>Guidance for Initial Insurance Producer Applicants</p> <p>Bulletin allows initial applicants who have completed all pre-licensing requirements, except for the pre-licensing state examination, to receive a temporary insurance producer license. The temporary license is effective for 180 days, during which time these licensees shall have the opportunity to take and pass their pre-licensing state examination in order to receive an insurance producer license.</p>
	7.	All Lines	Mississippi Department of Insurance issued Bulletin 2020-7 on April 14, 2020.	<p>Complying with Regulatory Requirements During the Public Health Emergency</p> <p>Bulletin dictates specific extensions of filing deadlines applicable to a wide variety of mandatory filings due from insurers and other regulated entities.</p> <p>Bulletin waives applicable "hard copy" filing requirements and notes that it expects companies to make filings in electronic form.</p> <p>Bulletin expressly allows one jurat page signature and confirms that it will accept electronic signatures during the public health emergency.</p> <p>Bulletin confirms that the Department will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>
	8.	Health	Mississippi Department of Insurance issued Bulletin 2020-9 on April 24, 2020.	<p>Extension of Requirement to Use Telemedicine</p> <p>As a result of the ongoing public health crisis, insurers are directed to extend through June 30, 2020 any procedures they have put in place that would encourage policyholders to use telemedicine in an effort to reduce the spread of the COVID-19 virus.</p>
	9.	Health	Mississippi Department of Insurance issued Bulletin 2020-10 on June 25, 2020.	<p>Extension of Insurance Coverage Regarding the Use of Telemedicine During the COVID-19 Crisis</p> <p>On March 16, 2020, the Mississippi Department issued Bulletin 2020-1 that directed insurers to adopt procedures that would encourage their policyholders to use telemedicine in an effort to reduce the spread of COVID-19, and that suspended certain limitations applicable to telemedicine services. The Bulletin was to be in effect through April 30, 2020. On April 24, 2020, the Commissioner issued Bulletin 2020-9, which extended the provisions contained in Bulletin 2020-1 through June 30, 2020. This Bulletin extends the provisions contained in Bulletin 2020-1 through September 30, 2020.</p>
	10.	All Lines	Mississippi Department of Insurance issued Bulletin 2020-12 on September 1, 2020.	<p>Waiver of On-Site Review Requirements</p> <p>Bulletin informs Mississippi insurers that, to support the recommendations of the Center for Disease Control and Prevention, and in the interest of the public health and safety, the Mississippi Department will not require insurers to conduct any on-site reviews of managing general agents or third-party administrators in 2020. For 2020 only, insurers may conduct reviews of managing general agents or third-party administrators through electronic information to satisfy their on-site review obligations under Mississippi law.</p>
	11.	Health	Mississippi Department of Insurance issued Bulletin 2020-13 on September 17, 2020.	<p>Extension of Insurance Coverage Regarding the Use of Telemedicine During the COVID-19 Crisis</p> <p>On March 16, 2020, the Mississippi Department issued Bulletin 2020-1 that directed insurers to adopt procedures that would encourage their policyholders to use telemedicine in an effort to reduce the spread of COVID-19, and that suspended certain limitations applicable to telemedicine services. The Bulletin was to be in effect through April 30, 2020. On April 24, 2020, the Commissioner issued Bulletin 2020-9, which extended the provisions of Bulletin 2020-1 through June 30, 2020. On June 25, 2020, the Commissioner issued Bulletin 2020-10 which extended the provisions of Bulletin 2020-1 through September 30, 2020. This Bulletin extends the provisions of Bulletin 2020-1 through December 31, 2020.</p>
	12.	Health Life P&C	Mississippi Insurance Department issued Bulletin 2020-18 to all regulated insurance entities on December 9, 2020.	<p>Revised Guidance Regarding Use of Telemedicine</p> <p>Bulletin extends Bulletin 2020-1 for the duration of the COVID-19 pandemic and directs applicable carriers to adopt procedures to encourage policyholders to utilize telemedicine and waives the following restrictions:</p> <ul style="list-style-type: none"> • Any limitation on the use of audio-only telephonic consultations. • Any requirement by a health insurance or employee benefit plan that limits coverage to health care providers in the plan's telemedicine network. • Any requirement by a health insurance or employee benefit plan that limits coverage to provider consultations only.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	13.	All Lines	Mississippi Department of Insurance issued Bulletin 2021-01 on January 7, 2021.	<p>Extension of Waiver of On-Site Review Requirements</p> <p>Bulletin informs Mississippi insurers that, to support the recommendations of the Center for Disease Control and Prevention, and in the interest of public health and safety, the Mississippi Department will not require insurers to conduct any on-site reviews of managing general agents or third-party administrators in 2021. For 2021, insurers may conduct reviews of managing general agents or third-party administrators through electronic information to satisfy their on-site review obligations under Mississippi law.</p>
	14.	Health	Mississippi Department of Insurance issued Bulletin 2021-02 on January 27, 2021.	<p>Guidance Addressing COVID-19 Vaccines</p> <p>Bulletin provides guidance to all insurance companies regarding the Mississippi Department's expectations with respect to appropriate coverage by insurance companies of COVID-19 vaccines. The Mississippi Department reminds all insurance companies that they are expected to ensure that members have health insurance coverage for vaccines and that the cost of obtaining a COVID-19 vaccine must not be a barrier for Mississippi residents.</p> <p>Specifically, the Bulletin clarifies that insurance companies are expected to do the following:</p> <ol style="list-style-type: none"> 1. Forgo any cost-sharing (copayments, deductibles or coinsurance) for vaccinations at providers' offices, urgent care centers, hospitals, pharmacies or other locations allowed by Mississippi Department of Health and CDC requirements, including from out-of-network providers; 2. Reimburse providers, whether in-network or out-of-network, for the cost of administering COVID-19 vaccines; and 3. In the event that a COVID-19 vaccine is administered in conjunction with a full office visit, emergency department visit or other encounter not associated with COVID-19 testing, assessment or treatment, insurance companies are expected to reimburse providers for the vaccine separately if billed in that manner, even though COVID-19 vaccine administration may ordinarily be bundled with reimbursement for the full office visit.
Missouri	1.	Health	Missouri Department of Commerce and Insurance issued a Bulletin to health carriers writing health insurance or health benefit coverage on March 3, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Make necessary and useful information available to insured and respond to queries expeditiously; 3. Waive cost-sharing for COVID-19 testing; 4. Review the adequacy of any telehealth programs; 5. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 6. Ensure utilization review decisions are made in a timely manner; 7. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 8. Ensure access to prescription drugs; and 9. Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	2.	Health Life P&C	Missouri Department of Commerce and Insurance issued Bulletin 20-05 to all regulated insurance carriers on March 21, 2020.	<p>Guidance Regarding Additional Assistance to Policyholders</p> <p>Bulletin requires all applicable carriers take the following measures:</p> <ol style="list-style-type: none"> 1. For carriers which do not offer health insurance, such carriers are encouraged not to cancel, non-renew or terminate coverage during this emergency and the Bulletin requires that coverage for Missouri residents under policies in effect as of March 13, 2020 should remain in effect during this emergency; 2. For carriers which do offer health insurance, a grace period of at least 60 days for coverage in effect as of March 13, 2020, where premium or subscription charges are unpaid, in an effort to allow consumers to take actions necessary to keep their policies in force must be provided; and 3. Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	3.	Health Life P&C	Missouri Department of Commerce and Insurance issued Bulletin 20-06 to all regulated insurance carriers on March 24, 2020.	<p>Guidance Regarding Filings Made to the Division of Company Regulation</p> <p>Bulletin allows for annual statements due on April 1, 2020 to be considered officially filed with the NAIC and for holding company act and similar filings to be made electronically.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	4.	Health	Missouri Department of Commerce and Insurance issued Bulletin 20-07 to all regulated carriers which offer health insurance on March 26, 2020.	Additional Guidance Regarding Provision of Telehealth Services Bulletin advises applicable carriers that the Missouri Department will not take an enforcement action against any health carrier when the health carrier provides coverage for services provided via telehealth by a health care provider who is licensed in another state but not licensed in the state of Missouri.
	5.	P&C	Missouri Department of Commerce and Insurance issued Bulletin 20-08 on April 10, 2020.	Guidance to Insurers Writing Personal and Commercial Insurance Bulletin notifies applicable insurers that all COVID-19 filings related to premium relief will receive an expeditious review, if the insurer provides advance notification of the SERFF tracking number to the Missouri Department.
	6.	All Lines	Missouri Department of Commerce and Insurance issued Bulletin 20-09 on April 13, 2020.	Guidance Regarding Temporary Licensing of Insurance Producers Bulletin provides guidance as to how individuals applying for an insurance producer license may obtain temporary licensure.
	7.	All Lines	Missouri Department of Commerce and Insurance issued Bulletin 20-10 on May 7, 2020.	Extension and Rescission of Bulletin 2020-05 Bulletin extends the application of Bulletin 2020-05 until June 15, 2020 (on which date it will be rescinded) and encourages all insurers, including health carriers, to extend grace periods until June 15, 2020.
	8.	Title	Missouri Department of Commerce and Insurance issued Bulletin 20-11 on May 12, 2020.	Guidance Regarding "On-Site" Reviews Bulletin temporarily waives requirements for title insurers to conduct "on-site" reviews and allows title insurers to conduct a portion of their reviews electronically, provided that they comply with applicable provisions of Missouri law. The waiver expires on June 15, 2020, unless extended by the Director.
	9.	All Lines	Missouri Department of Commerce and Insurance issued Bulletin 20-14 on May 14, 2020.	Extension of Bulletin 20-06 Bulletin 20-06 is extended until June 15, 2020.
	10.	All Lines	Missouri Department of Commerce and Insurance issued Bulletin 20-15 on May 15, 2020.	Extension of Bulletin 20-07 – Services Provided via Telehealth Bulletin 20-07 is extended until June 15, 2020.
	11.	All Lines	Missouri Department of Commerce and Insurance issued Bulletin 20-16 on June 15, 2020.	Guidance Regarding Discontinuing of Issuance of Temporary Insurance Producer Licenses Bulletin states that, effective June 16, 2020, the Missouri Department will no longer accept applications for temporary insurance producer licenses. All current temporary insurance producer licenses will remain in effect until the expiration of such licenses.
	12.	Health	Missouri Department of Commerce and Insurance issued Bulletin 20-17 on June 17, 2020.	Guidance Regarding Health Carrier Premium Relief Programs Bulletin requires (a) health carriers which have already instituted premium relief programs and (b) health carriers seeking to offer premium relief programs in the future to provide information to the Missouri Department, including: <ol style="list-style-type: none">1. An explanation of the premium relief strategy, including the effective and termination dates;2. A description of the methodology used to determine premium relief;3. A description of how premium relief will be implemented in a manner that avoids unfair discrimination (as described under Missouri law);4. A description of how the carrier will notify policyholders of the premium relief;5. A description of how the carrier will account for COVID-19-related premium relief when determining rates (including, but not limit to, how the premium relief will impact Medical Loss Ratio ("MLR") calculations;6. Clear confirmation that the company will closely monitor the effects of the program on company solvency; and7. Explanation of how the premium relief program will be implemented in a way that avoids unlawful rebating (as described under Missouri law).

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	13.	Title	Missouri Department of Commerce and Insurance issued Bulletin 20-19 on December 1, 2020. ¹⁷	Renewed Guidance Regarding "On-Site" Reviews Bulletin temporarily waives requirements for title insurers to conduct "on-site" reviews and allows them to conduct a portion of their reviews electronically, provided that they comply with applicable provisions of Missouri law. The waiver expires on March 31, 2021, unless extended by the Director of the Missouri Department of Commerce and Insurance.
Montana	1.		Certain Montana carriers are voluntarily waiving cost-sharing and expanding telehealth (see link).	
	2.	Health Life P&C	Montana Insurance Commissioner sent a letter to the insurance industry recommending flexibility to help Montanans and businesses maintain insurance coverage and benefits during the COVID-19 pandemic on March 26, 2020.	
	3.	P&C	Montana Insurance Commissioner issued an Informational Bulletin to all Property and Casualty Insurers who have issued or may be considering COVID-19-related premium refunds, discounts or credits, Licensed Independent Adjusters, and other interested parties on April 9, 2020.	Guidance to Property and Casualty Insurers in Response to the COVID-19 Outbreak Bulletin provides guidance regarding compliance with regulatory requirements with respect to issuance of refunds, discounts or credits to policyholders as a result of the COVID-19 virus. Specifically, the Bulletin confirms that the Insurance Department will expedite its review of rate and form filings identified as COVID-19-related.
	4.	P&C	Montana Insurance Commissioner issued an update to its previously issued Informational Bulletin to all Property and Casualty Insurers who have issued or may be considering COVID-19-related premium refunds, discounts or credits, Licensed Independent Adjusters and other interested parties on April 13, 2020.	Amended Guidance to Property and Casualty Insurers in Response to the COVID-19 Outbreak Bulletin amends guidance provided on April 9, 2020 to specifically state that insurers are not required to submit a form filing for premium refunds, discounts or credits issued based upon industry-related impacts due to the outbreak.
Nebraska	1.	Health	Nebraska Department of Insurance issued a notice to all "interested parties" on March 19, 2020.	Informational Notice to Manage COVID-19 Outbreak Notice stated that the Centers for Medicare and Medicaid Services ("CMS") nor the State of Nebraska will take an enforcement action against an insurer if they amend their catastrophic policies to provide pre-deductible coverage for services associated with the diagnosis and/or treatment of COVID-19.
	2.	Health	Nebraska Department of Insurance issued a notice to all carriers which offer health insurance and all health care providers on March 23, 2020.	Exception to Written Statement Requirement for Telehealth Services Bulletin suspends requirement for a signed, written statement from an insured for telehealth services during the emergency.

¹⁷ Bulletin corrected with respect to certain legal section references in Bulletin 20-20 and reissued on December 9, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	3.	All Lines	Nebraska Department of Insurance issued a notice to all producers licensed in the state on March 23, 2020.	Guidance Regarding Producer Licensing Processes Bulletin provides an extension for continuing education requirements and a waiver for in-person or proctor course requirements.
	4.	Health Life P&C	Nebraska Department of Insurance issued a notice to all regulated insurance carriers on March 27, 2020.	Guidance Regarding Permissible Accommodations to Policyholders Bulletin allows applicable carriers to relax certain requirements such as notice of loss requirements, premium payment provisions, and cancellation and non-renewal timeframes, provided that such accommodations are administered on a fair and consistent basis.
	5.	All Lines	Nebraska Department of Insurance issued a notice regarding the issuance of temporary producer licenses on March 31, 2020.	Guidance Regarding Issuance of Temporary Resident Producer Licenses Notice states that the Nebraska Department will begin issuing temporary resident producer licenses that will be effective for 90 days.
	6.	All Lines	Nebraska Department of Insurance issued a notice on April 8, 2020.	Guidance Regarding Compliance with Regulatory Requirements Notice advises regulated insurers of the following: <ol style="list-style-type: none"> 1. While insurers are still required to meet all applicable filing deadlines via electronic submissions, the Nebraska Department will consider written requests for filing extensions; 2. While electronic submissions are temporarily acceptable, original versions of filings must be provided to the Nebraska Department following the conclusion of the emergency; 3. Meetings of policyholders and boards of directors may need to be rescheduled or held via alternative formats (e.g., teleconference); and 4. The Nebraska Department will not conduct any on-site examination work that is contrary to the spirit of any public health directive.
	7.	All Lines	Nebraska Department of Insurance issued a Notice on April 17, 2020.	Remotely-Proctored Exam Options Available Notice informs candidates for producer licenses that they may now take remotely-proctored exams called ProProctor.
	8.	All Lines	Nebraska Department of Insurance issued a Notice on May 1, 2020.	Reopening of Prometric Insurance Testing Centers in Nebraska Effective May 1, 2020, Prometric, the insurance producer licensing testing vendor for the Nebraska Department, will be reopening some of the insurance testing centers in the state. Virtual testing is also available.
	9.	All Lines	Nebraska Department of Insurance issued a Notice on July 28, 2020.	Extension to Waive Proctor Requirements for Licensed Producers Notice announces that Nebraska is extending the date to waive proctor requirements for continuing education self-study online courses from July 31, 2020 to September 30, 2020.
	10.	All Lines	Nebraska Department of Insurance issued a Notice to all producers licensed to write business in the State of Nebraska on October 1, 2020.	Waiver of Proctor Requirements for Nebraska Extended Through December 31, 2020 Nebraska Department of Insurance has extended the waiver of proctor requirements for continuing education self-study online courses from September 30, 2020 through December 31, 2020.
Nevada	1.	Health	Nevada Division Insurance issued an Emergency Regulation directed to health insurers on March 5, 2020.	Required Measures to be Taken by Health Insurers to Manage COVID-19 Outbreak Emergency Regulation directs health insurers to take the following measures: <ol style="list-style-type: none"> 1. Reduce cost-sharing for provider visits and testing for COVID-19, including not imposing out-of-pocket costs for such visits; 2. Inform providers and insureds of the measures that they are taking to respond to the COVID-19 outbreak; and 3. Provide off-formulary prescription drugs if there is not a formulary drug available to treat the insured.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	2.	All Lines	Commissioner of Nevada Division of Insurance issued an Order on March 18, 2020.	<p>Guidance Regarding Hearings During Outbreak</p> <p>Order states that any hearing request submitted to the Nevada Division during this time will not be processed until the Nevada Division reopens and the statutory deadline for setting the hearing will be tolled. All hearings currently scheduled or pending before the Nevada Division are continued.</p>
	3.	P&C	Commissioner of Nevada Division of Insurance issued a statement regarding P&C market on March 30, 2020.	<p>Guidance Regarding Consumer Service Obligations of Property and Casualty Carriers During Outbreak</p> <p>Statement encourages applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Provide an extended grace period before cancellation of coverage; 2. Provide flexibility with due dates for premiums; 3. Waive late fees and penalties; 4. Establish premium plans for premiums to avoid a lapse in coverage; and 5. Only cancel or non-renew if all other efforts are exhausted. 6. Statement also advises applicable carriers to take the following measures but requires notification from the carriers before such actions can be implemented: 7. Virtual inspections of property; 8. Use of electronic means for conducting inspections or audits; and 9. Increased use of electronic delivery methods for consumer notifications and interactions.
	4.	Health	Commissioner of Nevada Division of Insurance issued a statement regarding health market on March 30, 2020.	<p>Guidance Regarding Consumer Service Obligations of Property and Casualty Carriers During Outbreak</p> <p>Statement encourages applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Accommodate premium concerns due to financial hardships. Examples of such accommodations include: <ul style="list-style-type: none"> • Providing an additional 60-day grace period before cancellation of coverage; • Providing flexibility with due dates for premiums; • Waiving late fees and penalties; • Payment plans for premiums to avoid a lapse in coverage; • Only cancel or non-renew if all other efforts are exhausted; and • Encourage the use of electronic payments. 2. Support expanded use of telehealth services. Examples of such support include: <ul style="list-style-type: none"> • Proactively communicating with consumers regarding telehealth services available; and • Allowing for payments for out-of-network to be treated as in-network if the network is inadequate to provide services due to volume of COVID-19 treatments. 3. Eliminate or devise simplified preauthorization standards; 4. Permit employers to continue providing coverage to employees regardless to "actively at work" requirements; and 5. Take necessary steps to prevent disruption in drug access. Examples of such steps include: <ul style="list-style-type: none"> • Considering early refills or extra refills for prescriptions used for chronic health conditions for Nevadans who most likely would be affected by the COVID-19 virus; • Taking necessary steps to prevent disruption in drug access; and • Providing allowances for out-of-network pharmacy refills at network prices if in-network prescription supply chains are disrupted. <p>Statement also advises applicable carriers to take the following measures but requires notification from the carriers before such actions can be implemented:</p> <ol style="list-style-type: none"> 1. Use of electronic means for conducting inspections or audits; 2. Increased use of electronic delivery methods for consumer notifications and interactions; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				3. Allow for treatments, if necessary to be provided in non-traditional settings.
	5.	All Lines	Nevada Division Insurance issued an Update primarily regarding producer licensing on April 1, 2020.	Guidance Regarding Producer Licensing Update includes: (i) temporarily waives exam proctoring requirements for certain continuing education courses; (ii) allows for electronic renewals of licenses; and (iii) notifies producers that certain requirements (including fingerprinting requirements) have not been waived at this time.
	6.	Captives	Nevada Division Insurance issued a Notice regarding captive insurance on April 1, 2020.	Statement Regarding Nevada Health Insurance Market Due to COVID-19 Notice temporarily suspends requirement that a captive insurer's board of directors meet at least once each year in Nevada and allows such requirement to be accomplished through the use of a telephonic meeting presided over by the Nevada resident director.
	7.	All Lines	Nevada Division of Insurance issued a Notice on April 27, 2020.	Guidance Regarding Temporary Licensing for Individuals Due to COVID-19 Although the Nevada Division does not plan to waive the requirements for licensure, the Nevada Division's testing vendor, Pearson VUE, is offering individuals the opportunity to take insurance exams at another set of Test Centers within Nevada that have established safety protocols to prevent the spread of COVID-19.
	8.	All Lines	Nevada Division of Insurance issued a Bulletin on June 1, 2020 regarding compliance with corporate and financial filing requirements.	Guidance Regarding Compliance with Corporate and Financial Filing Requirements Bulletin advises insurance companies that flexibility will be allowed with respect to their compliance with certain corporate and financial filing requirements. Specifically, the Bulletin reminds insurance companies that, at this time, they are still required to make all required electronic filings with the NAIC (e.g., quarterly financial statements, audited financial statements), or for those that are not filed with the NAIC, with their assigned Division analyst. However, the Division is willing to allow insurers an additional 30 or 60 days (depending on the filing) to complete certain filings if the company files in writing a request for such an extension at least 10 days prior to when the filing is due. The Department reserves the right to deny any request for late filing based on the financial condition of the company or other unique circumstances that warrant such action. The Division generally instructs companies to file certain documents with notarized signatures. At this time, electronic notarization is encouraged in place of hard copy notarization. If an insurance company is unable to obtain notarization at this time, then it must timely file the relevant documents with the Division and follow with notarized, signed copies of such documents to the Division within 60 days of such filing. The Division will not conduct any on-site examination work that is contrary to the spirit of any public health directive and to facilitate this, insurers should be aware that the Division may need to request more information in electronic form. The Division expects independent auditors will take a similar position. The Division also acknowledges that, as more of its employees work from home, insurance company response times may be slower. To the extent an extension is needed for an examination related request, such company must communicate directly with the requesting examiner and send a copy of such request to the Division.
	9.	Health	Nevada Division of Insurance issued a Bulletin on July 27, 2020 regarding employee assistance programs.	Clarification on Provisions for Employee Assistance Programs The ongoing COVID-19 pandemic has greatly impacted the demand for counseling, mental health support and other services offered through employee assistance programs ("EAPs"). NAC 695F.500.4 of the Nevada regulations provides a limited health service exemption to EAPs if no individual employee or member of an employee's family consults with a representative, through the EAP, more than six occasions within any period of six months or as otherwise approved by the Commissioner due to a state of emergency or declaration of disaster as proclaimed by the Governor. The Governor of Nevada issued a Declaration of Emergency for COVID-19 on March 12, 2020. Given the Declaration of Emergency and the increase in the need for services caused either directly or indirectly by the COVID-19 pandemic, this Bulletin waives the limitation on the number of occasions within a six-month period currently in place. This waiver will remain in place until the Declaration of Emergency is lifted.
New Hampshire	1.	Health	New Hampshire Insurance Department issued an Emergency Order to all health carriers on March 10, 2020.	Recommendations to Health Insurers to Manage COVID-19 Outbreak Emergency Order advises all applicable carriers to take the following measures: <ol style="list-style-type: none">1. Keep their members informed with accurate information about coverage for COVID-19-related testing and treatment;2. Provide coverage, prior to application of any deductible and without cost-sharing, for the initial health care provider visit and test for their members who meet the CDC criteria for testing, as determined by the insured's health care provider;3. Ensure that their telehealth programs will be able to meet any increased demand;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 4. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; and 5. Ensure access to prescription drugs.
	2.	P&C	New Hampshire Insurance Department issued a Bulletin to property and casualty carriers on March 23, 2020.	<p>Guidance Regarding Audit Requirements</p> <p>Bulletin requests applicable carriers leverage virtual audits for the completion of any audits. The Bulletin further confirms that the New Hampshire Insurance Department will not take any regulatory action in regard to audits that cannot be completed within the 120-day time limit if such failure results from a documented COVID-19 concern.</p>
	3.	P&C	New Hampshire Insurance Department issued a Bulletin to property and casualty carriers on March 24, 2020.	<p>Guidance Regarding Title 37 Signature Requirements</p> <p>Bulletin reminds property and casualty carriers that New Hampshire's property and casualty laws do not require wet signatures.</p>
	4.	Health Life P&C	New Hampshire Insurance Department issued a Bulletin to all regulated insurance carriers on March 26, 2020.	<p>Guidance Regarding Financial Regulation Filing Requirements</p> <p>Bulletin allows annual and first quarter financial statements to be filed electronically and extends the deadline for holding company act filings to August 1, 2020.</p>
	5.	All Lines	New Hampshire Insurance Department issued a Bulletin to regulated insurance producers on March 30, 2020.	<p>Guidance Regarding Extension of Insurance Producer License Renewal Deadlines</p> <p>Bulletin extends deadlines for producer licenses due to be renewed by March 31, 2020 and April 30, 2020 by two months.</p>
	6.	Health	New Hampshire Insurance Department issued a Bulletin to prescription drug manufacturers on April 2, 2020.	<p>Guidance Regarding Release of New High-Cost Prescription Drugs</p> <p>For certain new prescription drugs whose cost exceeds a statutory threshold, notice must be provided to the New Hampshire Insurance Department within three days of the release of the drug into the commercial market. Within 30 days of such notification, the drug manufacturer must also provide the New Hampshire Insurance Department with:</p> <ol style="list-style-type: none"> 1. A description of the marketing and pricing plans used in the launch of the drug; 2. The estimated volume of patients who may be prescribed the drug; 3. Whether the drug was granted breakthrough therapy designation or priority review by the FDS prior to final approval; and 4. The date and price of acquisition if the drug was not developed by the manufacturer.
	7.	Health	New Hampshire Insurance Department issued a Bulletin on April 8, 2020.	<p>Guidance on the Implementation of Emergency Order #8</p> <p>Bulletin provides the following clarifications:</p> <ul style="list-style-type: none"> • Paragraph 2 of Emergency Order #8 allows providers to perform health care services through all modes of telehealth. Although several provider types are listed under this section of the order, the Department requires coverage of telemedicine services for all provider types when the services are covered under the health benefit policy and clinically appropriate through telehealth. • Paragraph 4 of Emergency Order #8 requires first dollar coverage for services provided through telehealth when treatment is "related to COVID-19." Treatment is related to COVID-19 if there is a COVID-19 diagnosis in any of the diagnosis fields on a claim. If this is the case, then the encounter should not be subject to cost-sharing. The requirement for no cost-sharing at the time of testing includes all services during the visit, regardless of the test result.
	8.	Health	New Hampshire Insurance Department announced that major medical insurers will waive the cost of COVID-19 treatment on April 9, 2020.	

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	9.	P&C	New Hampshire Insurance Department issued a Bulletin on April 10, 2020.	<p>COVID-19 Auto Insurance Payback and Credit Programs, Expedited Review</p> <p>Bulletin requires product filings be made with respect to any payback or credit programs established by carriers offering automobile insurance to reflect the reduced exposure to loss during the current COVID-19 pandemic. The New Hampshire Department will expedite (i.e. within one business day) its review of these product filings when they take one of the following three forms:</p> <ol style="list-style-type: none"> 1. An endorsement that attaches to all policies and effectuates a payback; 2. A rate filing that details the amount of premium reduction and effectuates a payback; or 3. A rate filing for a premium credit.
	10.	All Lines	New Hampshire Commissioner of Insurance issued Bulletin 20-26-AB on April 16, 2020.	<p>Guidance Regarding Compliance with Financial Regulation and Financial Examination Requirements During Pandemic</p> <p>Bulletin states that the New Hampshire Department will provide flexibility for licensed insurance entities by adjusting certain financial regulatory requirements with the understanding that it may request additional information to gather more details from companies and that such requests must be responded to in a timely fashion.</p> <p>Specifically, the New Hampshire Department is allowing certain financial statement filings to be made electronically, provided that hard copy filings are provided when normal business resumes. Insurers may receive up to 30 days to complete specific filings, provided that they request such an extension from the New Hampshire Department (which may be rejected).</p> <p>In addition, the New Hampshire Department may extend the filing deadline for the Corporate Governance Annual Disclosure filings and asks holding companies to contact the New Hampshire Department if it believes it may not be able to make its ORSA filings.</p> <p>The New Hampshire Department is also generally waiving wet signature and notarization requirements for filings, although it requests that such filings be resubmitted with these items once normal business resumes. Finally, the New Hampshire department also intends to not conduct any on-site examination work that conflicts with the spirit of any public health directive during the pandemic.</p>
	11.	P&C	New Hampshire Commissioner of Insurance issued Bulletin 20-030-AB on April 20, 2020.	<p>COVID-19 P&C Expedited Reviews and Application of Certain Unfair Insurance Trade Practices Laws</p> <p>The COVID-19 pandemic has altered insurers' assumptions about risks in various property and casualty lines. Insurers have, for example, made premium changes to automobile policies due to the reduced driving that has resulted from the Governor's stay-at-home order. Insurers have also provided some expanded coverages (examples: permitting some expanded commercial uses under personal lines automobile policies for delivery drivers and additional living expenses coverage for hospital workers under homeowners' policies) that are reasonably related to the COVID-19 pandemic without adding any rate to the policy. The Department encourages other insurers to follow suit where appropriate by making form and/or rate filings consistent with one of the approaches described in Bulletin 20-025-AB.</p> <p>The Department will not consider the above-detailed types of COVID-19-related changes to be unfairly discriminatory practices to the extent that they are reasonably and consistently applied. The Department will further not regard such reasonably and consistently applied COVID-19-related changes to be violations of statutes that govern the return of premium to policyholders, limit the frequency of premium changes or prohibit improper rebates to induce the purchase or retention of insurance so long as a filing is provided for expedited review.</p>
	12.	All Lines	New Hampshire Commissioner of Insurance issued Bulletin 20-034-AB on May 14, 2020.	<p>One Month Extension of Insurance Producer License Renewal Deadline for All Renewals Originally Due by May 31, 2020</p> <p>On March 30, 2020 the New Hampshire Department issued Bulletin Ins. No. 20-023-AB, extending the deadlines for insurance producer renewals that were due by March 31, 2020 and April 30, 2020.</p> <p>To further assist New Hampshire insurance producers with the business difficulties caused by COVID-19, the New Hampshire Department is extending the deadline for all insurance producers whose original renewal deadline was on May 31, 2020. The new renewal deadline for those producer licenses will be June 30, 2020. During this one month renewal extension period, those producer licenses will remain active in New Hampshire. As such, the New Hampshire Department will not take regulatory action against any RSA 402-J producer in regards to license renewal issues as long as the producer seeks renewal by the new renewal date of June 30, 2020.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	13.	All Lines	New Hampshire Commissioner of Insurance issued Bulletin 20-059-AB on July 16, 2020.	<p>Additional Guidance Regarding Filing Requirements</p> <p>Bulletin provides the following guidance with respect to second quarter financial statement filings:</p> <ol style="list-style-type: none"> Domestic insurance companies may file their second quarter financial statements (due August 15, 2020) by email, for which the date of receipt for statutory compliance will be the date of the electronic filing, though hardcopy filings must be provided when normal business resumes; and Foreign companies should file their second quarter financial statement through the NAIC portal, and, with respect to other filings which may normally require wet signatures, electronic signatures may be provided at this time, though original signatures must be provided when normal business resumes.
	14.	All Lines	New Hampshire Insurance Department issued a Bulletin to all domestic and foreign companies on October 6, 2020.	<p>Title 37 Financial Regulation Filing Requirements through November 30, 2020 During COVID-19 Pandemic (Financial Statement Filings Pursuant to RSA 400-A:36)</p> <p>Third Quarter Filings (due November 15, 2020)</p> <ul style="list-style-type: none"> For domestic companies, the New Hampshire Insurance Department will accept electronic filing of the Third Quarter filings due November 15, 2020 via email. The filing date for statutory compliance purposes will be the date of the electronic filing. Hardcopies should be filed when normal business resumes. Foreign Companies should continue to file their November 15, 2020 Third Quarter Statements in accordance with the guidance from the NAIC through the NAIC's financial statement portal. For financial filings that typically require a wet signature, an electronic signature will be accepted until original signatures can be provided when normal business resumes.
	15.	All Lines	New Hampshire Insurance Department issued a Bulletin to all insurers and third party administrators, as defined under RSA 402-H:1 on October 8, 2020.	<p>Third Party Administrator On-Site Audits</p> <p>Due to the COVID-19 state of emergency, the New Hampshire Insurance Department will not seek to enforce the requirement that an insurer perform an on-site audit of a third-party administrator, as specified under RSA 402-H:6, III. Rather, during the New Hampshire state of emergency, virtual audits will be sufficient to comply with RSA 402-H:6, III. Enforcement of on-site audits will resume when normal business resumes.</p>
New Jersey	1.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-03 to health insurance companies, health maintenance organizations, health service corporations and other entities issuing health benefits plans on March 10, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin advises applicable carriers to take the following actions:</p> <ol style="list-style-type: none"> Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Ensure utilization management decisions are made in a timely manner; Develop robust telehealth programs with their participating providers, where appropriate; Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; Provide coverage for prescription drugs to treat COVID-19 at a preferred level of cost-sharing to ensure that all available medically necessary drugs are available; Ensure (i) that coverage for emergency services in hospital facilities is provided at the in-network cost-sharing (even if the hospital is out-of-network or overseas), and (ii) that no insurer requires a patient to seek preauthorization prior to seeking emergency care; and Ensure that providers do not balance bill-covered persons for emergency or inadvertent out-of-network services related to the diagnosis, testing and treatment of COVID-19.
	2.	P&C	New Jersey Assembly Bill A-3844 introduced on March 16, 2020.	<p>Proposed State Legislation to Manage COVID-19 Outbreak</p> <p>Bill A-3844 provides a framework for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it will be retroactive for any insured with a business interruption policy in place from March 9, 2020, when the New Jersey Governor first declared a public health emergency and a state of emergency due to the virus. The bill would apply to New Jersey businesses with less than 100 eligible employees, meaning full-time employees working a normal week of 25 hours or more.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	3.	Health Life P&C	New Jersey Department of Banking and Insurance issued Bulletin No. 20-04 to all regulated entities on March 19, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin encourages regulated entities to, consistent with prudent insurance practices:</p> <ol style="list-style-type: none"> 1. Relax due dates for premium payments and insurance policy based loan payments; 2. Extend grace periods; 3. Waive late fees and penalties; 4. Allow forbearance with regard to the cancellation/non-renewal of policies; 5. Allow payment plans for premium payments; 6. Extend timeframes to complete property and automobile inspections or undergo medical exams; and 7. Exercise judicious efforts to assist affected policyholders and work with them to make sure that their insurance policies do not lapse.
	4.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-07 to carriers which offer health insurance on March 22, 2020.	<p>Required Actions Regarding Telehealth Services by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Review their telemedicine and telehealth networks to ensure adequacy, given the apparent increased demand, as well as grant any requested in-plan exceptions for individuals to access out-of-network telehealth providers if network telehealth providers are not available; 2. Cover, without cost-sharing any health care services or supplies delivered or obtained via telemedicine or telehealth; 3. Encourage their network providers to utilize telemedicine or telehealth services wherever possible and clinically appropriate; 4. Update their policies to include reimbursement for telehealth services that are provided by a provider in any manner that is practicable; 5. Reimburse providers that deliver covered services to members via telemedicine or telehealth; 6. Ensure that the rates of payment to in-network providers for services delivered via telemedicine or telehealth are not lower than the rates of payment established by the carrier for services delivered via traditional (i.e., in-person) methods; 7. Refrain from imposing any restriction on the reimbursement for telehealth or telemedicine that requires that the provider who is delivering the services be licensed in a particular state; and 8. Refrain from imposing prior authorization requirements on medically-necessary treatment that is delivered via telemedicine or telehealth.
	5.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-08 to all carriers which offer health insurance on March 24, 2020.	<p>Guidance Regarding Temporary External Appeal Procedures</p> <p>Bulletin temporarily allows requests for internal appeals of internal adverse benefit determinations to be submitted to the New Jersey Department via email.</p>
	6.	Health	New Jersey Governor issued Executive Order No. 123 on April 9, 2020.	<p>Moratorium on the Cancellation of Insurance Policies</p> <p>Executive Order directs carriers to refrain from cancelling any policy or contract for non-payment for a period of time, to exercise appropriate forbearances on collection documentation, to amortize any unpaid payments, and to refrain from seeking recoupment of any unpaid claims paid during the emergency grace period.</p>
	7.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-11 on April 10, 2020.	<p>Guidance Concerning Circumstances Related to the COVID-19 Pandemic (Individual Market)</p> <p>Standard individual health benefits plans include a 31-day grace period, with the grace period increased to 90 days when the individual policyholder is receiving advanced premium tax credits ("APTC"). Bulletin requires an extension of these grace periods for a variety of circumstances, including:</p> <ol style="list-style-type: none"> 1. With respect to individual market policyholders that do not receive APTC, the current 31-day grace period must be extended to a period of at least 60 calendar days. During this period, a carrier may not terminate a policy for non-payment of premium. 2. With respect to individual market policyholders that receive APTCs, currently the federally required grace period is 90 days. The New Jersey Department is requiring carriers to provide a one-month delay of initiation of the 90-day grace period for any policyholders that have missed a premium payment. <p>After the extended grace period, policyholders must be offered the option of amortizing any unpaid premium over the remaining months of the policy.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Carriers are not to seek recoupment from policyholders for the cost of claims incurred during this extended grace period and are not to report late payments to credit reporting agencies.</p> <p>Further, triggering events are events that allow for a special enrollment period (a "SEP"). There are a variety of impacts associated with COVID-19 that will cause a triggering event. The New Jersey Department encourages carriers to review all possible triggering events to determine if an SEP is available to provide access to coverage for impacted individuals.</p>
	8.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-12 on April 10, 2020.	<p>Guidance Concerning Circumstances Related to the COVID-19 Pandemic (Small Employer Market)</p> <p>Bulletin advises applicable carriers to take the following actions:</p> <ol style="list-style-type: none"> 1. As it relates to 2020 renewals, carriers must deem all small employers that have group plans with anniversary dates occurring during the month of March through the end of the state of emergency period as eligible for renewal; 2. As it relates to 2021 renewals, the employees of an inforce group are reviewed annually prior to renewal with the renewal review starting about 150 days prior to renewal, so when groups are renewing in 2021 and the business days in 2020 are reviewed, the State of Emergency period must be excluded from review; 3. As it relates to waiting periods, a small employer that lays off one or more employees may seek to rehire those employees once business resumes operations, so carriers must waive any applicable waiting period that would apply to employees who were laid off after March 1, 2020 and again become full-time employees eligible for health insurance under the small employer's policy; 4. As it relates to active work requirements, employees who are furloughed or temporarily laid off during the public health emergency are not required to be found ineligible under HIPAA due to not being actively at work, so employers who continue to cover furloughed or temporarily laid-off employees must remit the required premium for such coverage to the carrier; 5. Carriers must relax the full-time requirement to allow continued employee coverage for employees whose hours have been reduced. The reduced hour requirements would apply only to employees who are currently covered and whose hours have been reduced. By relaxing the full-time requirements, the employee may remain covered under the group policy without having to elect COBRA; and 6. Carriers shall make available an emergency 60-day grace period to any small employer that requests it.
	9.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-13 on April 10, 2020.	<p>Guidance Concerning Circumstances Related to the COVID-19 Pandemic (Large Employer Market)</p> <p>Bulletin advises carriers currently evaluating large group renewals occurring later this year to consider one or more of the following provisions:</p> <ol style="list-style-type: none"> 1. Carriers must deem all employers that have policies with anniversary dates occurring during the month of March through the end of the state of emergency period as eligible for renewal. Carriers must rescind termination notices that may already have been sent to employers with anniversary dates occurring during the month of March and through the end of the state of emergency period. Those employers shall be deemed eligible. If a group wishes to terminate its policy the employer must submit a written termination letter to the carrier prior to the renewal date. Carriers must delay renewal reviews as may be necessary during the state of emergency; 2. Carriers may relax the full-time requirement to allow continued employee coverage. By relaxing the full-time requirements, the employee may remain covered under the group policy without having to elect COBRA; 3. Carriers are required to waive any applicable waiting period that would apply to employees who were previously laid off as a result of the pandemic and again become full-time employees eligible for health insurance under the employer's plan; and 4. Carriers shall make available an emergency 60-day grace period to any policyholder that has been financially or physically impacted by COVID-19.
	10.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-14 on April 10, 2020.	<p>Response to COVID-19 Regarding Medicare Supplement</p> <p>Medicare supplement plans provide a 31-day grace period consistent with New Jersey law at N.J.S.A. 17B:26-6 which governs individual Medicare Supplement plans and N.J.S.A. 17B:2737 which governs group Medicare Supplement plans. In the case of a 31-day grace period, the policyholder has 31 days from the due date in which to pay the premiums. While the state of emergency is in effect, the New Jersey Department is directing carriers to provide a 60-day grace period during which Medicare Supplement plans may not be terminated for non-payment of premium.</p> <p>After the 60-day emergency grace period, a policyholder must be offered the option of amortizing any unpaid premium over the remaining months of the policy, but for not less than six months.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Carriers are directed that they are not to seek recoupment from any policyholder for any claims incurred during this emergency grace period.</p> <p>Carriers are further directed to, in addition to posting information on the carrier's website, provide each policyholder with an easily readable written description of the terms of the extended grace period offered, which shall be submitted to the New Jersey Department through SERFF as an informational filing.</p>
	11.	P&C	New Jersey Department of Banking and Insurance issued Bulletin No. 20-15 on April 10, 2020.	<p>90-Day Grace Period for Property and Casualty Insurance Premium Payments Due to the Disruption Caused by COVID-19</p> <p>In response to the disruption caused by COVID-19, the New Jersey Department is directing all licensed property and casualty insurance carriers to provide their insureds who may be experiencing a financial hardship due to COVID-19 with at least a 90-day grace period to pay insurance premiums.</p> <p>A policyholder may elect this 90-day emergency grace period to begin retroactively on April 1, 2020 or opt for the grace period to begin on May 1, 2020. During this extended grace period, insurers shall not cancel any insurance policy for non-payment.</p> <p>Insurers are also directed to:</p> <ol style="list-style-type: none"> 1. Waive late payment fees otherwise due, and not report late payments to credit rating agencies, during the 90-day period; 2. Allow premiums due but not paid during the 90-day period to be paid over the remainder of the current policy term or up to 12 months in up to 12 equal installments, whichever is longer, except that an insurer may permit a longer repayment period; and 3. Ensure that late payments during the 90-day period are not considered in any future premium calculations at any time. <p>Insurers are directed, in addition to posting information on their website, to provide each policyholder with an easily readable written description of the terms of the extended grace period offered, which must be submitted to the Insurance Department through SERFF as an informational filing.</p> <p>To eliminate the need for in person payment methods, in order to protect the safety of workers and customers, all agents, brokers, and other licensees who accept premium payments on behalf of insurers must take steps to ensure that customers able to make payments have the ability to make prompt insurance payments through alternate methods of payment, such as online payments.</p>
	12.	Life	New Jersey Department of Banking and Insurance issued Bulletin No. 20-16 on April 10, 2020.	<p>90-Day Grace Period for Life Insurance Premium Payments Due to the Disruption Caused by COVID-19</p> <p>In response to the disruption caused by COVID-19, the New Jersey Department is directing all licensed life insurers to provide their policyholders or certificate holders who may be experiencing a financial hardship due to COVID-19 with at least a 90-day grace period to pay life insurance and annuity contracts premiums.</p> <p>A policyholder may elect this 90-day emergency grace period to begin retroactively on April 1, 2020 or opt for the grace period to begin on May 1, 2020. During this extended grace period, life insurance companies cannot cancel any insurance policy for non-payment of premium.</p> <p>Insurers are directed to:</p> <ol style="list-style-type: none"> 1. Waive late payment fees otherwise due, including any interest permitted pursuant to N.J.S.A.17B:25-3, and not report late payments to credit rating agencies, during the 90day period; 2. Allow premiums due but not paid during the 90-day period to be paid over the course of the following year in up to 12 equal installments, except that an insurer may permit a longer repayment period; and 3. Extend to 90 days the period to exercise policyholder and contract holder rights and benefits under life insurance and annuity contracts. <p>Insurers are further directed to, in addition to posting information on their website, provide each policyholder with an easily readable written description of the terms of the extended grace period offered, which shall be submitted to the Insurance Department through SERFF as an informational filing.</p> <p>To eliminate the need for in person payment methods, in order to protect the safety of workers and customers, all agents, brokers, and other licensees who accept premium payments on behalf of insurers must take steps to ensure that customers able to make payments have the ability to make prompt insurance payments through alternate methods of payment, such as online payments.</p>
	13.	Life	New Jersey Department of Banking and Insurance issued Bulletin No. 20-17 on April 10, 2020.	<p>90-Day Grace Period to Clients of Insurance Premium Finance Companies Due to the Disruption Caused by COVID-19</p> <p>Currently, an insurance premium finance company may cancel an insurance contract for failure to pay premium upon not less than 10 days' notice. In response to the disruption caused by COVID-19, all licensed insurance premium finance companies are directed to provide their clients who are experiencing a financial hardship due to COVID-19 with a 90-day grace period to pay for their insurance premiums</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Insurance premium finance companies are also directed to:</p> <ol style="list-style-type: none"> Waive late payment fees, finance charges, and delinquency charges otherwise due, and not report late payments to credit rating agencies, during the 90-day period; Allow premiums due but not paid during the 90-day period to be paid over either 12 months or the remainder of the current policy term, whichever is longer, except that a premium finance company may provide a longer repayment period; and Ensure that late payments during the 90-day period are not considered in any future premium calculations at any time. <p>Insurance premium finance companies are directed to, in addition to posting information on the its website, provide each policyholder with an easily readable written description of the terms of the extended grace period offered, which shall be submitted to the Insurance Department.</p> <p>To eliminate the need for in person payment methods, in order to protect the safety of workers and customers, all agents, brokers, and other licensees who accept premium payments on behalf of insurers must take steps to ensure that customers able to make payments have the ability to make prompt insurance payments through alternate methods of payment, such as online payments.</p>
	14.	P&C	New Jersey Department of Banking and Insurance issued Bulletin No. 20-19 to all automobile insurers that provide medical expense benefits under Personal Injury Protection coverage on April 24, 2020.	<p>Use of Telemedicine and Telehealth During the COVID-19 Pandemic – Personal Injury Protection Coverage</p> <p>Effective immediately and continuing for the duration of the state of emergency and public health emergency, the Department is requiring that personal injury protection (“PIP”) carriers:</p> <ul style="list-style-type: none"> Review or establish their telemedicine and telehealth networks to ensure adequacy given the increased demand; Encourage network providers to utilize telemedicine or telehealth services wherever possible and clinically appropriate to diagnose and treat PIP injuries during the ongoing public health emergency; Update their procedures to include reimbursement for telehealth services that are provided by a provider in any manner that is practicable and appropriate, including by telephone. PIP carriers should disseminate information on their website, or other reasonable means, to notify individuals of these updates. PIP carriers are required to update telehealth policies to include telephone-only services within the definition of telehealth; Reimburse providers that deliver covered services to claimants via telemedicine or telehealth. Carriers may establish requirements for such telemedicine and/or telehealth services, but such requirements may not be more restrictive than those for in-person services. Carriers are not permitted to impose any specific requirements on the technologies used to deliver telemedicine and/or telehealth services (including any limitations on audio-only or live video technologies) during the state of emergency and public health emergency; Ensure that the payment to providers for services delivered via telemedicine or telehealth are not lower than would typically be paid for services rendered via traditional (i.e., in-person) methods, and notify providers of any instructions that are necessary to facilitate billing for such telehealth services; Not impose any restriction on the reimbursement for telehealth or telemedicine that requires that the provider who is delivering the services be licensed in a particular state, so long as the provider is in compliance with P.L. 2020, c. 4 and this Bulletin; and Not impose additional prior authorization requirements on medically-necessary treatment that is delivered via telemedicine or telehealth, instead of via traditional methods, during this public health emergency.
	15.	All Lines	New Jersey Department of Banking and Insurance issued Bulletin No. 20-20 to all insurance producers on May 1, 2020.	<p>Extension of Insurance Producer License Terms and Waiver of Independent Monitor for Continuing Education Courses</p> <p>The New Jersey Department announced that it is taking the following actions:</p> <ol style="list-style-type: none"> Entities whose insurance producer licenses expire on May 31, 2020 are granted a three-month extension to August 31, 2020 for this licensing term only. For the next licensing term, entities must renew their licenses by May 31, 2022; Individuals whose insurance producer licenses expire on or between March 31, 2020 and June 30, 2020 are granted a three-month extension of their license term. For the next licensing term, the licensee must renew his or her license by April 30, 2022; and With respect to self-study courses taken from March 9, 2020 through June 30, 2020, the New Jersey Department is waiving the requirement that self-study continuing education courses culminate in a monitored examination of the material presented. In order to facilitate social distancing as mandated by Executive Order 107, the examination does not need to be monitored.
	16.	All Lines	New Jersey Department of Banking and Insurance issued Bulletin No. 20-	<p>Guidance Regarding Temporary Insurance Producer Licenses</p> <p>Bulletin establishes the process to apply for, and the criteria for the issuance of, a temporary resident producer license.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			21 to all insurance producers on May 1, 2020.	
	17.	P&C (including Surplus Lines)	New Jersey Department of Banking and Insurance issued Bulletin No. 20-22 on May 12, 2020.	<p>Premium Refunds, Credits and Reductions in Response to COVID-19 Outbreak</p> <p>The New Jersey Department orders insurers to make an initial premium refund or other adjustment to all adversely-impacted New Jersey policyholders, and for each month that the public health emergency is in effect, in the following lines of insurance, as quickly as practicable, but in any event no later than June 15, 2020:</p> <ul style="list-style-type: none"> • Private passenger automobile insurance; • Commercial automobile insurance; • Workers' compensation insurance; • Commercial multiple-peril insurance; • Commercial liability insurance; • Medical malpractice insurance; and • Any other line of coverage where the measures of risk have become substantially overstated as a result of the COVID-19 pandemic. <p>Insurers may comply with the mandated premium refund to policyholders by providing a premium credit, reduction, return of premium, dividend or other appropriate premium adjustment, based on:</p> <ul style="list-style-type: none"> • Reclassification of exposures to comport with current exposure; or • Reduction of the exposure base (miles driven, payroll, receipts, etc.) to reflect actual or anticipated exposure. <p>Insurers may begin refunding premiums without prior approval by the New Jersey Department if they apply a uniform premium reduction for all policyholders in an individual line of insurance, for recent, current and upcoming policy periods or any portion thereof.</p> <p>Insurers may also provide premium relief to individual policyholders without prior approval by the New Jersey Department by reassessing the classification and exposure bases of affected risks on a case-by-case basis for recent, current and upcoming policy periods or any portion thereof, in accordance with existing rating plans. Where there are risk misclassifications resulting in premium overcharges, insurers should immediately reclassify risks and adjust premium. Some examples include:</p> <ul style="list-style-type: none"> • Reclassifying a personal automobile exposure from "commute use" to "pleasure use"; • Reclassifying a physician practice to part-time status; or • Excluding payroll for employees who are being paid, but not actively working. <p>Whether choosing one of the above-described approaches, or an alternative approach, insurers must, no later than June 15, 2020, provide each affected policyholder with a notification of the amount of the refund or adjustment. Premiums can be returned to policyholders via check, premium credit, reduction, return of premium or other appropriate premium adjustment. In addition, insurers must provide an explanation of the basis for the adjustment, including a description of the policy period that was the basis of the premium refund and any changes to the classification or exposure basis of the affected policyholder. The insurer must further offer each insured the opportunity to provide their individual actual or estimated experience.</p> <p>For any insurer that can demonstrate its rates are not excessive, inadequate or unfairly discriminatory, or otherwise contends it should not be subject to the terms of this Bulletin, it must submit its basis for such contention and supporting documentation by June 1, 2020.</p>
	18.	P&C (including Surplus Lines)	New Jersey Department of Banking and Insurance issued Order A20-03 on May 12, 2020	<p>Request for Certain Information from All Licensed, Admitted and Surplus Lines Insurers Transacting Property and Casualty Insurance Coverage in New Jersey</p> <p>1. Insurer groups with more than \$20,000,000 in written premiums for 2019 for all property/casualty lines combined, must provide to the New Jersey Department data regarding New Jersey claim activity and New Jersey premium collection activity for the following three time periods: a) January 1, 2020 to March 21, 2020; b) March 22, 2020 to the date of the report; and c) the same time period as provided in b) however for 2019. Insurer groups' reports should provide data for these time periods, or as close as practicable. These data reports shall be provided bi-weekly on the following dates: May 19, June 2, June 16, June 30, July 14, July 28, August 4, August 18, September 1 and September 15.</p> <ul style="list-style-type: none"> • The data provided in each report must be the most current available through the preceding week's end.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>2. All insurer groups and the New Jersey Personal Automobile Insurance Plan (“PAIP”) and Commercial Auto Insurance Plan (“CAIP”) must provide to the Department a report containing all actions taken and contemplated future actions, to reduce premium in response to or consistent with Bulletin No. 20-22. These reports shall be due on June 1, July 1, August 1 and September 1.</p> <ul style="list-style-type: none"> The information provided in each report must reflect activity through the preceding month’s end. <p>All reports submitted pursuant to sections 1 and 2 above may be submitted on an insurer group basis. Insurer information supplied in accordance with this Order will be kept confidential to the extent allowed by applicable state law.</p> <p>Failure to comply with the terms of the Order may result in the imposition of penalties as authorized by law.</p>
	19.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-24 on May 13, 2020.	<p>Response to COVID-19 (Supplement to Bulletin 20-03)</p> <p>In order to continue to ensure that cost-sharing is not a barrier to consumers receiving screening and testing for COVID-19 as testing procedures expand and develop throughout New Jersey, and consistent with federal guidance implementing the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, the New Jersey Department is expanding the requirements in Bulletin 20-03 to require carriers to cover, without cost-sharing, prior authorization or other medical management requirements, any SARS-COV-2 molecular test authorized pursuant to the DOH standing order. This requirement includes such testing, regardless of site as authorized by the Department of Health (“DOH”) Standing Order, including tests administered at any in- or out-of-network community-based, county testing or private testing site, (including, but not limited to, in- and out-of-network hospitals, provider offices, urgent care centers and pharmacies), and includes items and services furnished to an individual during such visits that result in an order for or administration of a SARS-COV-2 molecular test. Carriers must treat any such test authorized pursuant to the DOH standing order as medically appropriate for the individual. Carriers must not impose cost-sharing for SARS-COV-2 molecular tests provided by in-network or out-of-network laboratories.</p> <p>Carriers must not require a prescription or prior authorization or employ any other medical management for any SARS-COV-2 molecular test administered pursuant to the DOH standing order. Carriers are also advised to notify, as expeditiously as possible, the carrier’s contracted providers that the carrier is waiving cost-sharing as described above.</p> <p>Bulletin No. 20-03 remains in effect, as supplemented.</p>
	20.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 20-27 on May 28, 2020.	<p>60-Day Grace Period For Health Insurance Policies Due to the COVID-19 Outbreak</p> <p>Bulletin applies to insurance products that are not otherwise addressed in Bulletin Nos. 20-11 (Individual Market), 20-12 (Small Employer Market), 20-13 (Large Employer Market) or 20-14 (Medicare Supplement).</p> <p>In response to the disruption caused by COVID-19, the New Jersey Department is directing carriers to:</p> <ul style="list-style-type: none"> Provide policyholders with a 60-day emergency grace period to pay premiums (A policyholder may elect to begin this emergency grace period retroactively on April 1, 2020 or May 1, 2020); Provide full coverage and pay claims during the 60-day emergency grace period; Not cancel any policy for non-payment of premium; Apply any legally required grace period that the carrier may have already granted for April 2020 premiums toward the 60-day emergency grace period; Offer policyholders, after the 60-day emergency grace period, the option of amortizing any unpaid premium over the remaining months of the policy, but for not less than 6 months (If less than 6 months remain on the policy, the carrier must allow at least 6 months for the deferred premium to be paid); Not seek recoupment from any policyholder for any claims incurred during the 60-day emergency grace period; Provide each policyholder with an easily readable written description of the terms of the extended grace period offered pursuant to this guidance (in addition to posting information on their website). <p>To eliminate the need for in-person payments, all agents, brokers and other licensees who accept premium payments on behalf of carriers must take steps to ensure that customers who are able to make payments have the ability to make prompt insurance payments through alternate methods of payment, such as online payments.</p>
	21.	All Lines	New Jersey Department of Banking and Insurance issued Bulletin No. 20-28 on August 3, 2020.	<p>Temporary Insurance Producer License—Electronic Application Procedure</p> <p>Due to the COVID-19 outbreak, all New Jersey producer examination testing centers continue to have limited capacity. Individual applicants who wish to receive a New Jersey temporary resident insurance producer license that meet the qualifications set forth in Bulletin No. 20-21, or a sponsoring insurer, acting on behalf</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>of the applicant, may electronically submit an application to obtain the producer license through NIPR. Only sponsoring insurers, acting on behalf of an applicant, may submit a paper application to the New Jersey Department.</p> <p>Bulletin also sets out: (1) the qualifications of and procedures for applicants requesting a temporary insurance producer license; (2) electronic application procedures to be used through NIPR and applicable timelines; (3) terms and conditions for sponsoring insurers and temporary producer licensees; and (4) procedures for becoming fully-licensed insurance producers after issuance of a temporary insurance producer license.</p>
	22.	All Lines	New Jersey Department of Banking and Insurance issued Bulletin No. 20-29 to all insurance producers on August 10, 2020.	<p>Extension of Waiver of Independent Monitor for Continuing Education Courses</p> <p>The New Jersey Department announced, with respect to self-study courses taken during the duration of the public emergency, that it is continuing to waive the requirement that self-study continuing education courses culminate in a monitored examination of the material presented and will continue this waiver for as long as the public emergency continues to be extended.</p>
	23.	All Lines	New Jersey Department of Banking and Insurance issued Bulletin No. 20-32 to all insurance producer and public adjuster license candidates required to take an examination, insurance education schools, insurers and other interested parties on September 11, 2020.	<p>Remote Testing Option for Insurance Producer and Public Adjuster License Candidates</p> <p>This Bulletin provides notice to applicants for licensure as insurance producers or public adjusters that they will have the option of taking the appropriate licensing examination either remotely or in-person.</p>
	24.	Health	New Jersey Department of Banking and Insurance issued Bulletin No. 21-01 to all health insurance companies, health maintenance organizations, health service corporations and any other entities issuing health benefits plans in New Jersey on January 7, 2021.	<p>Coverage for COVID-19 Immunizations</p> <p>Bulletin provides guidance to all health insurance companies, health maintenance organizations, health service corporations and other entities issuing health benefit plans in New Jersey related to coverage for qualifying coronavirus preventative services, including COVID-19 immunizations. In accordance with state and federal law, carriers, including self-funded health plans, must not apply any cost sharing, including but not limited to copays, coinsurance and deductibles for qualifying coronavirus preventive services delivered by any in-network or out-of-network health care providers. The Bulletin cites the following requirements relating to immunizations:</p> <p>State Law Requirements</p> <ul style="list-style-type: none"> • P.L. 2019, c. 360 codified into state law certain provisions of the Affordable Care Act, which require, among other things, that carriers cover certain preventive services without cost sharing, including evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, as well as, immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices ("ACIP") of the Centers for Disease Control and Prevention ("CDC"). • Under State law, carriers must cover recommended childhood and adult immunizations. <p>CARES Act Requirements</p> <ul style="list-style-type: none"> • The CARES Act requires carriers to cover COVID-19 immunizations and their administration at no cost-sharing under all group and individual comprehensive health insurance policies and contracts once recommended by ACIP. • Carriers must cover the administration of the immunization by any provider enrolled in the CDC COVID-19 Vaccination Program. These providers have agreed to administer a COVID-19 immunization regardless of health insurance coverage status and may not seek any reimbursement, including through balance billing, from an immunization recipient. • Coverage at no cost-sharing is required regardless of how the immunization and administration are billed, and even if multiple doses are required to provide a complete immunization. • Carriers must cover, without cost sharing, items and services that are integral to the furnishing of a recommend preventive service, including a recommended COVID-19 immunization. • If the primary purpose of an office visit is the delivery of the COVID-19 immunization, then carriers may not impose cost-sharing requirements with respect to the office visit.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> COVID-19 immunizations and their administration are required to be covered when provided by out-of-network providers for the duration of the public health emergency for COVID-19. Reimbursement for out-of-network providers must be made in an amount that is reasonable, as determined by comparison to prevailing market rates. The federal rules indicate that the federal departments will consider the amount of payment to be reasonable if the carrier pays the provider the amount that would be paid under Medicare for the item or service (The federal departments are seeking comment on this approach prior to adopting final rules). The federal requirement for out-of-network coverage ends when the public health emergency is terminated. The CARES Act requires coverage of any COVID-19 immunization and its administration within 15 business days after the immunization has been recommended by ACIP. However, given the severity of the COVID-19 pandemic and the urgent need for insureds to obtain the immunization, carriers should cover any COVID-19 immunization immediately upon ACIP's recommendation rather than wait 15 business days. <p>New Jersey Department Requirements</p> <ul style="list-style-type: none"> Carriers should assess their readiness, and take all steps necessary to ensure that insureds have access to coverage for COVID-19 immunizations and their administration without cost-sharing. Carriers should provide insureds with information about how to access their coverage, without cost-sharing, for COVID-19 immunizations and their administration. For vaccines that require multiple doses, carriers should communicate, and encourage providers to communicate, to insureds to get both doses of the same vaccine. Carriers should provide timely information to providers describing how to submit claims for reimbursement for COVID-19 immunizations (unless the immunizations are paid for by a third party, such as the federal government) and their administration, including at any alternate sites of care, and reminding providers that they are prohibited from balance-billing insureds. If the New Jersey Governor authorizes the expansion of the scope of practice for a provider to administer the COVID-19 immunization or authorizes the use of an alternate site of care, carriers should cover immunizations administered by that provider or at the alternate site of care in accordance with this Bulletin.
New Mexico	1.	Health	New Mexico Office of Superintendent of Insurance ("OSI") issued Bulletin 2020-004 to all health insurers licensed to sell in the state on March 6, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin advises applicable carriers to take the following actions:</p> <ol style="list-style-type: none"> Provide members with information on COVID-19 that follows the guidance issued by the New Mexico Department of Health and the CDC websites on the virus; Advise network providers of the public health recommendations and protocols found on the NMDOH and CDC website; Ensure that internal systems and those of network providers are able to bill and process the new COVID-19 billing codes; Ensure that all preparedness and continuing operation plans are current and shared with staff, network partners and producers; Ensure that insureds who may be in a COVID-19 waiting period of self-isolation can obtain a one-time refill of their covered prescription medications prior to expiration of the normal refill waiting period; and Be familiar with and respond affirmatively to the March 5 statement of the Board of Directors of America's Health Insurance Plans on COVID-19.
	2.	Health	New Mexico OSI issued Bulletin 2020-005 to all health insurers licensed to sell in the state on March 17, 2020.	<p>Guidance Regarding Utilization and Reimbursement of Telemedicine</p> <p>Bulletin encourages the use of telemedicine by health insurers with identical reimbursement to the provision of in-person services.</p>
	3.	Health Life P&C	New Mexico OSI issued Bulletin 2020-006 to all regulated insurance entities on March 20, 2020.	<p>Request Regarding Consumers Affected by Emergency</p> <p>Bulletin requests all applicable carriers to refrain from cancelling or non-renewing policies of businesses and individuals negatively impacted by the disruption due to the non-payment of premiums during this emergency or at a minimum, provide extended grace periods for payment of premiums.</p> <p>Bulletin further encourages implementing these practices as soon as possible and consider extending them for a minimum of 30 days after the emergency is declared over.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	4.	Health Life P&C	New Mexico OSI issued Bulletin 2020-007 to all regulated insurance entities on March 23, 2020.	Guidance Regarding Closing of All Businesses Bulletin notes that insurance entities are considered “essential businesses” and may keep their physical offices open, should they believe it to be necessary.
	5.	Health	New Mexico OSI issued Bulletin 2020-008 to all health insurers on April 1, 2020.	Guidance Regarding Short-Term Support of Hospitals and Providers Bulletin urges applicable insurers to take the following measures to speed payments to hospitals and streamline administration: <ol style="list-style-type: none"> 1. Accelerate claims processing and payment times from 30 days to 10 or 15 days; 2. Limit administrative burdens including by (i) reducing or eliminating prior authorization requirements, and (ii) suspending concurrent and retrospective reviews; 3. Revise processes to facilitate speed to discharge of patients; 4. Consider advancing payments to hospitals in the form of periodic interim payments based on historical payments; 5. Implement emergency credentialing and enrollment to ensure that all available providers are able to care for patients; 6. Clarify that coverage and cost-sharing decisions will be made on presenting symptoms (as opposed to final diagnosis); and 7. Enhance access to care by allowing members to use out-of-network providers (utilizing in-network benefits) for (i) testing, diagnosis and treatment of COVID-19 and (ii) diagnosis and treatment of other illnesses, injuries or conditions where in-network providers are not reasonably available as a result of actions taken in response to the pandemic.
	6.	Health	New Mexico Superintendent of Insurance issued a News Release on April 13, 2020.	Promotion of Health Coverage with State Partners News release provides information for New Mexico residents regarding three options for health coverage (beyond workplace coverage) for those who have lost insurance or income: <ol style="list-style-type: none"> 1. Coverage through the Medicaid program; 2. If an individual does not qualify for Medicaid, coverage through the New Mexico Health Insurance Exchange (known as beWellnm); or 3. If an individual does not qualify for Medicaid or beWellnm, coverage through the New Mexico Medical Insurance Pool.
	7.	Health	New Mexico OSI issued Bulletin 2020-009 to all health insurers on April 20, 2020.	Guidance Prohibiting Surprise Billing for Care Received Out-of-Network as a Result of COVID-19 The New Mexico OSI announced new requirements for all major health insurance carriers that are subject to New Mexico jurisdiction to cover expenses for out-of-network care received as a result of COVID-19. In recognition of capacity restraints on providers, the new guidance also orders insurance carriers to cover out-of-network bills where a consumer cannot receive in-network care for other conditions due to the COVID-19 crisis. The new guidance directs carriers to grant in-network providers the flexibility to refer patients to appropriate care, which may be out-of-network, as pressures on the health care system grow during the COVID-19 crisis. As the COVID-19 emergency continues, and triage systems are put in place, hospitals may route those seeking care to other facilities, including out-of-network facilities or providers; insurance carriers have the responsibility to cover these services. If a covered person is referred to one of the state-sanctioned or created COVID-19 emergency treatment centers, such centers must be treated as in-network providers. Carriers must reimburse other out-of-network providers, including facilities, using the surprise billing rate described in Section 59A-57A-13, NMSA 1978. A health care provider that knowingly surprise bills a patient for out-of-network care may be subject to a fine pursuant to Section 59A-16-21.3, NMSA 1978.
	8.	All Lines	New Mexico OSI issued Bulletin 2020-010 to all health insurers on April 21, 2020.	Regulatory Compliance/Government Relations Contact and Communication To ensure the efficient distribution of COVID-19 Bulletins and Directives, each New Mexico authorized insurer must designate at least one individual, position or department to serve as its Regulatory Compliance/Government Relations contact. The contact person(s) will receive broadly disseminated directives from the OSI concerning regulatory matters. Within one week of the publication of this Bulletin, each such contact must subscribe to the “Regulatory Compliance/Government Relations” newsletter through the OSI webpage.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	9.	P&C	New Mexico OSI issued Bulletin 2020-011 to all insurers on April 29, 2020.	<p>Commercial Premium Adjustments and Midterm Premium Audits as a Result of COVID-19 Outbreak</p> <p>For policies calculated using an auditable exposure, such as payroll or sales, which may have changed as a result of the COVID-19 outbreak, the Superintendent encourages insurers to:</p> <ol style="list-style-type: none"> 1. Conduct midterm premium audits if requested by policyholders. Many policies permit midterm audits without an onsite visit; 2. Consider any reduced risk for businesses that change operations or elect to continue paying employees when they are not working, and for workers' compensation carriers who are members of NCCI, to follow forthcoming NCCI guidance on this and other COVID-19 issues; 3. Allow policyholders to self-audit and report changes in the auditable exposure the insurer used to calculate the premium; and 4. Make such adjustments and take such actions as are necessary to reduce premiums appropriately given the new business realities.
	10.	All Lines	New Mexico OSI issued Bulletin 2020-016 to all health insurance carriers, group health plans, health maintenance organizations and non-profit health care plans on August 4, 2020.	<p>COVID-19 Testing Determinations And Charges</p> <p>Bulletin provides clarification of expectations and procedures regarding the determination of need for COVID-19 testing and how costs associated with that testing are to be covered. These expectations include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Costs related to COVID-19 testing must be covered; 2. Costs associated with a determination as to whether a COVID-19 test is necessary or not must be covered and must not be subject to any patient cost-sharing; 3. As it pertains to coverage of students returning to school or universities, only those students whom a medical professional determines meet the federal and state testing appropriateness guidelines should be tested and when such a determination is made, the costs associated with both the assessment and the test are to be covered. This same principle would apply to child care settings and child care workers; and 4. As it pertains to employees returning to work, only those employees whom a medical professional determines that testing is appropriate should be tested and when such a determination is made, the costs associated with both the assessment and the test are to be covered. <p>Bulletin also reminds carriers of the New Mexico request to (1) refrain from cancelling or non-renewing policies of businesses and individuals negatively impacted by the disruption due to the non-payment of premiums during the public health emergency; and (2) at a minimum, provide extended grace periods for payment of premiums.</p>
	11.	P&C	New Mexico OSI issued Bulletin 2020-023 to every insurer authorized to sell commercial insurance in New Mexico on December 4, 2020.	<p>Moratorium on Filing of Commercial Insurance Forms</p> <p>To ensure that COVID-19 related changes to commercial insurance forms are subjected to consistent and equitable review under meaningful substantive criteria, the OSI will not accept new commercial insurance filings that include COVID-19-related changes pending the conclusion of the 2021 New Mexico legislative session. The OSI will extend this moratorium as necessary to effectuate and accommodate any form review reforms adopted during that session. Any pending commercial insurance form filings that include COVID-19-related changes will be administratively withdrawn pending the rescission of this Bulletin. Any previously approved commercial insurance forms may continue to be sold in New Mexico until further order of the OSI. This Bulletin is effective immediately.</p>
	12.	Health	New Mexico OSI issued a Notice to health insurance carriers on December 4, 2020.	<p>Measures to Be Taken by Health Insurance Carriers to Manage COVID-19 Outbreak</p> <p>Notice reminds health insurance companies to comply with previously issued Bulletins 2020-008 and 2020-009 that address the payment of claims and use of out-of-network providers for COVID-19 testing, diagnosing and treatment service. The previously issued Bulletins explained emergency rules for health insurance carriers that eliminated cost-sharing for COVID-19 testing, diagnosis and treatment; directed health insurance carriers to allow members to access out-of-network providers utilizing in-network benefits for COVID-19 testing, diagnosis and treatment; and directed health insurance carriers to reimburse out-of-network providers using the rates specified in the Surprise Billing Protection Act.</p> <p>Notice also urges health insurance companies to promptly and accurately reimburse health care providers, even if they are not practicing in their areas of specialization or in their normal places of service due to the strain that the COVID-19 pandemic has placed on the New Mexico health care delivery system.</p>
	13.	Health	New Mexico OSI issued a Notice to health insurance carriers on December 4, 2020.	<p>Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Notice is directed to insurance carriers providing medical malpractice liability insurance policies to qualified health care providers in New Mexico. Until further notice, and in accordance with Section 41-5-26 NMSA 1978, no such policy can exclude, limit or modify claims against any qualified health care provider arising from the diagnosis, misdiagnosis, failure to diagnose, treatment or failure to treat COVID-19. Additionally, until further notice, no such insurer can deny</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				malpractice coverage for a qualified health care provider who performs medical services in a different specialty rating as a result of COVID-19 exigencies or health care provider shortages.
	14.	Health	New Mexico OSI issued a Press Release on December 18, 2020.	<p>COVID-19 Vaccinations Must be Free of Charge</p> <p>OSI has directed all health insurers operating in New Mexico to cover COVID-19 vaccinations and related services at no cost to a patient.</p> <p>Every major medical plan must cover any costs associated with the administration of a COVID-19 vaccine for every covered New Mexico patient. Patient cost-sharing, including coinsurance, copayments and deductibles, cannot be applied, regardless of whether or not the provider administering the vaccine is in a health plan's network. OSI's order requires all insurers and health plans to immediately comply with the order as each new COVID-19 vaccine receives an Emergency Use Authorization from the US Food and Drug Administration.</p> <p>Providers are not permitted to charge patients or insurers for any vaccine, as the vaccines have been purchased using federal funds. Providers may charge a fee to cover the costs of administering the vaccine, but the charge cannot be passed on to patients, nor can providers charge a patient for the office visit. These charges must be billed to the health plan. Uninsured patients cannot be denied access to the vaccine; providers who serve the uninsured can be reimbursed through the CARES Act's Provider Relief Fund.</p> <p>Individuals who are told they must pay for a COVID-19 vaccination or for the costs of administering the vaccine should immediately report the issue to OSI's COVID-19 Health Insurance Hotline.</p>
	15.	Health	New Mexico OSI issued a Press Release on December 23, 2020.	<p>State Launches Vaccine Sign-Up Website</p> <p>New Mexico Department of Health announced the launch of a website that enables New Mexico residents to receive notice when they qualify for COVID-19 vaccine.</p>
New York	1.	Health	New York Department of Financial Services ("NYDFS") issued a Circular Letter No. 3 (2020) to insurance entities authorized to write accident and health insurance in New York (including insurers, HMOs, student health plans and municipal cooperative plans) on March 3, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Circular Letter required applicable entities to take the following measures:</p> <ol style="list-style-type: none"> 1. Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; 2. Remove barriers to testing for COVID-19, including waiving cost-sharing for COVID-19 testing; 3. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 4. Ensure utilization review decisions are made in a timely manner; 5. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 6. Ensure access to prescription drugs; 7. Ensure that individual, small, and large group comprehensive health insurance policies and contracts are required to cover inpatient hospital services; 8. Ensure (i) individual, small, and large group comprehensive health insurance policies and contracts cover services to treat an emergency condition in hospital facilities and (ii) that obtaining of preauthorization is prohibited prior to the provision of emergency care; and 9. Ensure coverage of insureds who receive surprise medical bills under individual, small, and large group comprehensive health insurance policies and contracts.
	2.	P&C Travel	NYDFS issued Circular Letter No. 4 (2020) to property and casualty and travel insurers on March 6, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>Circular Letter states that COVID-19 may be a basis for trip cancellation/interruption under a travel insurance policy. Authorized travel insurers may provide travel insurance that provides trip cancellation/interruption coverage if the insured's trip is cancelled or interrupted due to an epidemic or pandemic. A travel insurer can also provide coverage specific to COVID-19. The trigger for coverage must be stated clearly in the policy. Nothing in the New York Insurance Law or regulations promulgated thereunder requires a travel insurance policy to exclude coverage for an epidemic or pandemic.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	3.	P&C	NYDFS issued a letter to all property and casualty insurers on March 10, 2020.	<p>Required Measures to Be Taken by Property & Casualty Insurers to Manage COVID-19 Outbreak</p> <p>The letter, citing the “potential impact of COVID-19 on business losses,” instructs all property and casualty insurers that provide business interruption and related coverage in New York to send a “clear and concise explanation of benefits” to commercial policyholders.</p> <p>The explanation requires the significant provision of information to policyholders and instructs insurers to provide copies of each explanation of benefits to NYDFS along with certain statistical information about the volume of business written with the described coverage, both in terms of number of policies and premium, by March 18. If an insurer does not write any business interruption coverages, then an officer or other authorized representative of the insurer is required to provide a signed certification to NYDFS that the insurer write none of the business described in the letter.</p> <p>Please find a Mayer Brown Client Alert our team has prepared on this letter.</p>
	4.	Health Life P&C	NYDFS issued Circular Letter No. 5 (2020) to all regulated insurance entities on March 10, 2020.	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Circular Letter requires that regulated entities submit a plan covering their operational and financial preparedness for the effects of COVID-19 by April 9, 2020. Such plans must describe the following:</p> <ol style="list-style-type: none"> 1. Preventative measures tailored to the entity’s specific profile and operations to mitigate the risk of operational disruption; 2. The documented strategy addressing the impact of the outbreak in stages; 3. Assessment of all facilities, systems, policies and procedures necessary to continue critical operations and services if members of the staff are unavailable for longer periods or are working off-site; 4. Employee protection strategies; 5. Assessment of the preparedness of critical third-party service providers and suppliers; 6. Development of a communication plan to effectively communicate with consumers and vendors; 7. Testing of the plan to ensure that the policies, processes, and procedures are effective; and 8. Governance and oversight of the plan.
	5.	Health	NYDFS issued a Circular Letter No. 6 (2020) to insurance entities authorized to write accident and health insurance in New York (including insurers, HMOs, student health plans and municipal cooperative plans) on March 15, 2020. Insurance Regulation 62	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>The NYDFS adopted a new emergency regulation under New York Insurance Law requiring New York State insurance companies to waive cost-sharing, including, deductibles, copayments, or coinsurance for in-network telehealth visits.</p>
	6.	Health Life P&C	NYDFS issued Circular Letter No. 7 (2020) to all regulated insurance entities on March 19, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Circular Letter urges all regulated entities during this COVID-19 outbreak to alleviate the adverse impact caused by COVID-19 on those consumers and small businesses that can demonstrate financial hardship caused by COVID-19 by taking the following measures:</p> <ol style="list-style-type: none"> 1. Offering payment accommodations, such as allowing consumers to defer payments at no cost, extending payment due dates, or waiving late or reinstatement fees, where consumers are unable to make timely payments of premium or fees due to COVID-19-related disruptions. 2. Working with consumers to avoid cancellation of insurance policies for (a) failure to pay premiums on time, (b) discovery of acts or omissions that may have increased the hazard insured against, or (c) physical changes in the property insured subsequent to issuance or last renewal that result in the property no longer meeting the insurer’s underwriting standards; 3. Working with consumers to avoid non-renewal of insurance policies where a consumer fails to timely respond to a non-renewal notice; 4. Increasing resources as necessary to accommodate increased claim submissions and increased inquiries from consumers about policy coverage benefits; 5. Preparing clear and concise descriptions of coverage benefits that may be triggered as the COVID-19 situation continues to evolve; 6. Alerting consumers to the heightened risk of scams and price-gouging during financial disruptions; 7. Ensuring that consumers do not experience a disruption of service if regulated entities close their offices;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>8. Providing flexibility regarding proof of death, disability, or other condition that triggers benefits under life insurance policies or annuity contracts;</p> <p>9. Providing consumers with information and timely access to all medically necessary covered health care services, including testing and treatment for COVID-19; and</p> <p>10. Proactively reaching out to customers via app announcements, text, email, or otherwise to explain the above-listed assistance being offered to consumers.</p>
	7.	Health	NYDFS issued Circular Letter No. 8 (2020) to accident and health insurance in New York (including insurers, HMOs, student health plans and municipal cooperative plans) on March 20, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Circular Letter informs applicable carriers that certain utilization review and notification requirements should be suspended for 90 days from the date of the letter, subject to further evaluation as the COVID-19 situation develops, specifically:</p> <ol style="list-style-type: none"> 1. Preauthorization requirements for scheduled surgeries or admissions at hospitals; 2. Concurrent review for inpatient hospital services; 3. Retrospective review for inpatient hospital services and emergency services at in-network hospitals and payment of claims; 4. Preauthorization for home health care and inpatient rehabilitation services following an inpatient hospital stay; 5. Preauthorization for inpatient substance use disorder treatment and inpatient mental health services; 6. Notification requirements for emergency hospital admissions; 7. Internal and external appeal timeframes for hospitals; 8. Issuer audits of hospital payments and initiation of overpayment recovery; and 9. Timeframes regarding prompt payment and submission of claims. <p>Third-party administrators, which are licensed by NYDFS as independent adjusters, are strongly encouraged to apply the provisions of the Circular Letter to their administrative services arrangements with self-funded plans.</p>
	8.	All Lines	NYDFS issued Circular Letter No. 9 (2020) to licensed insurance producers on March 25, 2020.	<p>Guidance Regarding Producer Licensing Requirements</p> <p>Circular Letter suspends the expiration of licenses for all individual producers for the next 60 days and waive any late fees resulting from, and accruing during, this suspension period.</p>
	9.	All Lines	NYDFS issued Guidance Regarding Electronic Signatures, Transactions and Filings with the NYDFS.	<p>Guidance Regarding Electronic Signatures, Transactions and Filings with the NYDFS</p> <p>NYDFS encourages the insurance industry to use and accept electronic signatures and records to facilitate insurance transactions and minimize disruptions, though at all times in accordance with any prior approval requirements included under New York law. In addition, the NYDFS will consider the electronic submission of filings to be timely, provided originals follow afterward, even after the filing deadline.</p>
	10.	Life P&C	New York Governor announced grace periods for certain individuals experiencing hardship due to COVID-19 may defer certain insurance premiums on March 27, 2020.	<p>Measures to Manage COVID-19 Outbreak</p> <p>The measures announced by Governor Cuomo included:</p> <ol style="list-style-type: none"> 1. For a 90-day period, consumers experiencing financial hardship due to COVID-19 may defer paying life insurance premiums. No late fees will be assessed and no negative data will be reported to credit bureaus during this time, and late payments will be payable over a one-year period. 2. For a 60-day period, consumers and small businesses experiencing financial hardship due to COVID-19 may defer paying premiums for property and casualty insurance, including auto, homeowners, renters, workers comp, medical malpractice, livery and taxi. No late fees will be assessed and no negative data will be reported to credit bureaus during this time, and late payments will be payable over a one-year period. <p>Insurers will have to develop a mechanism for tracking deferred premium and billing it over the ensuing year. New York trade associations are working with NYDFS on guidance.</p>
	11.	P&C	New York State Assembly Bill A10226 was introduced on March 27, 2020.	<p>Proposed State Legislation to Manage COVID-19 Outbreak</p> <p>Bill A10226 provides a framework for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it will be retroactive for any insured with a business interruption</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				policy in place from March 7, 2020, when the Governor of New York declared a public health emergency and a state of emergency due to the virus. The bill would apply to New York businesses with less than 100 eligible employees, meaning full-time employees working a normal week of 25 hours or more.
	12.	Health Life P&C	<p>NYDFS adopted the following emergency amendments and issued new regulations by a consolidated executive order on March 30, 2020:</p> <ul style="list-style-type: none"> • Third Amendment To 11 NYCRR 185 (Insurance Regulation 27-A) - Credit Life Insurance And Credit Accident And Health Insurance • Third Amendment To 11 NYCRR 187 (Insurance Regulation 27-C) - Credit Unemployment Insurance • New 11 NYCRR 229 (Insurance Regulation 216) - Insurer Practices During The Covid-19 Pandemic Amendment To 3 NYCRR 405 - Premium Finance Agencies <p>Executive Order No. 17</p>	<p>Consolidated Emergency Amendments to Certain New York Regulations and Issuance of New Regulations</p> <p>In order to provide certain relief to policyholders, contract holders, and insureds who can demonstrate financial hardship as a result of the COVID-19 pandemic, the Executive Order does the following:</p> <ol style="list-style-type: none"> 1. Amends 11 NYCRR section 185.7(m)(4) and 11 NYCRR section 187.6(f)(4) to provide that premium remitted by a creditor will be assumed to provide coverage under a credit life or credit unemployment insurance policy for those insured debtors whose payments are not more than three months overdue regardless of whether the debtor has paid a charge for such coverage; 2. Adds a new Part 229 to 11 NYCRR to provide certain protections to insureds who do not make a timely premium payment to a life insurer, property/casualty insurer, or fraternal benefit society, such as an extension of a grace period for the payment of premium and fees set forth in a group life insurance policy or certificate, protection from late payment fees, a prohibition against referral to a credit reporting agency or debt collection agency, and an extension of one year to pay overdue premiums or fees; and 3. Adds a new Section 405.6 to 3 NYCRR to, among other things, prohibit any premium finance agency from canceling an insurance policy due to an insured's failure to make a timely installment payment, for a period of at least 60 days, including any contractual grace period, for a property/casualty insurance policy or for a period of at least 90 days, including any contractual grace period, for a life insurance policy, if the insured can demonstrate financial hardship as a result of the COVID-19 pandemic, and subject to the safety and soundness of the premium finance agency.
	13.	Life	New York Governor issued Executive Order No. 202.13 on March 30, 2020.	<p>Modifications to Certain Insurance Laws</p> <p>Order, among other adjustments to New York law, requires the following modifications:</p> <ol style="list-style-type: none"> 1. Sections 3202 and 4510 of the New York Insurance Law are modified to include a 90-day extension on payment of premiums and fees for any life insurance policyholder or fraternal benefit society certificate holder who is facing financial hardship as a result of the pandemic 2. Sections 3203, 3219 and 3220 of the New York Insurance Law are modified to provide life insurance or annuity contract holders with an additional 90 days to exercise rights under a policy if they are unable to timely exercise such rights as a result of the emergency; and 3. Certain provisions of the New York Insurance Law are modified to impose a moratorium on an insurer cancelling, non-renewing or conditionally renewing any insurance policy issued to an individual or small business for a period of 60 days for any policyholder suffering financial hardship as result of the outbreak.
	14.	All Lines	NYDFS issued Guidance to insurance producers regarding electronic delivery of notices pursuant to New 11 NYCRR § 229.5(b) and 3 NYCRR § 405.6(b)(4) on April 3, 2020.	<p>Guidance Regarding Electronic Delivery of Notices</p> <p>Guidance informs producers that they may provide notices to consumers via email provided that they also post relevant information to their websites and maintain a log of their communications with consumers.</p>
	15.	All Lines	NYDFS issued Guidance to insurance companies and fraternal benefit societies regarding delivery of notices pursuant to New 11 NYCRR § 229.5(a) and 3 NYCRR § 405.6(b)(3) on April 7, 2020.	<p>Guidance Regarding Electronic Delivery of Notices</p> <p>Guidance informs insurers that they may provide notices to policyholders via email provided that they also post relevant information to their websites and maintain a log of their communications with policyholders.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	16.	All Lines	NYDFS issued Guidance to all New York State Regulated Entities on April 13, 2020.	<p>Guidance to NYDFS Regulated Entities Regarding Cybersecurity Awareness During COVID-19 Pandemic</p> <p>The NYDFS has identified several areas of cybersecurity risk as a result of the COVID-19 Outbreak. Regulated entities should assess the risks identified in the guidance and address them appropriately. Regulated entities are also reminded of their cybersecurity event reporting obligations regarding these risks.</p>
	17.	Accident and Health	NYDFS issued Supplement No. 1 to Insurance Circular Letter No. 8 (2020) to April 22, 2020. ¹⁸	<p>Coronavirus, Utilization Review Requirements and Payments to Participating Hospitals</p> <ul style="list-style-type: none"> The NYDFS is directing issuers of health coverage to suspend preauthorization and concurrent review for outpatient services provided at hospitals until June 18, 2020, subject to further evaluation as the COVID-19 situation develops. However, a hospital should use its reasonable best efforts to provide 48 hours' notice to the issuer after the provision of outpatient services provided at a hospital. The NYDFS is further directing issuers not to conduct retrospective review for any services provided at in-network hospitals until June 18, 2020, subject to further evaluation as the COVID-19 situation develops. However, if an issuer has evidence that a hospital is engaging in fraudulent or abusive billing practices, the issuer may, only to the extent necessary, request information to perform a retrospective review of claims alleged to reflect such fraudulent or abusive billing practices, reconcile such claims, and make any payment adjustments with respect to such claims, beginning after June 18, 2020, subject to further evaluation as the COVID-19 situation develops. Issuers shall pay claims from in-network hospitals for inpatient and outpatient hospital services that are otherwise eligible for payment without first reviewing the claims for medical necessity. The timeframes for issuers to conduct retrospective review of claims for fraud or abusive billing, or overpayment recovery should be extended for 90 days once retrospective review is resumed. In addition, if an in-network hospital accepts payment for such claims, the hospital must agree not to enforce any contractual limitations regarding the permissibility of retrospective review or overpayment recovery during such extended 90-day period. Issuers shall pay claims from in-network hospitals for inpatient and outpatient hospital services that are otherwise eligible for payment without first reviewing the claims for medical necessity. The timeframes for issuers to conduct retrospective review of claims for fraud or abusive billing, or overpayment recovery should be extended for 90 days once retrospective review is resumed. In addition, if an in-network hospital accepts payment for such claims, the hospital must agree not to enforce any contractual limitations regarding the permissibility of retrospective review or overpayment recovery during such extended 90-day period. Upon resumption of retrospective review for inpatient and outpatient services at in-network hospitals, and for purposes of the limited retrospective review, issuers are directed to ensure that documentation requirements for retrospective review are reasonable, and to take into consideration the extraordinary circumstances that existed at the time the health care services were provided. Hospitals may not be able to provide the typical level of documentation as resources have been shifted away from administrative functions to direct patient care. In addition, the New York State Department of Health has relaxed certain documentation requirements. Issuers should not deny emergency department and inpatient hospital treatment provided during the state of emergency for diagnosed or suspected COVID-19 cases as not medically necessary on retrospective review. The timeframes for a hospital to submit an internal or external appeal should be considered tolled until June 18, 2020, subject to further evaluation as the COVID-19 situation develops. Issuers are directed to immediately process for payment all undisputed outstanding claims for services rendered prior to March 7, 2020, and all claims for services rendered on or after March 7, 2020 until June 18, 2020, subject to further evaluation as the COVID-19 situation develops. In addition, issuers are directed to quickly and efficiently resolve any claims for services rendered prior to March 7, 2020 disputed by either party. In processing claims for payment, it is understood that issuers may confirm member eligibility, coverage, and cost-sharing. As soon as possible, and in no event later than five days of this circular letter, issuers must contact the Department, which will collaborate with State regulatory agencies, issuers and hospitals to develop a process for identifying which hospitals have the greatest liquidity needs, with a particular focus on community, rural, and safety-net hospitals. Where assistance is warranted, the issuer and the hospital should work together to develop a mutually acceptable plan to provide assistance to the hospital, which may include, to the extent an issuer does not currently provide such payment or other advances, periodic interim payments during the state of emergency for COVID-19. Third-party administrators, which are licensed by the Department as independent adjusters, are strongly encouraged to seek to apply the provisions of this circular letter to their administrative services arrangements with self-funded plans.

¹⁸ This circular letter supplements Insurance Circular Letter No. 8 (2020) issued on March 20, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	18.	Health	NYDFS issued Insurance Circular Letter No. 10 (2020) on May 2, 2020, promulgating Emergency. Insurance Regulation 62	The COVID-19 Outbreak and Mental Health Services for Essential Workers In an effort to provide additional support for essential workers (as defined in the Regulation), the Department is promulgating an emergency regulation to prohibit issuers from imposing cost-sharing for mental health services rendered by in-network providers on an outpatient basis for essential workers, regardless of whether the services are provided by telehealth. The emergency regulation is effective for 90 days, at which point the Department may issue a further emergency regulation.
	19.	P&C	NYDFS sends Section 308 Information Request related to COVID-19 on May 13, 2020.	Property/Casualty Insurance Information Request Related to the COVID-19 Outbreak This letter requires all authorized insurers that write "commercial liability policies" (defined as including but not limited to commercial general liability, directors & officers, commercial umbrella, commercial excess, professional liability, business owner, commercial multiple peril and specialized multiple peril) to provide the following information: <ul style="list-style-type: none"> • An explanation of any communicable disease exclusions or similar exclusions that the insurer might use to deny coverage for claims relating to COVID-19; • An explanation of any plan to add COVID-19 exclusions to existing or new policies; • An explanation of any decision to stop offering products in New York to avoid COVID-19-related risks; and • A list of current policies for which pricing included recognition of potential coverage exposure for COVID-19-like losses. Property/casualty insurers were given until May 21, 2020 to respond.
	20.	Life	NYDFS sends Section 308 Information Request related to COVID-19 on May 13, 2020.	Life Insurance Information Request Related to the COVID-19 Outbreak The letter to all life insurers authorized in New York has two sections. The first section applies generally, and the second section applies specifically to insurers that offer an accelerated or algorithmic underwriting program. The general section includes broad survey questions, requiring insurers to provide the following information: <ul style="list-style-type: none"> • Statistical information about products the insurer offers, including how many of each type it has issued in the first four months of 2020, whether these numbers represent an increase or decrease, and whether the products are targeted at specific age groups or demographics; • Any new product filings the insurer plans to make; • A copy of the notice the insurer is providing to its sales force before implementation of new products or changes to existing products; • A description of the insurer's current practices and experience, including changes due to mortality risk, morbidity risk, interest rates, default risk, and risk of financial loss due to recent changes in equity and other financial markets; • A description of the changes the insurer has made in life insurance and annuity product pricing for new sales; • A description of the changes the insurer has made in life insurance and annuity product pricing for existing customers; • A description of the role of the company's reinsurers in any pricing changes; and • A description of the changes the insurer has made in underwriting life insurance and annuities. The second section requires insurers offering accelerated or algorithmic underwriting programs to provide the following information: <ul style="list-style-type: none"> • Whether the insurer uses external consumer data or information sources to supplement medical (i.e., paramedical exam or physically invasive) underwriting (other than an attending physician's statement; MIB Group, Inc. member information exchange; motor vehicle report; inspection report or prescription drug database); • A list of the policies for which the insurer uses external data in underwriting; • Any limitations on the use of external data; • A description of the external data used and its use; • A description of how the insurer obtains the external data; • A description of how the insurer informs the applicant about what information is being obtained; • The process or recourse provided to applicants who receive an adverse underwriting decision based on external data; and • A description of how external data is used, stored and disposed of after the underwriting process.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				After giving effect to an extension, insurers were given until May 22, 2020 to respond to the questions in the first generally applicable section and until May 29, 2020 to respond to the algorithmic/accelerated underwriting questions.
	21.	Health	NYDFS issued Circular Letter No. 11 (2020) to insurance entities authorized to write accident and health insurance in New York (including insurers, HMOs, student health plans, municipal cooperative plans and prepaid health services plans) and licensed independent adjusters on May 19, 2020.	<p>Guidance Regarding Testing of Nursing Home and Adult Care Facility Personnel</p> <p>Circular Letter informs applicable carriers (including, specifically, insurers authorized to write accident and health insurance in New York, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to Insurance Law § 1124, municipal cooperative health benefit plans and prepaid health services plans) of their responsibilities to provide coverage for COVID-19 testing, which is conducted semi-weekly for nursing home and adult care facility personnel, and specifically makes the following points:</p> <ul style="list-style-type: none"> • Issuers are directed to provide in-network and out-of-network coverage for COVID-19 testing for semi-weekly testing of nursing home and adult care facility personnel. In connection with this directive, issuers are also reminded (among other matters) that: <ul style="list-style-type: none"> • Those issuers providing coverage of certain items and services (described in Section 6001(a) of division F of the FFCRA) are required to reimburse a health service provider who or that renders diagnostic testing for COVID-19. If an issuer has a negotiated rate with the provider in effect before the public health emergency was declared, then the negotiated rate will apply throughout the period of the declaration. If the issuer does not have a negotiated rate with the provider, then the issuer must reimburse the provider in an amount that equals the cash price for the service as listed by the provider on a public internet website, or the issuer may negotiate a rate with the provider for less than the cash price; • Diagnostic testing, including laboratory tests, are an essential health benefit, and as such, must be covered under individual and small group comprehensive health insurance policies and contracts. Under New York law, issuers of large group comprehensive health insurance policies and contracts to make available coverage for laboratory tests, and such tests are typically covered in the base policy or contract; and • Issuers may not deny coverage for testing of personnel at nursing homes or adult care facilities without considering applicable Department of Health guidance and looking at the facts and circumstances of each case to determine whether the testing was medically necessary. • Issuers are directed to comply with the requirements of Insurance Regulation 62 (described above) for COVID-19 testing covered under comprehensive health insurance policies and contracts and provided to nursing home and adult care facility personnel covered under the policy or contract consistent with Executive Order 202.30 (extending Executive Order 202, temporarily suspending and modifying certain disaster emergency laws, through June 9, 2020), including the prohibition on cost-sharing for such testing; and • Third-party administrators that are licensed by the NYDFS as independent adjusters are strongly encouraged to apply the provisions of this Circular Letter to their administrative services arrangements with self-funded plans.
	22.	All Lines	NYDFS issued Supplement No. 1 to Circular Letter No. 9 (2020) to licensed insurance producers on May 21, 2020	<p>Revised Guidance Regarding Producer Licensing Requirements</p> <p>Supplement to Circular Letter No. 9 extends the suspension of the expiration of licenses for all individual producers through July 8, 2020 and waives any late fees resulting from, and accruing during, this suspension period. At the end of this period, all licenses that would have expired but for this extension will automatically expire unless the producer has submitted a license renewal application, including completion of all necessary continuing education credits, before that date.</p>
	23.	All Lines	NYDFS issued an Industry Letter to all New York Regulated Institutions on May 21, 2020.	<p>Advisory on Medical Scams Related to COVID-19</p> <p>The NYDFS issued this Letter to inform all New York regulated institutions of the advisory on medical scams related to COVID-19 issued by the Financial Crimes Enforcement Network on May 18, 2020 alerting financial institutions to rising medical scams related to the COVID-19 pandemic, including fraudulent cures, tests, vaccines, medical-related items and services.</p>
	24.	Health	NYDFS issued Circular Letter No. 12 (2020) to insurance entities authorized to write accident and health insurance in New York (including insurers, HMOs, student health plans, municipal cooperative plans and prepaid health services plans) and licensed independent adjusters on May 22, 2020.	<p>Guidance Regarding Coverage for COVID-19 Testing at a Pharmacy</p> <p>Circular Letter informs applicable carriers (including, specifically, insurers authorized to write accident and health insurance in New York, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to Insurance Law § 1124, municipal cooperative health benefit plans, and prepaid health services plans) of their responsibilities to provide coverage for COVID-19 testing at a pharmacy and specifically makes the following points:</p> <ul style="list-style-type: none"> • Issuers are directed to provide in-network and out-of-network coverage for COVID-19 testing without cost-sharing at pharmacies; and • Third-party administrators that are licensed by the NYDFS as independent adjusters are strongly encouraged to apply the provisions of this Circular Letter to their administrative services arrangements with self-funded plans.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	25.	All Lines	NYDFS issued a Press Release on June 9, 2020	<p>NYDFS Announces the Launch of New Program to Drive Innovation in the COVID-19 Era</p> <p>NYDFS has launched DFS FastForward, a new program to support innovators seeking to deliver new solutions in financial services, Fintech, InsurTech and HealthTech in the COVID-19 era. DFS FastForward is open to DFS-regulated, and non-regulated, entities, as well as innovators, start-ups and disruptors, looking to enter and operate novel financial services and products in New York.</p>
	26.	All Lines	NYDFS issued a Press Release on June 11, 2020	<p>NYDFS Announces Remote Online Insurance Licensing Exam Option</p> <p>NYDFS announced that remote online proctored testing will be available starting June 15, 2020 for all 28 New York insurance licensing exams.</p>
	27.	Accident and Health	NYDFS issued Supplement No. 2 to Insurance Circular Letter No. 8 (2020) to insurance entities authorized to write accident and health insurance in New York (including insurers, HMOs, student health plans, municipal cooperative plans and prepaid health services plans) and licensed independent adjusters on Jun 26, 2020. ¹⁹	<p>Coronavirus and Resumption of Preauthorization and Concurrent and Retrospective Review, Utilization Review Requirements and Payments to Participating Hospitals</p> <p>In this Supplement No. 2 to Circular Letter No. 8, the NYDFS is directing issuers of health coverage (and independent agents performing utilization review under contract with such issuers and licensed independent adjusters) that preauthorization and concurrent and retrospective reviews have been permitted to resume as of June 19, 2020, with a period of transition for preauthorization reviews. In addition, Supplement No. 2 directs issuers to continue to expeditiously resolve and pay hospital claims and work with participating hospitals to assist with cash flow issues.</p> <ol style="list-style-type: none"> <p>Preauthorization and Concurrent Review for Hospital Services: Issuers have been permitted to resume preauthorization and concurrent review since June 19, 2020.</p> <ul style="list-style-type: none"> However, some services may have been scheduled before June 18, 2020, but provided after June 18, 2020 for which hospitals were unable to obtain preauthorization due to the suspension of preauthorization. For services falling into this category, issuers are directed to implement preauthorization requirements in a reasonable manner, with each issuer taking into account its actual practice in conducting preauthorization permitted prior to June 19, 2020. However, for such previously scheduled services, a hospital should use its reasonable best efforts to provide 48 hours' notice to the issuer after services are provided at a hospital. <p>Retrospective Review for Inpatient and Outpatient Services at In-Network Hospitals: Upon resumption of retrospective review for inpatient and outpatient services provided at in-network hospitals on and after June 19, 2020, issuers are directed to ensure that documentation requirements for retrospective review are reasonable (including recognizing that, during the height of the pandemic, that governmental authorities relaxed certain documentation requirements and hospitals shifted resources away from administrative functions to direct patient care).</p> <ul style="list-style-type: none"> In addition, with respect to COVID-19 patients, issuers must take into account the intensity of care required for treatment. Issuers are further directed to refrain from down-coding claims for services provided to COVID-19 patients absent evidence that a hospital is engaging in intentional and inappropriate upcoding of claims or in fraudulent or abusive billing practices. <p>Retrospective Medical Necessity Denials Prohibited for Emergency Department and Inpatient Hospital Services for COVID-19: Issuers are reminded that they are prohibited from denying emergency department and inpatient hospital services as not medically necessary on retrospective review if the services were rendered to an insured by a general hospital certified to treat COVID-19 during a declared state of emergency.</p> <ul style="list-style-type: none"> Due to an inadvertent drafting issue, the effective date of this requirement was stated to be January 1, 2021 in the actual bill text – however, the NYDFS understands that the effective date will be changed to April 1, 2020. <p>Utilization Review of Inpatient and Outpatient Services at In-Network Mental Health and Substance Use Disorder Facilities: Issuers are reminded that documentation requirements for utilization review, including retrospective review, need to be reasonable and take into account the extraordinary circumstances that existed at the time. As a result of the pandemic, facilities may have shifted resources from administrative functions to direct patient care and, accordingly, may not be able to provide the typical level of documentation needed for information requests. Supplement No. 2 also notes that governmental authorities relaxed documentation requirements during the pandemic.</p> <p>Internal and External Appeal Timeframes for Hospitals: Since June 19, 2020, the timeframes for a health care provider to file an internal appeal with an issuer after receipt of notice of an adverse determination are no longer being tolled.</p> <p>Expediting Payment of Hospital Claims: Issuers are directed to continue to work with hospitals to quickly and efficiently resolve claims for services rendered prior or subsequent to March 7, 2020 that are disputed by either party. In processing claims for payment, it is understood that issuers may confirm member eligibility, coverage and cost-sharing. Issuers are further directed to contact the NYDFS if payments due to the issuer from New York for</p>

¹⁹ This circular letter supplements Insurance Circular Letter No. 8 (2020) issued on March 20, 2020 and Supplement No. 1 to Insurance Circular Letter No. 8 (2020) issued on April 22, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>Medicaid managed coverage hinders that issuer's ability to comply with this directive after consideration of any reductions in cost experienced by the issuer as a result of reduced hospital utilization.</p> <p>7. Other Payments to Hospitals: Through October 1, 2020, issuers are directed to continue to work with hospitals in their network which have requested financial assistance. Issuers are particularly directed to focus on safety-net, rural and community or independent hospitals. Supplement No. 2 instructs issuers that they should provide assistance if financially feasible and prudent, including considering the liquidity and solvency of the issuer and if the hospitals can directly demonstrate the need for such assistance.</p> <ul style="list-style-type: none"> Issuers should consider a number of factors, including, but not limited to, (i) the number of days cash a hospital has on hand, (ii) whether the hospital has received federal or state funding during the pandemic and (iii) whether the hospital has other sources of financial assistance. Where assistance is warranted, the issuer and the hospital should continue to work together to develop a mutually acceptable plan to assist the hospital. If requested, the NYDFS will work with the issuer and the hospital to facilitate discussions and resolve any issues. <p>8. Third-party administrators that are licensed by the NYDFS as independent adjusters are strongly encouraged to seek to apply the provisions of this Circular Letter to their administrative services arrangements with self-funded plans.</p>
	28.	All Lines	NYDFS issued Supplement No. 2 to Insurance Circular Letter No. 9 on July 2, 2020.	<p>COVID-19 and Insurance Producer Licensing Requirements</p> <p>Insurance Circular Letter No. 9 (2020) suspended the expiration of licenses for all individual producers for 60 days, from March 25, 2020 through May 24, 2020; waived any late fees resulting from and accruing during the 60-day period and suspended the requirement that a monitor be present to complete producer continuing education and pre-licensing course exams online during the 60-day period. Supplement No. 1 to Insurance Circular Letter No. 9 (2020) extended the relief for an additional 45 days, through July 8, 2020. This Bulletin extends the relief provided for an additional 30 days, through August 7, 2020. At the end of this 30-day period, all licenses that would have expired if not for this extension will automatically expire unless the producer has submitted a license renewal application, including completion of all necessary continuing education credits, before that date.</p>
	29.	Health	NYDFS issued Circular Letter No. 14 (2020) to all insurers authorized to write accident and health insurance in New York State, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to Insurance Law § 1124, municipal cooperative health benefit plans and prepaid health services plans on August 5, 2020.	<p>Charges for Personal Protective Equipment by Participating Providers</p> <p>As COVID-19 transmission poses a risk in many physicians', dentists' and other health care providers' (collectively, "Providers") office settings, Providers are putting necessary protective measures in place, including sanitizing exam rooms and using personal protective equipment, such as masks, gowns and gloves (collectively, "PPE"). This Circular Letter reminds insurers authorized to write accident and health insurance in New York State, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to Insurance Law § 1124, municipal cooperative health benefit plans and prepaid health services plans (collectively, "Issuers") that they should ensure that insureds are not charged fees by participating Providers for covered services that go beyond the insureds' financial responsibility as described in the insureds' policies or contracts. These fees include those for PPE or other charges related to increased costs due to COVID-19 that are in addition to the insureds' cost-sharing for covered services.</p> <p>The Circular Letter sets out the following:</p> <ul style="list-style-type: none"> Issuers should ensure that their participating Providers are not charging insureds any fees or other charges beyond the insureds' financial responsibility for covered services as set forth in the insureds' health or dental insurance policies or contracts. Issuers should immediately notify participating Providers that they should not charge insureds fees that are beyond the insureds' financial responsibility for covered services, such as fees for PPE, and Issuers should instruct participating Providers to refund any such fees to insureds. Issuers should notify insureds that they should not be charged fees for PPE when visiting a participating Provider and include the issuer's contact information for insureds to submit a complaint regarding PPE charges. Issuers should resolve any issues regarding increased costs due to COVID-19 directly with their participating Providers, including for PPE, and insureds should be held harmless for such charges. Issuers may need to request information from participating Providers regarding insureds who were charged fees that exceeded their financial responsibility, and participating Providers should report such information to Issuers, upon request by Issuers. Issuers should work with participating Providers to ensure that refunds are provided to insureds. Within 90 days of this Circular Letter, Issuers should report to the Department, via email, the amount of PPE fees that were charged to insureds and the number of insureds impacted, and should provide a description of how refunds will be provided. The Department will monitor compliance with these requirements, including during market conduct exams. The Department may take action at any time against an issuer for failing to adhere to the requirements of this Circular Letter.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	30.	All Lines	NYDFS issued Supplement No. 3 to Insurance Circular Letter No. 9 (2020) to all producers licensed by the NYDFS on August 6, 2020.	<p>COVID-19 and Insurance Producer Licensing Requirements</p> <p>As producers continue to face challenges in obtaining the requisite number of continuing education credits by attending in-person courses in advance of their license expiration dates as a result of the COVID-19 pandemic, NYDFS is extending the previously imposed suspension of the requirement that a monitor be present to complete producer continuing education and pre-licensing course exams online for an additional 90 days, through November 5, 2020.</p> <p>NYDFS is also extending the suspension of the expiration of individual producer licenses for an additional 30 days, through September 6, 2020. At the end of this 30-day period, all licenses that would have expired between March 25, 2020 and September 6, 2020 but for Insurance Circular Letter No. 9 (2020) and the Supplements thereto will automatically expire on September 7, 2020, unless the producer completes all necessary continuing education credits, and submits a license renewal application, before September 7, 2020.</p>
	31.	Health	Governor of New York issued the following Executive Order on August 18, 2020.	<p>Open Enrollment Period Extended</p> <p>On August 18, 2020, the Governor of New York announced that the Special Enrollment Period for uninsured New Yorkers will be extended for another 30 days through September 15, 2020.</p>
	32.	Workers' Compensation	New York State Workers' Compensation Board issued an addition of subdivision (d) to 12 NYCRR 329-1.3 on August 18, 2020.	<p>Emergency Adoption of Addition of 12 NYCRR 329-1.3(d) (COVID-19 Testing)</p> <p>New York State Workers' Compensation Board adopted on an emergency basis, the addition of subdivision (d) to 12 NYCRR 329-1.3, to allow reimbursement for COVID-19 testing when there is a claim for workers' compensation benefits due to workplace exposure to COVID-19. This emergency rulemaking is effective for 90 days upon filing.</p>
	33.	All Lines	NYDFS issued Supplement No. 4 to Insurance Circular Letter No. 9 (2020) on November 2, 2020.	<p>Coronavirus and Insurance Producer Licensing Requirements</p> <p>NYDFS has eliminated the requirement that a monitor be present when an insurance producer takes any exam at the conclusion of either a continuing education or pre-licensing course.</p>
	34.	Health	NYDFS issued Insurance Circular Letter No. 16 (2020) to all insurers authorized to write accident and health insurance in New York State, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to Insurance Law § 1124, municipal cooperative health benefit plans and prepaid health services plans on December 26, 2020.	<p>Coverage of COVID-19 Immunizations and Administration</p> <p>Circular Letter provides guidance to insurers authorized to write accident and health insurance in New York, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to New York Insurance Law § 1124, municipal cooperative health benefit plans and prepaid health services plans (collectively, "Issuers") related to coverage of COVID-19 immunizations and their administration under health insurance policies and contracts. The Insurance Law requires Issuers to cover immunizations without cost-sharing under health insurance policies and contracts. In addition, the federal Departments of Health and Human Services, Treasury and Labor (the "Federal Departments") have issued an Interim Final Rule, 85 Fed. Reg. 71142 (November 6, 2020) (the "Federal Rule") interpreting the immunization requirements of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), codified at 15 U.S.C. § 9001 et seq. NYDFS expects full adherence to state and federal requirements for coverage of any approved COVID-19 immunization and its administration, as described below:</p> <p>State Law Requiring Coverage</p> <ul style="list-style-type: none"> The Insurance Law requires Issuers to cover immunizations for children and adults that are provided by in-network providers. For children who are 19 years old or younger, Insurance Law §§ 3216(i)(17)(B)(ii) and (iii), 3221(l)(8)(B)(ii) and (iii), and 4303(j)(2)(B) and (C) require medical, major medical and comprehensive health insurance policies and contracts to cover immunizations, with no cost-sharing, if determined to be a necessary immunization by the Superintendent of NYDFS in consultation with the New York Commissioner of Health. Pursuant to Insurance Circular Letter No. 3 (2020), if an immunization becomes available for COVID-19 and is recommended for children who are 19 years old and younger, the Superintendent has determined that Issuers must immediately cover the immunization of such children, with no cost-sharing. Regardless of the age of the patient, Insurance Law §§ 3216(i)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3) require health insurance policies and contracts that provide hospital, surgical or medical care coverage, except for a grandfathered health plan, to cover, with no cost-sharing, preventive care and screenings that have in effect a rating of "A" or "B" in the current recommendations of the US Preventive Services Taskforce ("USPSTF") and immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices ("ACIP") of the Centers for Disease Control and Prevention ("CDC"). If the USPSTF or ACIP recommends an immunization for COVID-19, Issuers, including grandfathered health plans, must cover the immunization immediately with no cost-sharing. The Insurance Law's prohibition on cost-sharing for immunizations of children and adults extends to any charge for administration of the immunization, any charge for the office visit when the primary purpose of the visit is the immunization or when the other services provided are preventive care services that are required to be covered under Insurance Law §§ 3216(i)(17), 3221(l)(8) and 4303(j) with no cost-sharing, and any related facility fee.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> • Additional providers and alternate sites of care may be needed to assist in the mass immunization effort. If the Governor of New York authorizes the expansion of the scope of practice for a provider to administer the COVID-19 immunization or authorizes the use of an alternate site of care, Issuers should cover immunizations administered by that provider or at the alternate site of care in accordance with this Circular Letter. <p>CARES Act and Federal Rule</p> <ul style="list-style-type: none"> • Coverage for Administration of COVID-19 Immunizations <ul style="list-style-type: none"> • The CARES Act requires Issuers to cover COVID-19 immunizations and their administration at no cost-sharing under all non-grandfathered group and individual comprehensive health insurance policies and contracts once recommended by ACIP. • The Federal Rule also provides that Issuers must cover the administration of the immunization by any provider enrolled in the CDC COVID-19 Vaccination Program. • Coverage at no cost-sharing is required regardless of how the immunization and administration are billed, and even if multiple doses are required to provide a complete immunization. • The Federal Rule clarifies that coverage is required, with no cost-sharing, for the administration of the immunization even if a third party, such as the federal government, pays for the cost of the immunization. • Out-of-Network Coverage <ul style="list-style-type: none"> • The Federal Rule requires COVID-19 immunizations and their administration to be covered when provided by out-of-network providers for the duration of the public health emergency for COVID-19. • The Federal Rule dictates that reimbursement for out-of-network providers must be made in an amount that is reasonable, as determined by comparison to prevailing market rates. • The Federal Rule indicates that the Federal Departments will consider the amount of payment to be reasonable if the issuer pays the provider the amount that would be paid under Medicare for the item or service. The Federal Departments are seeking comment on this approach prior to adopting final rules. • The federal requirement for out-of-network coverage ends when the public health emergency is terminated. • Provider Balance Billing <ul style="list-style-type: none"> • Providers that participate in the CDC COVID-19 Vaccination Program agree to administer a COVID-19 immunization regardless of an individual's ability to pay or health insurance coverage status. • Providers may not seek any reimbursement, including through balance billing, from an immunization recipient. • Effective Date of Coverage of COVID-19 Immunizations and Administration <ul style="list-style-type: none"> • The CARES Act requires coverage of any COVID-19 immunization and its administration within 15 business days after the immunization has been recommended by ACIP. However, given the severity of the COVID-19 pandemic and the urgent need for insureds to obtain the immunization, Issuers should cover any COVID-19 immunization immediately upon ACIP's recommendation rather than wait 15 business days. • Coordination and Communication <ul style="list-style-type: none"> • Issuers should be assessing their readiness, and taking all steps necessary for implementation, to ensure that insureds have access to coverage for COVID-19 immunizations and their administration without cost-sharing. • Issuers should provide insureds with information about coverage for COVID-19 immunizations and their administration with no cost-sharing and explain how to access the immunizations. • Issuers should provide timely information to providers describing how to submit claims for reimbursement for COVID-19 immunizations (unless the immunizations are paid for by a third party, such as the federal government) and their administration, including at any alternate sites of care, and reminding providers that they are prohibited from balance-billing insureds. • Within five days of this Circular Letter, Issuers should provide to NYDFS, by e-mail, the name and contact information of a contact person responsible for communicating with NYDFS regarding implementation of coverage for COVID-19 immunizations and their administration.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	35.	Health	<p>NYDFS issued Insurance Circular Letter No. 17 (2020) to all insurers authorized to write accident and health insurance in New York state, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to insurance law § 1124, municipal cooperative health benefit plans, prepaid health services plans, utilization review agents and licensed independent adjusters on December 23, 2020.</p>	<p>Coronavirus and the Suspension of Certain Utilization Review and Notification Requirements under the “Surge and Flex” Protocol</p> <p>On December 7, 2020, the New York Governor announced the “Winter COVID-19 Plan” and directed the New York State Department of Health (“DOH”) to implement the state’s “surge and flex” protocol mandating all hospitals to begin expanding their bed capacity to prepare for a COVID-19 surge. To implement the “surge and flex” protocol, hospitals will need to be ready to quickly transfer patients between hospitals and, when appropriate, discharge patients to skilled nursing facilities or their homes in order to increase bed capacity and balance patient load.</p> <p>To facilitate the above, this Circular Letter advises insurers authorized to write accident and health insurance in this state, Article 43 corporations, health maintenance organizations, student health plans certified pursuant to Insurance Law § 1124, municipal cooperative health benefit plans and prepaid health services plans with respect to commercial coverage, Child Health Plus, Essential Plan and Medicaid managed care coverage (collectively “Insurers”) of the following:</p> <p>Suspension of Preauthorization Requirements for Scheduled Inpatient Surgeries and Inpatient Admissions at Hospitals</p> <ul style="list-style-type: none"> • The Department of Financial Services (“Department”) is directing Insurers to suspend preauthorization for urgent or non-elective scheduled inpatient surgeries or inpatient admissions at hospitals for 60 days starting from the date of this Circular Letter. However, a hospital should use its best efforts to provide 48 hours’ notice to the Insurer after the admission to a hospital, including information necessary for an Insurer to assist in coordinating care and discharge planning. • Insurers may review these services for medical necessity concurrently or retrospectively. • This suspension of preauthorization review does not apply to “non-essential elective procedures” that can be delayed in accordance with DOH’s “COVID-19 Directive Regarding the Resumption of Elective Outpatient Surgeries and Procedures in General Hospitals in Counties and Facilities Without a Significant Risk of COVID-19 Surge,” dated April 29, 2020 (the “DOH Directive”). Non-essential elective procedures include those described in Tiers 1a and 1b of Attachment A of the DOH directive and in Tiers 2a and 2b of Attachment A if, in the clinical judgment of the insured’s physician, a delay will not worsen the insured’s morbidity or impact mortality. <p>Suspension of Preauthorization Requirements for Insured Transfers Between Hospitals</p> <ul style="list-style-type: none"> • The Department is directing Insurers to suspend preauthorization review for hospital transfers for 60 days starting from the date of this Circular Letter. However, a hospital should use its best efforts to provide 48 hours’ notice to the Insurers after the transfer, including information necessary for an Insurer to assist in coordinating care and discharge planning. • Hospitals should also use their best efforts to transfer insureds to in-network hospitals. • Preauthorization may continue to be required for non-emergency air transport. • To the extent that they have not already done so, hospitals and Insurers are encouraged to work collaboratively to resolve issues relating to payment for hospital transfers. • To the extent that an Insurer and hospital have a contract in place that addresses a transfer either within the hospital system or between other hospitals, the contract will govern the billing for such transfer. • If an Insurer does not have a contract with a hospital that addresses such transfers, the Insurer and hospital should work in good faith to determine the appropriate policies and payment for the transferring or the receiving hospital, including whether the stay should be considered a short stay. • In the absence of contract language providing for a transfer payment policy, payments for transfers involving Medicaid managed care insureds should be guided by Medicaid fee-for-service program policies. • An insured who is transferred by a participating hospital or who obtains emergency services should be only responsible for the in-network cost-sharing. • Insurers may review these services for medical necessity concurrently or retrospectively. <p>Suspension of Preauthorization for Inpatient Rehabilitation Services Following an Inpatient Hospital Stay</p> <ul style="list-style-type: none"> • The Department is directing Insurers to suspend preauthorization requirements for inpatient rehabilitation services following a hospital admission for 60 days starting from the date of this Circular Letter. • Insurers should provide hospitals with an up-to-date list of all in-network rehabilitation facilities and skilled nursing facilities in order to facilitate such discharges. • Hospitals should use their best efforts to transfer insureds to in-network providers.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> An Insurer may require the rehabilitation facility or skilled nursing facility to provide notification of the admission to the Insurer. Insurers may review inpatient rehabilitation services for medical necessity concurrently or retrospectively. Insurers are reminded that Insurance Law §§ 3217-d(d), 4306-c(d), and 4804(a) and Public Health Law § 4403(6) require an Insurer that does not have an in-network provider, including an inpatient rehabilitation services provider, able to accept the insured to provide access to an out-of-network provider at the in-network cost-sharing. For 60 days starting from the date of this Circular Letter, Insurers, rehabilitation facilities and skilled nursing facilities should adhere to the following procedures for inpatient rehabilitation services following a hospital admission if an in-network provider is not able to accept the insured: <ul style="list-style-type: none"> It is DOH's expectation that out-of-network rehabilitation facilities and skilled nursing facilities will use their best efforts to provide notice to the Insurer within 48 hours of the admission. Insurers should negotiate a rate with the out-of-network facility within 48 hours from the notification. If no agreement is reached, the Insurer should reimburse an out-of-network facility providing inpatient rehabilitation services for Medicaid managed care enrollees at the Medicaid fee-for-service rate. An Insurer should reimburse an out-of-network facility providing inpatient rehabilitation services for insureds covered under individual or group comprehensive health insurance policies or contracts at the lesser of: (a) the Insurer's prevailing in-network reimbursement rate for such services with respect to insureds covered under such policies or contracts, or (b) the Medicare reimbursement rate for such services. It is DOH's expectation that a rehabilitation facility or skilled nursing facility will not balance bill insureds for such services other than for the insured's in-network cost-sharing. <p>Suspension of Preauthorization for Home Health Care Services Following an Inpatient Hospital Stay</p> <ul style="list-style-type: none"> The Department is directing Insurers to suspend preauthorization requirements for in-network home health care services following an inpatient hospital admission for 60 days starting from the date of this Circular Letter. Insurers may review home health care services for medical necessity concurrently or retrospectively. Insurers subject to the Insurance Law for commercial coverage are also reminded that, pursuant to Insurance Law §§ 3216(i)(6), 3221(k)(1) and 4303(a)(3), the plan of care for home health care services must be established and approved in writing by a physician, and this requirement remains unchanged by this guidance, except to the extent that the state has permitted telehealth and verbal orders to suffice for this requirement for the duration of the COVID-19 declared state of emergency. <p>Suspension of Preauthorization for Inpatient Mental Health Services</p> <ul style="list-style-type: none"> Insurers are reminded that Insurance Law §§ 3216(i)(30)(D), 3221(l)(6)(D) and 4303(k)(4) prohibit preauthorization and limit concurrent review for inpatient substance use disorder treatment at in-network facilities certified by the Office of Addiction Services and Supports. Insurers are also reminded that, pursuant to Insurance Law §§ 3216(i)(35)(G), 3221(l)(5)(G) and 4303(g)(8), requiring preauthorization is prohibited and concurrent review is limited for inpatient mental health treatment at in-network facilities licensed by the Office of Mental Health for insureds under the age of 18. To the extent that preauthorization is required for inpatient mental health treatment for insureds over the age of 18, Insurers are directed to suspend preauthorization for inpatient mental health treatment following a hospital admission for 60 days starting from the date of this Circular Letter in order to permit hospitals to discharge insureds more quickly. Hospitals should use their best efforts to transfer insureds to in-network providers. <p>Retrospective Medical Necessity Denials Prohibited for Emergency Department and Inpatient Hospital Services for COVID-19</p> <ul style="list-style-type: none"> Insurers are reminded that they are prohibited from denying emergency department and inpatient hospital treatment provided during the declared state of emergency for diagnosed or suspected COVID-19 cases as not medically necessary on retrospective review. <p>Notification Requirements for Emergency Hospital Admissions</p> <ul style="list-style-type: none"> Hospitals typically notify Insurers that an insured has been admitted to a hospital through the emergency department. Insurance Law §§ 3217-b(j) and 4325(k) and Public Health Law § 4406-c(8) provide that an Insurer may not deny payment to a hospital for a claim for medically necessary inpatient services

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>resulting from an emergency admission provided by a general hospital solely on the basis that the general hospital did not timely notify such Insurer that the services had been provided.</p> <ul style="list-style-type: none"> An Insurer and hospital may agree to other requirements for timely notification that medically necessary inpatient services resulting from an emergency admission have been provided and to reductions in payment for failure to provide timely notification, subject to certain limitations. In circumstances where hospitals and Insurers have agreed to such notification requirements, hospitals should use their best efforts to continue to provide to Insurers notifications of emergency hospital admissions, including information necessary for the Insurer to assist in coordinating care and discharge planning. Absent a contractual agreement to provide notification, hospitals are encouraged to use their best efforts to provide notifications to Insurers of an emergency admission to assist in coordinating care and discharge planning. However, such notification requirements should not be overly burdensome, and Insurers are directed to waive requirements for the submission of medical records as part of the notification for 60 days starting from the date of this Circular Letter. Insurers are encouraged to work with hospitals during the declared state of emergency for COVID-19 to ensure that care is coordinated to the extent practicable. Insurers should not impose a financial penalty on a hospital for a failure to provide notification of an emergency admission due to the need to implement the state's "surge and flex" protocol. <p>Applicability to Third-Party Administrators of Self-Funded Plans</p> <ul style="list-style-type: none"> Third-party administrators, which are licensed by the Department as independent adjusters, are strongly encouraged to seek to apply the provisions of this Circular Letter to their administrative service arrangements with self-funded plans.
North Carolina	1.	Health	North Carolina Department of Insurance issued Bulletin Number 20-B-04 to all health benefit plans on March 10, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin reminds health benefit plans of compliance requirements for operations under a state of emergency for purposes of obtaining extra prescriptions during a state of emergency or disaster. This authorization of extra prescriptions during this state of emergency in North Carolina is valid for prescription medication requests made within 29 days of issuance of the Bulletin, unless extended by an order issued by the Commissioner of the North Carolina Department of Insurance.</p>
	2.	Health	North Carolina Department of Insurance issued Bulletin Number 20-B-05 to insurers and other entities offering health insurance on March 12, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Ensure they are prepared to address COVID-19 cases; Make necessary and useful information available to insureds and respond to queries expeditiously; Waive prior authorization and cost-sharing for COVID-19 testing; Review the adequacy of any telehealth programs; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Ensure access to prescription drugs; and Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	3.	All Lines	Agent Services Division of the North Carolina Insurance Department released a letter on March 19, 2020.	<p>Update Relating to Agent Licensing</p> <p>Letter informs agents of delays in issuing new licenses, as fingerprinting requirements cannot be waived prior to the issuance of such licenses, and the extension through June to meet continuing education requirements (for which webinars are approved for use in place of classroom delivery).</p>
	4.	Health Life P&C	North Carolina Insurance Department issued an advisory letter to all regulated insurance entities on March 26, 2020.	<p>Advisory Regarding Stay At Home Orders</p> <p>Advisory Letter contains list of orders that have been issued by local units of government across North Carolina, and includes a reference to whether the orders exempt insurance services.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	5.	Health Life P&C	North Carolina Insurance Department issued an advisory letter to all regulated insurance carriers on March 26, 2020.	Advisory Regarding Affect of Emergency on Policyholders Advisory Letter requests applicable carriers to consider the following actions: consistent with prudent insurance practices, relaxing due dates for premium payments, extending grace periods, waiving late fees and penalties and allowing payment plans for premium payments to otherwise avoid a lapse in coverage. Carriers are also requested to consider cancellation or non-renewal of policies only after exhausting other efforts to work with policyholders to continue coverage.
	6.	Health Life P&C	North Carolina Department of Insurance issued Bulletin Number 20-B-06 to regulated insurance entities offering health insurance on March 27, 2020.	Activation of State of Disaster Bulletin advises regulated entities that the Commissioner has issued an order that activated the state of disaster automatic stay of proof of loss requirements, and premium and debt deferrals as authorized under the provisions of N.C. Gen. Stat. §58-2-46. Regulated entities are advised to review N.C. Gen. Stat. § 58-2-46 for specifics pertaining to extensions, deferrals, and other requirements.
	7.	Health Life P&C	North Carolina Department of Insurance issued an amended Order regarding the activation of a State of Disaster in North Carolina to regulated insurance entities offering health insurance on March 30, 2020.	Order Regarding Activation of State of Disaster Commissioner issued an amended order regarding the activation of the state of disaster automatic stay of proof of loss requirements, and premium and debt deferrals as authorized under the provisions of N.C. Gen. Stat. §58-2-46 and clarifies that this order will expire within 30 days of March 27, 2020.
	8.	Health	North Carolina Department of Insurance issued an Order regarding Extension of Deadlines for Continuing Care Retirement Communities' Annual Filings on March 31, 2020.	Order Regarding Extension of Deadlines for Continuing Care Retirement Communities' Annual Filings Commissioner issued an order staying the deadline of annual disclosure statements for Continuing Care Retirement Communities' annual filings until June 30, 2020.
	9.	All Lines	North Carolina Department of Insurance issued a Memorandum on April 3, 2020.	Guidance Regarding Producer and Adjuster Licenses Guidance informs producers and adjusters of the following: 1. Temporary licenses will not be issued; 2. Testing centers are currently closed; 3. The deadline for satisfying continuing education requirements for such entities will be extended to June 30; 4. Many continuing education courses will be provided via webinar; and 5. Adjusters which do not currently hold a license in North Carolina may not perform emergency adjustment work in this state.
	10.	P&C	North Carolina Insurance Department issued Guidelines on April 14, 2020.	Guidelines for Submitting COVID-19 Filings for Benefits to North Carolina Consumers Guidelines set out three options for submitting COVID-19 filings for benefits to North Carolina consumers: • Option 1: If an insurance company plans to offer the consumer benefit as a policyholder dividend, savings or unabsorbed premium deposit (as allowed under North Carolina law), then no product filing is required with the Property and Casualty Division; • Option 2: If Option 1 is not selected, then an insurance company which plans to offer a COVID-19 policyholder benefit may submit an optional enhancement form filing – this applies where the insurer plans to offer the benefit to its auto or residential property policyholders; or • Option 3: If Option 1 and Option 2 are not selected, the companies may file as a rate deviation under North Carolina law.
	11.	All Lines	Agent Services Division of the North Carolina Department of Insurance issued a letter on April 17, 2020.	Guidance Regarding Temporary Licenses During the State of Emergency The letter sets out a process for the issuance of temporary insurance producer licenses during the emergency.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	12.	All Lines	North Carolina Department of Insurance issued Bulletin Number 20-B-07 to regulated insurance entities offering health insurance on April 21, 2020.	<p>COVID-19 Extended Deferral Period</p> <p>On March 27, 2020, the Insurance Commissioner issued an order that activated the state of disaster automatic stay of proof of loss requirements and premium and debt deferrals as authorized under the provisions of NCGS 58-2-46 for residents of all 100 counties in North Carolina. The March 27, 2020 Order expires at midnight on April 26, 2020.</p> <p>NCGS 58-2-46 provides the specifics pertaining to extensions, deferrals and other extra requirements applicable to the entities as referenced therein. Such entities are required to provide their customers adversely affected in the disaster area specific relief of the insureds' payment, submission of claims and other responsibilities.</p> <p>All entities that are subject to North Carolina's External Review Law, NCGS 58-50 Part 4, must allow consumers, whose requests may have been impacted by the disaster, additional time for their requests to be received and reviewed. Additionally, for cases that have been accepted and for which additional information is being submitted, the timeframes for receiving this information will also be extended.</p> <p>On April 21, 2020, the Insurance Commissioner issued an Extended Order which goes into effect at 12:01 am on April 27, 2020. This Extended Order will expire 30 days from the effective date of April 27, 2020.</p>
North Dakota	1.	Health	North Dakota Department of Insurance Issued Bulletin 2020-1 to insurance carriers offering health insurance policies or travel policies on March 11, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; 3. Remove barriers to testing for COVID-19, including waiving cost-sharing for COVID-19 testing; 4. Review the adequacy of any telehealth programs; 5. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 6. Waive any prior authorization requirements associated with COVID-19 testing or treatment; 7. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 8. Ensure access to prescription drugs; 9. Ensure out-of-network providers and facilities accept the highest of the health carrier's in-network reimbursement as full and final payment and to hold harmless insureds who receive surprise medical bills for health care services as it relates to testing and treatment of COVID-19; and 10. Unless a travel insurance policy contains an exception applicable to COVID-19, ensure that a travel insurance policy that covers the risks sickness, accident, or death incident to travel presumptively must cover such risks relating to COVID-19.
	2.	Unemployment	North Dakota Governor issued Executive Order 2020-08 on March 20, 2020.	<p>Required Measures Regarding Unemployment Insurance to Manage COVID-19 Outbreak</p> <p>Executive Order eases unemployment insurance requirements to facilitate unemployment coverage.</p>
	3.	Health	North Dakota Governor issued Executive Order 2020-05.1 on March 20, 2020.	<p>Required Measures to Be Taken by Health Insurers Regarding Telehealth Services to Manage COVID-19 Outbreak</p> <p>Insurance carriers must cover virtual check-ins and e-visits for established patients in accordance with the guidance issued by CMS on March 17, 2020.</p> <p>Insurance carriers must not subject telehealth coverage, including virtual check-ins and e-visits for established patients, to deductible, coinsurance, copayment or other cost-sharing provisions.</p>
	4.	Health	North Dakota Department of Insurance Issued Bulletin 2020-3 to carriers which offer health insurance on March 24, 2020.	<p>Expansion of Telehealth Services</p> <p>Bulletin requires applicable carriers to expand telehealth services, consistent with recent guidance issued by CMS, including, for example, for e-visits and virtual check-ins.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	5.	P&C	North Dakota Department of Insurance Issued Bulletin 2020-4 on March 25, 2020.	Expansion of Personal Lines Automobile Policies Bulletin encourages applicable carriers to extend coverage on personal auto policies to include coverage when the insured is engaged in delivering food, medicine or other essential goods.
	6.	Health Life P&C	North Dakota Department of Insurance Issued Bulletin 2020-5 to all regulated insurance entities on March 25, 2020.	Electronic Reporting and Deadline Extensions Bulletin advises regulated entities that all filings will be accepted electronically on a temporary basis. If regulated entities believe they will have difficulty meeting a deadline, they should reach out to the North Dakota Department.
	7.	Health Life P&C	North Dakota Department of Insurance Issued Bulletin 2020-6 to all regulated insurance entities on March 25, 2020.	Guidance Regarding Social Distancing Bulletin encourages all regulated entities to practice social distancing and to follow CDC guidance on this topic.
	8.	All Lines	North Dakota Department of Insurance Issued Bulletin 2020-7 to licensed insurance producers on March 25, 2020.	Guidance Regarding Continuing Education Requirements Bulletin extends deadline for completion of continuing education requirements to April 30, 2020 and encourages producers to complete such courses online.
	9.	Workers' Compensation	North Dakota Governor issued Executive Order 2020-12 on March 25, 2020.	Required Measures Regarding Workers' Compensation Insurance to Manage COVID-19 Outbreak Executive Order sets out the following requirements with respect to the provision of workers' compensation coverage: <ul style="list-style-type: none"> • First responders, health care workers and all occupations included under N.D.C.C. § 65-01-02 (11)(b)(1) who are exposed to COVID-19 in the course of employment may file a claim for worker's compensation coverage and may be eligible for up to fourteen days of wage replacement and medical coverage if quarantined. • First responders, front line health care workers and all occupations identified in N.D.C.C. § 65-01-02(11)(b)(1), who test positive for COVID-19 and can demonstrate that the infection resulted from a work-related exposure, will be eligible for wage replacement and medical benefits as provided for in N.D.C.C. Title 65 for compensable injuries. • Executive Order applies to individuals working in a paid or a voluntary capacity as a first responder, health care worker and in all occupations identified in N.D.C.C. § 65-01-02(11)(b)(1) during the pendency of the declared COVID-19 period.
	10.	Unemployment	North Dakota Governor issued Executive Order 2020-15 on March 27, 2020.	Required Measures Regarding Unemployment Insurance to Manage COVID-19 Outbreak Executive Order sets out the following requirements with respect to the provision of unemployment coverage: <ul style="list-style-type: none"> • The required interest that must be assessed by Workforce Safety and Insurance, on certain employer premium payments are suspended until June 30, 2020. • The required late fee penalty that must be assessed by Workforce Safety and Insurance, for late-filed employer payroll reports are suspended until June 30, 2020. • Effective March 13, 2020, the due dates for quarterly unemployment insurance contributions and reports to Job Service North Dakota are suspended until June 30, 2020.
	11.	Health Life P&C	North Dakota Department of Insurance Issued Bulletin 2020-8 to all regulated insurance entities on March 30, 2020.	Recommendations Regarding Relief for Those Impacted by COVID-19 Outbreak Bulletin recommends that all regulated insurance entities provide flexibility and possible relief from certain insurance requirements to those North Dakota consumers and businesses that have been impacted by the COVID-19 pandemic. Examples of such relief include extension of premium payment deadlines, granting of additional time before non-renewals or cancellations become effective and extension of proof of loss deadlines.
	12.	Unemployment	North Dakota Governor issued Executive Order 2020-18 on April 1, 2020.	Required Measures Regarding Unemployment Insurance to Manage COVID-19 Outbreak Order suspends one week waiting period for any individual whose unemployment occurred during the period of the COVID-19 emergency declaration, who filed a claim during and after the week ending March 14, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	13.	Workers' Compensation	North Dakota Governor issued Executive Order 2020-12.1 on April 16, 2020.	<p>Eligibility for Workers' Compensation Benefits</p> <p>Order extends eligibility for workers' compensation benefits to be extended to funeral directors and other individuals employed in funeral homes, who provide for the care, removal and final disposition of the deceased, provided that any such individual who tests positive for COVID-19 demonstrates that the virus resulted from exposure to a deceased individual who tested positive for COVID-19.</p>
	14.	All Lines	North Dakota Insurance Commissioner issued a Press Release on April 20, 2020.	<p>Availability of Online Producer Licensing Testing</p> <p>North Dakota Insurance Commissioner announces the availability of an online, remotely proctored testing application called ProProctor, offered by ProMetric. Individuals who want to sell insurance in North Dakota must first pass an exam administered by Prometric. Licensing exams have previously only been offered in-person at physical locations.</p>
	15.	All Lines	North Dakota Department of Insurance Bulletin 2020-9 to all regulated insurance entities on April 22, 2020.	<p>Continuing Education Requirements</p> <p>In consideration of the public health crisis, producers and consultants whose license expires on April 30, 2020 are not required to provide the Insurance Department with a request for extension, written or otherwise, and are granted a continuing education reporting extension to May 31, 2020.</p> <p>The continuing education reporting deadlines are being extended and continuing education reporting obligations are not waived. Although the continuing education compliance deadline is being extended for producers whose license expire April 30, 2020, the producer license renewal deadline remains April 30, 2020.</p> <p>Resident producers and consultants are encouraged to complete their continuing education requirements via approved online courses.</p>
	16.	Health	North Dakota Insurance Department issued Bulletin 2020-1.1 on April 29, 2020.	<p>Renewal of Bulletin 2020-1 Regarding Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin renews the previously issued Bulletin 2020-1, which notifies all health insurance carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Ensure that they are prepared to address COVID-19 cases; 2. Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries and consider revisions needed to streamline responses and benefits for consumers; 3. Remove barriers to testing for COVID-19, including waiving cost-sharing for COVID-19 testing; 4. Review the adequacy of any telehealth programs; 5. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 6. Waive any prior authorization requirements associated with COVID-19 testing or treatment; 7. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 8. Ensure access to prescription drugs; 9. Ensure out-of-network providers and facilities accept the highest of the health carrier's in-network reimbursement as full and final payment and to hold harmless insureds who receive surprise medical bills for health care services as it relates to testing and treatment of COVID-19; and 10. Unless a travel insurance policy contains an exception applicable to COVID-19, presume that a travel insurance policy that covers the risks of sickness, accident or death incident to travel covers such risks relating to COVID-19.
	17.	Health	North Dakota Insurance Department issued Bulletin 2020-10 on May 18, 2020.	<p>Guidance Regarding Antibody Testing in Connection with COVID-19</p> <p>Bulletin advises carriers offering health benefit plans and self-funded plans to take the following measures:</p> <ul style="list-style-type: none"> • Coverage is to be provided for three types of COVID-19 tests, including polymerase chain reaction ("PCR") tests, antigen tests and antibody tests (also known as serology tests) as follows: <ul style="list-style-type: none"> • Carriers are required to cover PCR and antigen tests designed to detect the presence of COVID-19 when a patient's symptoms indicate the medical need to conduct a test; and • Carriers are required to cover antibody tests only when such tests are medically necessary in order to support diagnosis or treatment for COVID-19 or for treatment of another disease when information about COVID-19 antibodies may impact the future outcome of that treatment for an individual. North Dakota Department clarified that public health surveillance testing or employee screening are not considered medically necessary.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> When carriers are acting as administrators for employment-sponsored self-funded health benefit plans, the North Dakota Department expects carriers to encourage plan sponsors to take steps that are consistent with the provisions of this Bulletin and previously issued Bulletin 2020-1.1.
	18.	Health	North Dakota Insurance Department issued Bulletin 2020-11 on November 13, 2020.	<p>Waiver of Preauthorization/Precertification Requirements for In-State Post-Acute/Alternate Care Service Requests For Transfer from Acute Care Hospitals — COVID-19</p> <p>North Dakota Department recommends that insurance carriers issuing major medical plans and Short Term Limited Durations plans in the group and individual markets waive preauthorization/precertification requirements for in-state post-acute/alternate care service requests for transfer from acute care hospitals. Bulletin 2020-11 will expire on December 31, 2020, unless extended by the Commissioner.</p>
	19.	Health	North Dakota Insurance Department issued Bulletin 2020-12 on November 30, 2020.	<p>COVID-19 Vaccination Administration Costs</p> <p>The Commissioner expects that all self-funded and fully insured group health plans, individual health plans and short-term limited-duration plans cover, without cost-sharing, COVID-19 vaccinations. This means that no provider, in-network or out-of-network, administering the vaccine will be denied reasonable reimbursement for administration fees, and no consumer will be charged a copay, coinsurance or deductible for receiving a vaccination. These conditions apply whether the consumer receives a single dose COVID-19 vaccination or a COVID-19 vaccination that requires a series of two or more doses. Bulletin 2020-12 will expire and be rescinded upon the rescission of Governor Burgum's Executive Order 2020-03, unless otherwise renewed by the Department.</p>
Ohio	1.	Health Travel	Ohio Department of Insurance issued Bulletin 2020-02 to all regulated insurance entities on March 11, 2020.	<p>Recommendations to Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requests health carriers to have customer service representatives and helplines readily available to assist consumers with questions about the terms of their coverage with respect to COVID-19 related services.</p> <p>Bulletin reminds health carriers of the following obligations:</p> <ol style="list-style-type: none"> Emergency care must be covered without preauthorization and must be covered at the same cost-sharing level as if provided in-network; Proactive evaluation of the appropriateness of applying utilization management techniques to services for testing or treatment of COVID-19 should be conducted; Telemedicine coverage for COVID-19 testing and treatment should be provided by those carriers which are currently capable of doing so and carriers which do not currently provide such coverage should do so by January 1, 2021; Insureds must be offered the opportunity to submit adverse benefit determinations for internal appeal and the opportunity to request external review by the Ohio Department of Insurance, if applicable; Carriers should verify adequacy of provider network and make exceptions to provide access to out-of-network services; and Carriers (i) should ensure that a standard and expedited formulary exceptions process exists for access to non-formulary prescription drugs, and (ii) should consider allowing insureds to access prescription drug supplies beyond the typical supply limit with appropriate exceptions for controlled substances, even if the scheduled refill date has not yet been reached, as medically appropriate. <p>Bulletin reminds travel insurers that:</p> <ol style="list-style-type: none"> Unless a specific exclusion applicable to COVID-19 applies, a travel insurance policy that covers sickness, accident, disability or death occurring during travel must cover such risks related to COVID-19 during the term of the policy. Many travel insurance policies must also cover cancellation or interruption of a trip or event, emergency transportation and/or costs of returning to the United States for further treatment pursuant to the terms of the policy.
	2.	Health	Ohio Department of Insurance issued Bulletin 2020-03 to all health plan issuers on March 20, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires all applicable issuers to comply with the following measures:</p> <ul style="list-style-type: none"> Permit employers to continue covering employees under group policies even if the employee would otherwise become ineligible due to a decrease in hours worked per week. Additionally, Insurers are prohibited from increasing premium rates based on a group's decreased enrollment or participation due to COVID-19. Give insureds the option of deferring premium payments coming due, interest free, for up to 60 calendar days from each original premium due date.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> For continuation coverage: For employers that employ 20 or more employees, as long as one person remains actively employed, eligible employees may elect to continue coverage under COBRA under the normal notice and election procedures. For employers that employ fewer than 20 people, as long as one person remains actively employed and enrolled in the plan, eligible employees may elect to continue coverage under state continuation coverage for up to twelve months. If no active employees remain covered under a plan, COBRA and continuation coverage are not options and employees will be eligible for a special enrollment period. Permit employees who lose coverage are eligible for a special enrollment period to enroll in new coverage. <p>The Ohio Department will not take enforcement action with respect to filed forms and rates against issuers that adjust their policies and practices to provide the flexibility required by this Bulletin.</p>
	3.	Health Life P&C	Ohio Department of Insurance issued Bulletin 2020-05 to all health plan issuers on March 20, 2020.	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires all applicable issuers to comply with the following measures:</p> <ol style="list-style-type: none"> Emergency services include testing and treatment related to the COVID-19 virus and must be covered without preauthorization and must be covered at the same cost-sharing level as if provided in-network. Benefits with respect to such services must be provided in an amount at least equal to the greatest of (i) the amount negotiated with in-network providers, (ii) the amount calculated using the same method the plan generally uses to determine payments for out-of-network services, or (iii) the amount that would be paid under Medicare. <ul style="list-style-type: none"> Additionally, coverage for out-of-network emergency services may not include balance billing.
	4.	P&C	Ohio Department of Insurance issued Bulletin 2020-06 to property and casualty carriers on March 24, 2020.	<p>Coverage for Individuals with Expired Drivers Licenses</p> <p>Bulletin notifies carriers that they may not cancel, non-renew or refuse to issue a policy of automobile insurance or deny claims solely because the driver's license of a named insured or other covered family member has expired since the declaration of a state of emergency.</p>
	5.	P&C	Ohio House Bill 589 was introduced March 24, 2020.	<p>Proposed State Legislation to Manage COVID-19 Outbreak</p> <p>House Bill 589 mandates coverage for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it would apply to insureds with 100 or fewer full-time equivalent employees. The bill will be retroactive for any insured with a business interruption policy in place from March 9, 2020 until the state of emergency is rescinded.</p>
	6.	Health Life P&C	Ohio Department of Insurance issued Bulletin 2020-07 to property and casualty, life and longtime care carriers on March 30, 2020.	<p>Guidance Regarding Grace Periods for Premium Payments During Emergency</p> <p>Bulletin orders applicable carriers to provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium during the state of emergency. The Bulletin clarifies that this means that carriers should offer payment accommodations, such as allowing consumers to defer payments at no cost, extending payment due dates, or waiving late or reinstatement fees, where consumers are unable to make timely payments of premium or fees due to COVID-19-related disruptions.</p>
	7.	All Lines	Ohio Department of Insurance issued Bulletin 2020-08 on April 15, 2020.	<p>Guidance Regarding Temporary Licenses During the State of Emergency</p> <p>Bulletin informs licensed insurance entities that, upon written request to the Ohio Department, they may receive either 30-day or 60-day extensions for certain regulatory filings.</p> <p>Bulletin advises such insurers that electronic signatures are permissible for the duration of the emergency, although filings made with such signatures must be resubmitted in original form within 60 days of the conclusion of the emergency.</p> <p>The Ohio Department informs insurers that it will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	8.	All Lines	Ohio Department of Insurance issued Bulletin 2020-09 on April 15, 2020.	<p>Guidance Regarding Temporary Licenses During the State of Emergency</p> <p>Bulletin sets out process for the issuance of temporary resident agent licenses during the Stay at Home Order issued by the Director of the Ohio Department of Health.</p>
	9.	P&C	Ohio Department of Insurance issued Bulletin 2020-11 on October 2, 2020.	<p>Rescission of Bulletin 2020-07</p> <p>This Bulletin rescinds Bulletin 2020-07, entitled, "Property and Casualty, Life, and Long Term Care Insurance Premium Payments During State of Emergency," which was originally effective March 30, 2020. The rescinded bulletin is replaced by a new Bulletin 2020-12, effective October 2, 2020.</p>
	10.	P&C	Ohio Department of Insurance issued Bulletin 2020-12 on October 2, 2020.	<p>Property and Casualty, Life, and Long Term Care Insurance Premium Payments During State of Emergency</p> <ul style="list-style-type: none"> This Bulletin replaces rescinded Bulletin 2020-07. This Bulletin pertains to all insurers providing property and casualty, life, and long term care insurance policies in Ohio. This Bulletin encourages insurers to provide flexibility to their insureds during the state of emergency. More specifically, the Superintendent encourages insurers to: <ul style="list-style-type: none"> Provide a grace period for payment of insurance premiums by offering payment accommodations to consumers who are unable to make timely payments of premium or fees due to COVID-19-related disruptions, such as by allowing consumers to defer payments at no cost, extending payment due dates or waiving late or reinstatement fees; and Provide a grace period as to any policy provision that imposes a time limit on an insured or claimant to perform any act, including the submission of information or funds, with respect to a contract for insurance to extend time limits by a certain amount of calendar days from the last day allowed under the terms of the contract. This Bulletin does not require Insurers to waive any premiums or other consideration owed on any policy or contract during this period of time and should not be construed as prohibiting an insurer from cancelling or nonrenewing a policy for any lawful reason. This Bulletin expires upon the expiration of the state of emergency declared by the Governor of Ohio.
Oklahoma	1.	Health Life	Oklahoma Insurance Department issued LH Bulletin No 2020-02 – CORONAVIRUS to life and health insurance companies and health maintenance organizations on March 17, 2020.	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Ensure they are prepared to address COVID-19 cases; Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; Remove barriers to testing for COVID-19, including waiving cost-sharing for COVID-19 testing; Review the adequacy of any telehealth programs; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Ensure utilization review decisions are made in a timely manner; Make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug; Make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug; and Not cancel the coverage of any person who has been diagnosed with COVID-19 and is unable to return to work or maintain coverage under their current health carrier because of COVID-19 for the next 90 days and health carriers should extend the traditional 30-day grace period to a 60-day grace period for non-payment of premiums.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	2.	Health Life P&C	Oklahoma Insurance Department issued a Special Notice to Oklahoma Insurance Professionals on March 20, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>All occupational licenses issued by any agency, board, or commission of the State of Oklahoma that expire during this emergency shall be extended so long as this Order is in effect. All occupational licenses extended during this Order will expire 14 days following the withdrawal or termination of this Order.</p> <p>The Oklahoma Insurance Department is temporarily allowing Oklahoma Continuing Education Providers the ability to offer courses that are approved for the classroom course method as webinars until May 1, 2020.</p>
	3.	P&C	Oklahoma Insurance Department issued PC Bulletin NO 2020-01 to property and casualty insurers on March 20, 2020.	<p>Recommendations to Property and Casualty Insurers to Manage COVID-19 Outbreak</p> <p>The Oklahoma Insurance Department is asking all carriers providing coverage to Oklahoma residents to take the following immediate measures related to the potential impact of COVID-19.</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; and 3. Property and casualty carriers should extend their applicable grace period for non-payment of premium by an additional 45 days. <ul style="list-style-type: none"> • This grace period extension does not relieve an insured of the obligation to pay premiums but merely is a deferral of the payment due date. <p>The provisions of this Bulletin are in effect until the state emergency is no longer in place.</p>
	4.	All Lines	Oklahoma Insurance Department issued a Special Notice to Oklahoma insurance companies and licensed professionals on March 26, 2020.	<p>Guidance Regarding Continuing Education Requirements</p> <p>Classroom continuing education courses may be offered temporarily as webinars.</p>
	5.	All Lines	Oklahoma Insurance Commissioner announced that he approved waiving certain requirements for new licenses issued to producers and adjusters temporarily during the COVID-19 outbreak on March 26, 2020.	<p>Guidance Regarding Issuance of Temporary Licenses to Producers and Adjusters</p> <p>The Oklahoma Insurance Department is making temporary producer and adjuster licenses available for Oklahoma residents who are unable to take current license examinations which, when issued, will be effective until 30 days after the emergency ends.</p>
	6.	All Lines	Oklahoma Insurance Department issued PL Bulletin No. 2020-02 to Oklahoma Insurance Companies and Licensed Insurance Professionals on March 26, 2020.	<p>Temporary Producer and Apprentice Adjuster Licenses/Process</p> <p>Bulletin makes available temporary Producer and Apprentice Adjuster licenses due to the closure of PROMETRIC testing centers nationwide in response to the COVID-19 public health emergency.</p> <p>Currently, a new resident producer and new resident adjuster license is not available if an individual has not passed the license examination. The Insurance Department is still working toward a remote option for license examinations.</p> <p>Both temporary licenses are in effect until 30 days after the conclusion of the emergency.</p>
	7.	Health Life	Oklahoma Insurance Department issued amended LH Bulletin No 2020-02 to life and health insurance companies and health maintenance organizations on April 6, 2020. (The original was issued on March 17, 2020).	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; 3. Not require specific platforms for the provision of telemedicine services; 4. Remove barriers to testing for COVID-19, including waiving cost-sharing for COVID-19 testing; 5. Review the adequacy of any telehealth programs;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>6. Verify adequacy of provider network and make exceptions to provide access to out-of-network services;</p> <p>7. Ensure utilization review decisions are made in a timely manner;</p> <p>8. Make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug;</p> <p>9. Make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug;</p> <p>10. Not cancel the coverage of any person who has been diagnosed with COVID-19 and is unable to return to work or maintain coverage under their current health carrier because of COVID-19 for the next 90 days and health carriers should extend the traditional 30-day grace period to a 60-day grace period for non-payment of premiums; and</p> <p>11. Suspend rules pertaining to minimum participation requirements which would cause a group policy to be canceled.</p> <p>In addition, pharmacy benefit managers are required to take a number of actions including affirmatively avoiding actions which could be considered cost-gouging and not restricting a covered person's ability to utilize an out-of-network pharmacy. Further, carriers of medical professional liability insurance are requested to consider ways to expand their coverage.</p>
	8.	P&C	<p>Oklahoma Insurance Department issued amended PC Bulletin NO 2020-01 to property and casualty insurers on April 6, 2020.</p> <p>(The original was issued on March 20, 2020).</p>	<p>Recommendations to Property and Casualty Insurers to Manage COVID-19 Outbreak</p> <p>Oklahoma Insurance Department is asking all carriers providing coverage to Oklahoma residents to take the following immediate measures related to the potential impact of COVID-19:</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; and 3. Property and casualty carriers should extend their applicable grace period for non-payment of premium by an additional 45 days (this extension does not relieve an insured of the obligation to pay premiums, but merely is a deferral of the payment due date); and 4. Deadlines for the submission of claims are extended to 90 days past the conclusion of the emergency. <p>The provisions of this Bulletin are in effect until the state emergency is no longer in place. Further, carriers of medical professional liability insurance are requested to consider ways to expand their coverage.</p>
	9.	P&C	<p>Oklahoma Insurance Department issued PC Bulletin NO 2020-02 to property and casualty insurers on April 7, 2020.</p>	<p>Guidance Regarding Assessment</p> <p>Bulletin notifies applicable carriers of an assessment the purpose of which is to help fund a program run by the Oklahoma Department to assist Oklahoma consumers in finding homeowners insurance. The amount of the assessment is \$150 and all member insurers will receive an invoice for that amount during the first week of May 2020.</p>
	10.	All Lines	<p>Oklahoma Insurance Department issued Financial Bulletin NO. 2020-02 to all Insurers on April 8, 2020.</p>	<p>Complying with Regulatory Requirements During the COVID-19 Public Health Emergency</p> <p>Insurers are still required to make all required electronic filings with the NAIC (e.g., quarterly financial statements, audited financial statements), or for those that are not filed with the NAIC but to the analyst assigned to the insurer. However, the Oklahoma Department is willing to allow insurers an additional 30 days to complete certain filings (60 days for some).</p> <p>Bulletin waives hard copy, original signature, and related filing requirements. However, insurers are expected to keep a list of all filings that were made electronically in lieu of hard copy filings so that they can file all the hard copies within 60 days after Oklahoma has allowed a return to work.</p> <p>The Oklahoma Department expects electronic communication will be used by companies on all other financial related communication, with hard copies provided within 60 days if required by law.</p> <p>The Oklahoma Department will not conduct any on-site examination work that is contrary to the spirit of any public health directive and to facilitate this, insurers should be aware that the Oklahoma Department may need to request more information in electronic form.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	11.	All Lines	Oklahoma Department of Insurance issued Bulletin PC 2020-03 on April 27, 2020.	<p>Guidance Regarding Auditable Insurance Policies</p> <p>Guidance applies to all admitted insurers who have issued any policy of insurance in Oklahoma that provides insurance coverage to commercial insureds whose insurance policy is rated using an auditable exposure basis. For policies calculated using an auditable exposure that may have changed as a result of the outbreak, the Bulletin encourages insurers to:</p> <ol style="list-style-type: none"> Assist an insured in conducting a one-time, midterm premium self-audit if requested by an insured: <ul style="list-style-type: none"> The insured has the right to complete the midterm self-audit at any time up to the termination of the policy. Upon completion of the midterm self-audit, the insured must promptly transmit results of the audit to the insurer. If the midterm self-audit establishes that the presumptive premium charged at the initiation of the subject insurance policy is now in excess of what the premium would be based on the current rating variables, the insurer shall adjust the premium immediately but in no event less than 10 days from the completion of the midterm self-audit. <ul style="list-style-type: none"> Any overpayment of premium must be refunded within 10 days from the completion of the audit. After the completion of the audit, the insurer and the insured will otherwise continue to operate in the normal course of business as set forth in the insurance policy. <p>The Bulletin notes that a midterm audit, self-audit or other premium adjustment does not replace a final audit. If an admitted insurer chooses to conduct a midterm physical audit, it must transmit the results of the midterm physical audit to the insured immediately and without the necessity of any demand by the insured.</p>
	12.	All Lines	Oklahoma Department of Insurance issued a correction to Bulletin PC 2020-03 on April 27, 2020.	<p>Adjustment to Bulletin PC 2020-03</p> <p>Guidance adjusts Bulletin 2020-03, as set out below:</p> <ul style="list-style-type: none"> If the midterm self-audit establishes that the presumptive premium charged at the initiation of the subject insurance policy is now in excess of what the premium would be based on the current rating variables, the insurer shall adjust the premium immediately but in no event more than 10 days from the completion of the midterm self-audit.
	13.	All Lines	Oklahoma Department of Insurance issued an updated Special Notice to Oklahoma insurance companies and licensed professionals on May 15, 2020.	<p>Guidance Regarding Testing Center and Temporary License Information</p> <p>Oklahoma Department of Insurance advises that, as Prometric testing centers reopen, that seating is limited to approximately 25% of capacity. Due to this (and other limitations) in testing, the Oklahoma Department will continue to accept and process temporary applications and provide notice when the temporary applications will discontinue.</p>
	14.	Life Health	Oklahoma Insurance Department issued LH Bulletin No 2020-03 to life and health insurance companies and health maintenance organizations on May 22, 2020.	<p>Guidance Regarding Antibody Testing</p> <p>Bulletin advises life and health insurance companies and health maintenance organizations of the following:</p> <ul style="list-style-type: none"> Coverage for three types of COVID-19 tests, including polymerase chain reaction ("PCR") tests, antigen tests and antibody tests (also known as serology tests) is to be provided as follows: <ul style="list-style-type: none"> Carriers are required to cover PCR and antigen tests designed to detect the presence of COVID-19 when a patient's symptoms indicate the medical need to conduct a test; Carriers are directed to waive cost-sharing for antibody testing and process claims in compliance with federal guidelines (e.g. the CARES Act). This includes tests approved for patient use through premarket approval or emergency use pathways, and tests that are developed and administered in accordance with FDA specifications or through state regulatory approval; and Carriers cover antibody tests only when such tests are medically necessary in order to support diagnosis or treatment for COVID-19 or for treatment of another disease when information about COVID-19 antibodies may impact the future outcome of that treatment for an individual. The North Dakota Department clarified that public health surveillance testing or employee screening are not considered medically necessary. When carriers are acting as administrators for employment-sponsored self-funded health benefit plans, the Department expects them to encourage plan sponsors to take steps that are consistent with this Bulletin. Plan sponsors should be made aware of the public health risks to all Oklahoma residents, and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				administrators should do all they can to encourage plan sponsors to take steps to remove barriers to plan members accessing medically-necessary testing, diagnosis, counseling and treatment of COVID-19.
	15.	All Lines	Oklahoma Department of Insurance issued a Special Notice to Oklahoma insurance companies and licensed professionals on June 2, 2020.	<p>Guidance Regarding Reopening of Testing Centers</p> <p>Bulletin provides notice that on June 1, 2020, Prometric will be opening 100% testing capacity for all Oklahoma testing centers. The Department is monitoring the testing capacity situation and will be re-evaluating the need for continuing temporary licenses.</p>
	16.	P&C	Oklahoma Insurance Department issued PC Bulletin 2020-01 (As Amended) to all Oklahoma property and casualty insurance companies on June 18, 2020.	<p>Recommendations to Property and Casualty Insurers to Manage COVID-19 Outbreak</p> <p>PC Bulletin 2020-01 will be rescinded on June 30, 2020, except that:</p> <ol style="list-style-type: none"> 1. E-signatures authorized under Oklahoma law must be valid and binding for any claim or claim related document. 2. The term of extended grace periods, afforded to insureds, must be allowed to expire upon reaching the end of the extension. 3. Medical professional liability insurers are encouraged to continue territorial coverage expansion for providers to help facilitate delivery of health care in Oklahoma (i.e. telehealth, etc.). 4. Insureds request for midterm audit of policies as a result of change of risk/premium must be continued through year-end 2020. 5. The term of extended claims reporting periods afforded to insureds must be allowed to expire upon reaching the end of the extension.
	17.	Health Life	Oklahoma Insurance Department issued amended LH Bulletin No 2020-02 (As Amended) to life and health insurance companies and health maintenance organizations on June 18, 2020. (The original was issued on March 17, 2020).	<p>Required Measures to Be Taken by Life and Health Insurers and Health Maintenance Organizations to Manage COVID-19 Outbreak</p> <p>LH Bulletin 2020-02 will be rescinded on June 30, 2020, except that:</p> <ol style="list-style-type: none"> 1. Health insurers and entities are encouraged to (i) permit the generalized use of in-network telehealth/telemedicine services and (ii) expand their networks of providers and facilities to perform telemedicine services; 2. E-signatures or e-notarizations authorized under Oklahoma law must be accepted as valid and binding for any claim or claim related document by health carriers and entities; 3. Health carriers and entities will continue the use of the timeframes for utilization review as stated in the original Bulletin; 4. Health carriers and entities will continue to provide access to medically necessary diagnosis and treatment of COVID-19 without requiring preauthorization; 5. Health insurers and entities will continue to waive cost-sharing measures for COVID-19 laboratory tests and for in-network provider office visits and in-network urgent care center visits when testing for COVID-19; 6. The term of extended grace periods, afforded to insureds pursuant to the original Bulletin, will be allowed to expire upon reaching the end of the extension; 7. Companies should continue all reasonable measures to facilitate diagnosis and treatment of COVID-19; and <p>Suspension of underwriting rules related to minimum group participation requirements will continue through December 31, 2020.</p>
	18.	Health	Oklahoma Insurance Department issued LH Bulletin No 2020-06 to health insurance companies and health maintenance organizations on October 30, 2020.	<p>Expediated Hospital Transfer Determinations</p> <p>In response to an increase in COVID-19 cases in Oklahoma, the Department issued this bulletin to regulated carriers and entities to assist with expedited authorizations dealing with patient transfers to other less intensive settings of acute care. Bulletin states that:</p> <ul style="list-style-type: none"> • All health carriers shall make transfer determinations within 24 hours upon request from an acute care hospital and verify that operational capacity exists prior to transfer. • To ensure the timely handling of transfer determinations, requests received late Friday or Saturday/Sunday will be prioritized for a Monday determination before addressing other requests for authorization to transfer a patient. • When and where possible, carriers are instructed to work with discharge planning departments of acute care hospitals at the time of an insured patient's admission to facilitate an understanding of the availability of needed or necessary hospital beds.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Health carriers shall verify that their provider networks are adequate to handle a potential increase in discharge determinations. If a health carrier does not have a provider or facility in-network with the appropriate capacity or experience to meet the particular health care needs of an insured, health carriers shall make exceptions to provide access to an out-of-network provider/facility at the in-network cost-sharing level and include restrictions on balance billing. Medical transportation costs to transfer a patient from a hospital to a less intensive setting of care shall be paid by the carrier. Transportation costs related to a lateral patient transfer between hospitals shall be negotiated between the sending and receiving hospitals and not cause the patient or carrier to bear the cost of the transportation.
Oregon	1.	Health	Certain Oregon carriers are voluntarily waiving cost-sharing and the Oregon Division of Consumer and Business Services issued powerpoint guidance on health insurance cost-sharing on March 10, 2020.	
	2.	P&C	Oregon Division of Consumer and Business Services issued Memorandum to all admitted and nonadmitted P&C automobile insurance companies on March 23, 2020.	<p>Guidance Regarding Automobile Insurance</p> <p>Memorandum requires applicable carriers to refrain from using the expiration of a policyholder's driver's license or vehicle registration to:</p> <ul style="list-style-type: none"> Change eligibility for an insurance discount; Decrease a driver's or business' ability to secure or maintain auto coverage; or Change rates charged to any driver or business.
	3.	Health Life P&C	Oregon Department of Consumer and Business Services issued a temporary emergency order on March 25, 2020.	<p>Required Measures to Be Taken to Manage COVID-19 Outbreak</p> <p>Emergency Order requires all insurance companies to extend grace periods for premium payments, postpone policy cancellations and non-renewals, and extend deadlines for reporting claims.</p> <p>Insurance companies must take steps immediately to do the following until the order is no longer in effect:</p> <ul style="list-style-type: none"> Institute a grace period for premium payments on all insurance policies issued in the state; Suspend all cancellations and non-renewals for active insurance policies; Extend all deadlines for consumers to report claims and communicate about claims; and Provide consumers the ability to make premium payments and report claims while maintaining safe social distancing standards.
	4.	P&C	Oregon Division of Consumer and Business Services issued a Memorandum to all admitted and nonadmitted commercial liability insurers regarding child care providers on March 25, 2020.	<p>Guidance Regarding Commercial Liability</p> <p>Memorandum requires applicable carriers to not withdraw from, fail to renew or cancel any commercial liability line of insurance or class of business (such as a child care facility), without supplying appropriate written justification to and receiving approval from the Oregon Department.</p>
	5.	P&C	Oregon Division of Consumer and Business Services issued Bulletin 2020-8 to all property and casualty automobile insurance companies and other interested parties on April 9, 2020.	<p>Guidance Regarding Expectations of Automobile Insurers During the COVID-19 Outbreak</p> <p>Bulletin encourages applicable carriers to take the following measures:</p> <ul style="list-style-type: none"> Extend coverage for personal delivery drivers, and to limit the application of commercial delivery exclusions during the COVID-19 outbreak. File endorsements with the Oregon Division, to allow for coverage to be broadened for those using personal automobiles to deliver essential goods for a fee. When the state of emergency is concluded, policyholders must receive a minimum 30 days' notice of the mid-term reduction in coverage to allow for an orderly wind down of this extension.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	6.	Workers' Compensation	Oregon Division of Consumer and Business Services issued Bulletin 2020-9 to all Workers' Compensation Insurers and Employers on April 10, 2020.	<p>Guidance Regarding Workers' Compensation Insurance During the COVID-19 Outbreak</p> <p>Bulletin provides the following guidance with respect to the provision of workers' compensation coverage:</p> <ul style="list-style-type: none"> • Employers directing employees to work from home may be eligible to assign payroll to a different classification code if their scope of work has changed. • Employers must document the time period in which employees are reassigned and the change in scope of work. • Insurers may reduce an employers payroll assignment or bill the employer at reduced rate based on preliminary information. An insurer who makes this type of accommodation on an ad hoc basis should inform employers what information is necessary to verify payroll during a premium audit and develop a plan to help employers comply. • At the request of the policyholder, insurers must rerate a business to reflect a change in operation due to the COVID-19 pandemic and related public health measures. • The COVID-19 pandemic and related public health measures will likely inhibit insurers' ability to conduct premium field audits, so the Oregon Division will deem insurers as having met field audit requirement if certain requirements are met.
	7.	Workers' Compensation	Oregon Division of Consumer and Business Services issued Bulletin 2020-10 to all Workers' Compensation Insurers and Employers on April 10, 2020.	<p>Guidance Regarding Workers' Compensation Insurance During the COVID-19 Outbreak</p> <p>Bulletin provides the following guidance with respect to the provision of workers' compensation coverage:</p> <ul style="list-style-type: none"> • Payments to employees furloughed or placed on administrative leave as a result of pandemic-related public health measures must be classified as vacation time and excluded from payroll reported to workers' compensation insurers for the purposes of calculating the premium basis. • Vacation time is not an appropriate classification for sick leave or for employees teleworking or otherwise incurring risk covered by workers' compensation insurance. • Employers will need to separately track furlough payroll in sufficient detail for insurers to preform premium audits, and insurers are required to inform employers of what information is necessary to perform premium audits and develop a plan to help employers comply.
	8.	P&C	Oregon Division of Consumer and Business Services issued Bulletin 2020-11 to all auto insurers on April 22, 2020.	<p>Rate Reductions and Rebates to Auto Insurance Policyholders</p> <p>The Department encourages insurers to extend coverage for personal delivery drivers and to limit the application of commercial delivery exclusions during the COVID-19 outbreak. For example, some insurers have offered to remove exclusions or otherwise offer coverage on a temporary basis and other insurers are extending coverage for drivers delivering food, prescriptions or other products for their employers. Insurers with previously approved endorsements planning to expand coverage for the remainder of a policy term do not need to file new forms. Insurers who want to extend coverage on a temporary basis for matters excluded under their policy should file proposed endorsements or any revisions to policies in SERFF.</p> <p>Some insurers are proposing to reduce rates based on reduced exposure from the COVID-19 emergency orders. These requests should be made in SERFF as a rule filing.</p> <p>An insurer that wants to make one or more mid-term payments in recognition of lower exposure may do so if the amounts are in its filed rating plan. The insurer should make a rule filing in SERFF.</p>
	9.	P&C	Oregon Division of Consumer and Business Services issued Amended Property and Casualty Insurance Order on August 1, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>This Order requires insurance companies to, among other things, give policyholders a single grace period of at least 60 days (per policy) to pay premiums if the policyholder has attested to the insurance company that the non-payment is due to COVID-19 related loss of income and the insured has not received a previous 60-day grace period from the insurance company of the policy. This Order also extends deadlines for reporting claims. Among other things, this Order also (1) requires insurance companies to suspend all involuntary cancellation and nonrenewals for various COVID-19 related reasons; and (2) prohibits an insurance company from cancelling or nonrenewing a policy solely because of a claim directly resulting from the circumstances surrounding the COVID-19 outbreak, except for fraud or intentional misrepresentation.</p> <p>The Order is in effect until August 30, 2020.</p> <p>This Order amends the previous Order that was issued on May 22, 2020 and extended until July 31, 2020.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	10.	P&C	Oregon Division of Consumer and Business Services issued a Temporary Administrative Order on July 27, 2020 and updated on August 5, 2020.	<p>Wind Down of Emergency Order Prohibiting Nonrenewals of Insurance Policies</p> <p>This Administrative Rule sets out that if an emergency order postpones an insurance policy renewal, the expiration of the emergency order is a valid reason to cancel a commercial liability policy, if the emergency order was the sole reason the policy was renewed. This Administrative Rule also sets out the conditions for which an insurer can cancel a commercial liability policy.</p> <p>This Administrative Rule is effective July 27, 2020 through January 22, 2021.</p>
	11.	Workers' Compensation	Oregon Department of Consumer and Business Services issued issued a Temporary Administrative Order (ID 6-2020) on August 14, 2020.	<p>Workers' Compensation Insurance</p> <p>Temporary Administrative Order (ID 6-2020) updates the manual rules to include COVID-19 related revisions filed by the National Council on Compensation Insurance.</p>
	12.	Workers' Compensation	Oregon Department of Consumer and Business Services issued a Permanent Administrative Order (ID 7-2020) on October 23, 2020.	<p>COVID-19 Update to Statistical Plan for Workers' Compensation Insurance Reporting</p> <p>Oregon Department of Consumer and Business Services issued and adopted a rule to amend OAR 836-042-0045 which provided an update regarding the COVID-19 statistical plan for workers' compensation and employers' liability insurance.</p>
	13.	Health	Oregon Department of Consumer and Business Services issued a Bulletin No. DFR 2021-1 on February 4, 2021.	<p>Coverage of COVID-19 Vaccination</p> <p>Bulletin clarifies the Oregon Department's expectations around coverage of COVID-19 vaccinations by health benefit plans in Oregon. Specifically, the Bulletin issues the following guidance:</p> <ol style="list-style-type: none"> Coverage required – All health benefit plans (including grandfathered health benefit plans) in Oregon must provide coverage for approved COVID-19 vaccines and their administration in accordance with the Bulletin. The requirement to cover vaccines and their administration is in addition to any coverage requirements that may apply to a health benefit plan under federal law. Network restrictions – A health benefit plan may not restrict coverage for an approved COVID-19 vaccine and its administration to in-network providers. Health benefit plans must provide coverage for a COVID-19 vaccine in accordance with the provisions of the Bulletin, regardless of whether an enrollee receives the vaccine from an in-network or out-of-network provider. The Oregon Department encourages health benefit plans to be proactive in including approved COVID-19 vaccines in their networks and to update operational systems to accept and process out-of-network COVID-19 vaccine claims. Cost-sharing - A health benefit plan may not impose any cost-sharing requirements, such as a copay, coinsurance or deductible, on the coverage required under the Bulletin. Coverage for COVID-19 vaccines and their administration is to be provided without cost-sharing both in- and out-of-network. Prior authorization and utilization review – A health benefit plan may not require prior authorization or apply any other form of utilization review to the coverage of COVID-19 vaccines and their administration. All other coverage limits prohibited – A health benefit plan may not impose any other limitation on the coverage required by the Bulletin that serves, in form or in substance, to prevent an enrollee from receiving a COVID-19 vaccine at no out-of-pocket cost.
Pennsylvania	1.	Health	Pennsylvania Insurance Department issued Notice 2020-03 regarding Coronavirus (COVID-19) to carriers which offer health insurance on March 10, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>Notice requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Ensure they are prepared to address COVID-19 cases; Make necessary and useful information available to insured and respond to queries expeditiously; Waive cost-sharing for COVID-19 testing; Review the adequacy of any telehealth programs; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Ensure utilization review decisions are made in a timely manner; Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; Ensure access to prescription drugs; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				9. Provide information (to both public health officials and the public) as to how they are complying with this Notice.
	2.	All Lines	Pennsylvania Insurance Department issued Notice 2020-04 to licensees regarding education courses and license renewals on March 19, 2020.	Guidance Regarding Continuing Education Requirements Notice (i) temporarily extends the licensing renewal deadline for licensees impacted by extenuating circumstances related to COVID-19 and (ii) temporarily waives CE requirements for licensees who cannot meet requirements due to extenuating circumstances related to COVID-19.
	3.	Health Life P&C	Pennsylvania Insurance Department issued Notice 2020-05 to insurance companies regarding filings on March 19, 2020.	Guidance Regarding Filings Notice temporarily allows filings with the Pennsylvania Insurance Department to be made electronically.
	4.	Health Life P&C	Pennsylvania Insurance Department issued Notice 2020-06 to insurance companies regarding policyholders affected by the COVID-19 virus on March 19, 2020.	Recommended Actions for Policyholders Affected by COVID-19 Notice requests applicable insurance carriers to consider the following actions: consistent with prudent insurance practices, relaxing due dates for premium payments, extending grace periods, waiving late fees and penalties and allowing payment plans for premium payments to otherwise avoid a lapse in coverage. Carriers are also requested to consider cancellation or non-renewal of policies only after exhausting other efforts to work with policyholders to continue coverage.
	5.	P&C	Pennsylvania Insurance Department issued Notice 2020-07 to Auto Insurers to highlight Pennsylvania Department of Transportation extensions and urge flexibility during the COVID-19 Outbreak on March 31, 2020.	Guidance Regarding Expectations of Automobile Insurers During the COVID-19 Outbreak Notice highlights Pennsylvania Department of Transportation's decision that for driver licenses, photo ID cards and learner's permits scheduled to expire from March 16, 2020 through March 31, 2020, the expiration date is now extended until May 31, 2020. The Notice goes on to communicate the following expectations to applicable insurers: 1. That, with respect to any policyholders whose license may expire during the period set out above, they will apply exclusions, rates, or underwriting rules as if the policyholder's license expires May 31, 2020; 2. That they will review all eligibility criteria for discounts such as good driver discounts; 3. That they will review the application of credit score in the rates charged to consumers and provide flexibility, where appropriate, to policyholders who may experience a negative credit event during this time; 4. That they will review the impact that a general decrease in driving may have with regard to claims, renewals, and other items and apply low-mileage discounts, where appropriate; and 5. That they will exercise flexibility with limits on rental car coverage and other items which are impacted by the closure of businesses during this time.
	6.	P&C	Pennsylvania General Assembly Bill 2372 introduced on April 3, 2020.	Proposed Legislation to Manage COVID-19 Outbreak General Assembly Bill 2372 provides a framework for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it will be retroactive for any insured with a business interruption policy in place from March 6, 2020, when the Pennsylvania Governor first declared a public health emergency and a state of emergency due to the virus. The Bill would apply to Pennsylvania businesses with less than 100 eligible employees, meaning full-time employees working a normal week of 25 hours or more.
	7.	Medical Malpractice	Pennsylvania Insurance Department issued Notice 2020-08 to all Volunteer Physicians, Podiatrists and Certified Nurse Midwives practicing within the Commonwealth of Pennsylvania under a Reactivated License on April 8, 2020.	Medical Care Availability and Reduction of Error Fund's Guidance on Its Expectations on the Limits of Professional Medical Malpractice Insurance During the COVID-19 Pandemic Pursuant to the CARES Act, physicians, podiatrists and certified nurse midwives that are providing health care services in hospital and long-term care facilities under reactivated licenses voluntarily and without compensation are not required to have individual limits or to individually participate in the Mcare Fund through the payment of an assessment. They may be covered by the medical malpractice insurance coverage of the hospital or long-term care facility for which they are volunteering and share those limits and payment of assessment. Those physicians, podiatrists and certified nurse midwives that provide health care services under reactivated licenses either outside a hospital or long-term care facility or for compensation are still required to have separate limits as prescribed Mcare Act and pay into the Mcare Fund.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	8.	Health	Pennsylvania Insurance Department issued Notice 2020-09 on April 10, 2020.	<p>Applicability of Notice Regarding COVID-19 Insurance Coverage to Issuers and Producers Oof Limited Benefit Policies</p> <p>If an insurer issues any policy in Pennsylvania under which a health care service may be covered, that insurer is expected to be responsive to the content of Notice 2020-03, and is asked to provide information on the steps it is taking in response to that Notice.</p> <p>The Department reminds insurers and producers that sell, solicit or negotiate limited or excepted benefit policies, including but not limited to short-term limited duration or specified disease policies, of their obligations to clearly and explicitly present the coverages to identify and remove barriers to testing and treatment for COVID-19, and to assure that consumers with these policies are accurately informed of the limits of their policies both prior to and after purchase.</p>
	9.	All Lines	Pennsylvania Department of Insurance issued Notice 2020-10 on April 13, 2020.	<p>Guidance Regarding Regulatory Filing Requirements</p> <p>Bulletin informs licensed insurance entities that, upon written request to the Pennsylvania Department, they may receive either 30-day or 60-day extensions for certain regulatory filings.</p> <p>Bulletin advises such insurers that electronic signatures are permissible for the duration of the emergency, though filings made with such signatures must be resubmitted in original form within 60 days of the conclusion of the emergency.</p> <p>The Pennsylvania Department informs insurers that it will not conduct any on-site examination work that is contrary to the spirit of any public health directive.</p>
	10.	All Lines	Pennsylvania Department of Insurance issued Notice 2020-11 on April 13, 2020.	<p>Guidance Regarding Premium Finance Arrangements</p> <p>Given the challenges raised by the pandemic, the Bulletin encourages premium finance companies, to the greatest extent possible, to accommodate insureds by extending or providing grace periods for loan payments or to be otherwise flexible with respect to determinations of default under premium finance agreements, especially with regard to cancellations for default.</p> <p>Bulletin encourages premium finance companies to waive or temporarily eliminate any delinquency or other charges normally permitted with respect to their arrangements.</p> <p>Bulletin encourages insurance carriers to work with premium finance companies to facilitate any grace period modifications.</p> <p>Bulletin advises that, when a policy is being cancelled because of a premium finance default, insurance carriers are to work directly with the policyholder to provide any reasonable flexibility and accommodations to the policyholder to allow the policy to remain in effect.</p>
	11.	All Lines	Pennsylvania Department of Insurance issued Notice 2020-12 on April 22, 2020.	<p>COVID-19 Guidance for Temporary Individual Resident Producer Licensure</p> <p>Due to the COVID-19 pandemic, all producer examination testing centers are currently closed in Pennsylvania and will remain closed until further notice. The Department will be commencing the issuance of temporary producer licenses to those qualifying individuals desiring to become Pennsylvania resident insurance producers. The temporary licensing of individual resident insurance producers will be subject to terms and mandates contained in the Bulletin.</p>
	12.	P&C	Pennsylvania Senate Bill 1114 introduced on April 30, 2020.	<p>Proposed Legislation to Manage COVID-19 Outbreak</p> <p>Senate Bill 1114 provides a framework for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). Narrower than a previous bill on this topic introduced in the Pennsylvania General Assembly, this Bill specifically targets property, all risks and contingent business interruption policies. If enacted, it will be retroactive for any insured with a business interruption policy in place from March 6, 2020, when the Pennsylvania Governor first declared a public health emergency and a state of emergency due to the virus. The Bill would apply to Pennsylvania businesses with less than 100 eligible employees, meaning full-time employees working a normal week of 25 hours or more.</p> <p>The Bill includes a wide-ranging definition of physical damage, which is deemed to include any premises where the COVID-19 virus is found or in which a person has tested positive for the disease. It further states that business interruption policies should be triggered by a civil authority shutdown order – such as an executive order from a state governor ordering non-essential businesses to close.</p>
	13.	Health	Pennsylvania Insurance Department issued Guidance on May 8, 2020.	<p>COVID-19 Health Insurance Payback and Credit Programs Filing Guidance</p> <ul style="list-style-type: none"> Insurance companies with health insurance products, including major medical, dental-only and vision only products, are contemplating payback or credit programs to reflect the reduced exposure to loss during the current COVID-19 pandemic. The Department believes such a payback or credit program

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>requires a product filing if a filing would otherwise be applicable (i.e., a form filing for an endorsement, and, if the product is subject to rate filings, a rate filing). The Department is committed to an expedited review of these product filings when they take one of the following three forms:</p> <ol style="list-style-type: none"> 1. An endorsement that attaches to all policies and effectuates a payback; 2. A rate filing that details the amount of premium reduction and effectuates a payback; or 3. A rate filing for a premium credit. <ul style="list-style-type: none"> • If the insurer chooses to make an endorsement filing, a rate filing to effectuate a payback or a rate filing for a premium credit, then it should be filed in SERFF.
	14.	All Lines	Pennsylvania Insurance Department issued Notice 2020-14 on May 23, 2020.	<p>COVID-19 Guidance for Licensees as Counties Move to Yellow Phase</p> <p>In order to stop the spread of COVID-19 in Pennsylvania, the Pennsylvania Department is issuing this Notice to all licensees to provide guidance about in-person operations and sales for insurance licensees in counties moving to the yellow phase of reopening:</p> <ul style="list-style-type: none"> • Telework and remote operations must continue where feasible in counties that have been designated to move to the yellow phase, however, in instances where that is not feasible, insurance licensees will be permitted to resume in-person operations, including in-person sales, with restrictions to protect licensees and consumers. • Licensees must adhere to the guidance, building safety and business safety orders issued by the Governor that detail procedures businesses must follow to conduct in-person operations in counties slated to move to the yellow phase of reopening. • Licensees are advised that unsolicited in-person sales continue to be prohibited under the Governor's Order, regardless of whether licensees are operating in red or yellow counties. <p>Any insurance licensee found to be in violation of this Notice may be subject to enforcement actions by the Pennsylvania Department, including the levying of monetary penalties and license revocation or suspension. Additionally, non-compliance may result in a referral to the Pennsylvania State Police for further prosecution.</p>
	15.	All Lines	Pennsylvania Insurance Department issued Notice 2020-16 on June 13, 2020.	<p>COVID-19 Guidance for Licensees as Counties Move to Green Phase</p> <p>In order to help stop the spread of COVID-19 in Pennsylvania, the Pennsylvania Insurance Department is issuing this Notice to all licensees to provide guidance about in-person operations and sales for insurance licensees in counties moving to the green phase of reopening:</p> <ul style="list-style-type: none"> • Telework and remote operations are strongly encouraged in counties that have been designated to move to the green phase, but in instances where that is not feasible, insurance licensees will be permitted to conduct in-person operations, including in-person sales, with restrictions to protect licensees and their employees and consumers. • Licensees are advised that in-person business should be conducted by appointment only, wherever possible, when operating in the green phase. • Walk-in business is permissible to the extent that the insurance business has enacted mitigation procedures designed to protect employees and the public. • Licensees must adhere to the updated guidance, building safety and business safety orders issued by Governor Tom Wolf that details procedures businesses must follow to conduct in-person operations in counties slated to move to the green phase of reopening.
	16.	Health Life	Pennsylvania Insurance Department issued Notice 2020-19 to health and life insurance companies regarding balance billing and surprise balance bills on June 27, 2020.	<p>COVID-19 Guidance Regarding Surprise Bills</p> <p>In this Notice, the Pennsylvania Department encourages individuals and entities conducting regulated health insurance related services to take certain actions in connection with two billing issues that have come to its attention:</p> <ol style="list-style-type: none"> 1. The Pennsylvania Department is aware that some providers (including dental providers) are billing consumers a fee to cover the cost of personal protective equipment and supplies, as well as other infection control measures which were implemented in response to the COVID-19 pandemic. 2. The Pennsylvania Department is aware that some laboratories or other testing services are charging amounts that are well in excess of their costs. Even if such charges are publicly posted, the amount may be considered price gouging. <p>The Pennsylvania Department encourages health insurers to combat these two practices as provided under Notice 2020-03. In addition, the Pennsylvania Department requests that health insurers examine their contractual arrangements with providers, where their network providers may be engaged in either of these practices, and take such actions as may be necessary to address the issue in accordance with the contractual obligations of the provider. If a provider who</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>is engaged in either of these practices is not in a health insurer's network or where any action taken does not result in a resolution that avoids imposing costs on insureds, the health insurer should consider making a referral to the State Attorney General.</p> <p>Further, the Pennsylvania Department encourages health insurers to include information on their websites and through consumer assistance lines or other consumer communication tools so that consumers may be alert to these inappropriate billing practices and may know how to lodge a complaint either with the insurer or the State Attorney General.</p>
	17.	All Lines	Pennsylvania Insurance Department issued Notice 2020-21 to all Pennsylvania insurers, insurance agencies and interested parties on October 3, 2020.	<p>Discontinuation of Temporary Resident Producer Licensure</p> <p>This Notice provides information on the discontinuation of temporary resident producer licensure in Pennsylvania, modifying Notice 2020-12. The Notice states that, effective October 19, 2020, the Pennsylvania Insurance Department will no longer accept applications for temporary licensure. The Notice also reminds temporary producer licensees of (1) the terms and conditions to convert a temporary license to a full resident producer license and (2) the requirements and procedures of converting a temporary producer license to a full resident producer license, depending on when they pass the licensing exam.</p>
	18.	Health	Pennsylvania Insurance Department issued Notice 2021-3 to all Pennsylvania insurers, insurance agencies and interested parties on March 6, 2021.	<p>Notice Regarding COVID-19 Insurance Coverage</p> <p>The Department issued the Bulletin to assist individuals and entities regulated by the Department to address health insurance related services that may arise in the context of the ongoing COVID-19 pandemic. Specifically, the Bulletin draws attention to the following:</p> <ol style="list-style-type: none"> Testing for COVID-19. It is expected that insurers will continue to cover testing without cost-sharing as required by applicable federal and Pennsylvania law. Vaccine for COVID-19. It is expected that insurers will continue to cover vaccinations without cost-sharing and consideration of the network status of the provider, as required under applicable federal and Pennsylvania law. Further, the Department urges insurers to expeditiously work through any administrative or billing issues that may arise with respect to the administration of vaccines by pharmacies. Telehealth Delivery of Services. The Department has previously encouraged health insurers to review their respective participating telehealth service provider arrangements, provide coverage of costs related to telehealth services and to be prepared to meet any increased demand for that means of delivery, given that COVID-19 is a communicable disease and, therefore, some insureds may prefer to use telehealth services instead of in-person health care services. However, as health insurers have taken different approaches both in telehealth policy flexibilities implemented as well as the duration of such flexibilities, the Department encourages health insurers to implement broader consistency across their telehealth flexibility policies, including consideration of: <ul style="list-style-type: none"> Best practices for care management, including continuity of care between telehealth and in-person care; Network flexibility for providers that offer both telehealth and in-person services; Language consistency and clarity so that providers and patients easily understand the timing and substance of any changes in telehealth policies; and 60-day advance notice to providers and patients of any change in policy. <p>The Department also strongly encourages health insurers to extend such flexibilities through the end of the federal declaration of the public health emergency or the Pennsylvania declaration of the public health emergency (whichever occurs later) and to implement a 60-day wind-down period for an orderly transition for both patients and providers to adjust to a post-pandemic environment.</p> Balance Billing and Surprise Balance Bills. Health insurers are urged to assist insureds in accessing in-network or publicly funded health services to avoid balance billing and surprise balance bills. Coordination with Self-Funded Businesses. While not under the Department's regulatory jurisdiction, the Department continues to encourage health insurers to coordinate closely with the business they administer on behalf of employers who self-fund their health benefits to ensure consistency in access across all forms of coverage.
Rhode Island	1.	Health	Rhode Island Office of the Health Insurance Commissioner ("OHIC") issued a Bulletin on March 13, 2020.	<p>Medicaid Program Instructions During the COVID-19 State of Emergency</p> <p>Bulletin requires health insurers to take the following measures:</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 1. Update telemedicine policies to include telephone-only services within the definition of telemedicine for primary care and behavioral health providers. Telephone-only primary care and behavioral health services coded using CPT codes 99211 or 99212 (or equivalent) with a code modifier are not to be subject to cost-sharing. 2. Require that plan-contracted out of state telemedicine providers follow CDC and RIDOH instructions in connection with services provided to Rhode Island residents related to COVID-19. 3. Ensure coverage of COVID-19 testing and screening consistent with CDC guidelines (including test administration and analysis) without prior authorization and without patient cost-sharing. 4. Health insurers shall ensure coverage for advance prescription refills and medical supplies to enable enrollees to maintain at least a 30-day supply during this outbreak. 5. Consider and reasonably remove and/or reduce barriers to access to services related to COVID-19 that may delay or impede necessary care, including requirements for specialist referrals and prior authorizations, during the state of emergency. 6. In the event a federally-approved vaccine becomes available for COVID-19, cover the cost of the immunization with no cost-sharing for all covered enrollees. 7. Maintain a plan to address consumer access to care and services, including monitoring the supply chain for prescription drugs and medical supplies and maintain contingencies to ensure the continuity and quality of care for patients. Also consider streamlined access to necessary off-formulary prescription drugs if supply chain. 8. Continually assess provider network adequacy to ensure adequate access to care given expected increases in the need for health care services for COVID-19 cases. If a health insurer does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health insurers should provide timely access to an out-of-network provider at in-network cost-sharing. 9. Health insurers shall comply with the requirements of RI Gen. Laws § 27-18-76 regarding emergency services including out of network emergent care. 10. Continue to review internal processes and operations to ensure preparedness to address any significant growth in COVID-19 cases in Rhode Island. 11. Provide timely information to OHIC and Rhode Island Medicaid (where applicable) on the steps being taken in response to the above requirements.
	2.	Health	Rhode Island Governor issued Executive Order 20-06 on March 18, 2020.	<p>Expanding Access to Telemedicine Services in Response to the COVID-19 Outbreak</p> <p>The Governor ordered the following:</p> <ol style="list-style-type: none"> 1. The patient location requirement for telemedicine contained in Rhode Island General Laws 27-81-3(9) is suspended. Patients may receive telemedicine services at any location. 2. The prohibition against audio-only telephone conversation and the limitations on video conference contained in Rhode Island General Laws 27-81-3(12) are suspended to expand the availability of telemedicine. 3. Rhode Island General Laws 27-81-4(b) is suspended to the extent that it allows agreements between health care providers and insurance carriers that limit either the scope of covered telemedicine services or the reimbursement of those services. All such providers must be reimbursed at rates not lower than services delivered through traditional (in-person) methods. 4. Insurance carriers must establish reasonable requirements for the coverage of telemedicine services, in accordance with guidance issued by OHIC, including with respect to documentation and recordkeeping, but may not impose any requirements more restrictive than those contained in The Rhode Island Office of Health Insurance Commissioner and Medicaid Program Instructions During the COVID-19 State of Emergency issued March 13, 2020 and the Telehealth Benefits for Medicare beneficiaries. No insurance carrier may impose any specific requirements on the technologies used to deliver telemedicine services (including any limitations on audio-only or live video technologies). 5. OHIC is directed to issue guidance on the implementation of this Order.
	3.	P&C	Rhode Island Insurance Division of the Department of Business Regulation issued Insurance Bulletin Number 2020-2 on March 19, 2020.	<p>Required Measures To Be Taken By Property & Casualty Insurers To Manage COVID-19 Outbreak</p> <p>Bulletin issued the following requirements for non-action by the Rhode Island Department with respect to motor vehicle damage appraisals during the COVID-19 emergency:</p> <ol style="list-style-type: none"> 1. The insurer must implement a policy which provides for remote appraisals in a nondiscriminatory fashion; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				2. The policy must be limited in time and the insurer must discontinue the remote appraisals as soon as the COVID-19 emergency abates and resume in person appraisals.
	4.	Health Life P&C	Rhode Island Insurance Division of the Department of Business Regulation issued Insurance Bulletin Number 2020-3 on March 19, 2020.	<p>Informational Notice to Manage COVID-19 Outbreak</p> <p>Bulletin issued the following stipulations with respect to insurance licensing:</p> <ol style="list-style-type: none"> 1. March 31, 2020 expiration dates are automatically extended until April 30, 2020; and 2. In-person testing is suspended until April 30, 2020.
	5.	Health	Rhode Island Office of the Health Insurance Commissioner issued Health Insurance Bulletin 2020-01 on March 20, 2020.	<p>Emergency Telemedicine Measures to Address and Stop the Spread of COVID-19</p> <p>This Bulletin provides guidance to carriers regarding how to implement the Executive Order 20-06 of March 18, 2020.</p>
	6.	Health Life P&C	Rhode Island Department of Business Regulation issued Bulletin 2020-4 to all regulated insurance entities on March 25, 2020.	<p>Requested Actions to Ensure Flexibility in Insurance</p> <p>Bulletin requests all applicable insurance entities take the following measures:</p> <ol style="list-style-type: none"> 1. Provide as much flexibility as possible to allow insureds to maintain their existing coverage by implementing and extending grace periods for premium payments, allowing payment plans for premium payments and instituting whatever other measures necessary to achieve this goal; 2. Institute alternative methods of payment for those insureds whose normal method of payment is affected by this emergency; 3. Institute additional flexibility in the form of waivers of late, insufficient funds and installment fees and penalties, extension of billing due dates and premium grace periods; 4. Explore ways to streamline or delay the submission of administrative paperwork; 5. Consider filings to alter policies to reflect the anticipated effects of the emergency; and 6. Explore ways to make claims processes easier and more responsive such as electronic delivery of claims payments and remote adjustment of damages.
	7.	Health	Rhode Island Department of Business Regulation issued Bulletin 2020-5 to all insurers that cover medical treatment under policies of insurance on April 6, 2020.	<p>Requirements for Insurers Regarding Telehealth Services</p> <p>Bulletin sets out the following requirements:</p> <ul style="list-style-type: none"> • Insurance carriers must establish reasonable requirements for coverage of telemedicine services, in accordance with applicable guidance, including with respect to documentation and recordkeeping, but may not impose any requirements more restrictive than those contained in such guidance and the telehealth benefits for Medicare beneficiaries. • No insurance carrier can impose any specific requirement on the technologies used to deliver telemedicine services (including any limitations on audio-only or live video technologies). • The provisions of the Executive Order and OHIC Bulletin 2020-1 are applicable to all medical treatment paid for by insurers regardless of the type of insurance.
	8.	Health	Rhode Island Office of the Health Insurance Commissioner issued Health Insurance Bulletin 2020-02 on April 10, 2020.	<p>Affordability Standards Regulatory Flexibilities to Address Provider Financial and Operational Stability During the COVID-19 State of Emergency</p> <p>In response to the COVID-19 pandemic, and specifically to address provider financial and operational challenges resulting from reduced utilization of services and increased resource demands, OHIC is temporarily relaxing certain health insurer regulatory requirements for hospital contracts and population-based contracts.</p>
	9.	All Lines	Rhode Island Insurance Division issued Bulletin 2020-06 on April 17, 2020.	<p>Guidance Regarding Temporary Licenses During the State of Emergency</p> <p>Bulletin sets out process for the issuance of temporary insurance producer licenses during the emergency.</p>
	10.	Health	Rhode Island Office of the Health Insurance Commissioner ("OHIC")	<p>Temporary Emergency Measures Regarding Benefit Determination Review and Network Plans and Healthcare Accessibility and Quality Assurance</p> <p>Bulletin provides temporary regulatory relief to entities under OHIC's jurisdiction as well as instruction to those entities regarding necessary temporary policies and procedures to adopt and follow to maintain adequate and responsive networks, remove unreasonable administrative barriers to providers' capacity to</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			issued Health Insurance Bulletin 2020-03 on April 27, 2020.	provide and be reasonably reimbursed for necessary covered services and ensure beneficiaries have timely access to covered services during the state of emergency. These regulatory measures relate to: <ul style="list-style-type: none"> Benefit determination reviews, and Network plans and healthcare accessibility and quality assurances.
	11.	Health	Rhode Island Office of the Health Insurance Commissioner (“OHIC”) issued guidance on May 7, 2020.	<p>Rhode Island Office of the Health Insurance Commissioner and Medicaid Program Guidance for Preventive Care Visits During the COVID-19 State of Emergency</p> <p>Executive Office of Health and Human Services (“EOHHS”) and OHIC are directing all managed care organizations (“MCOs”) and all commercial health insurers (“Carriers”) to adopt the principles set out below in their telemedicine policies for preventive care to allow for the components of the preventive medicine E&M to be conducted on two separate dates of service for pediatric and adult patients. On May 5, 2020 the Rhode Island Department of Health (“RIDOH”) issued guidance to providers on evaluating the level of care in ambulatory care settings, including patient prioritization and infection prevention. The following policy changes shall be temporary and effectuated in alignment with Governor Raimondo’s directives on social distancing policies.</p> <ol style="list-style-type: none"> The first portion/part of the patient encounter would be to perform the preventive medicine E&M components of the exam that are clinically appropriate to be performed by telemedicine or telephone only. The appropriate E&M procedure code, including any necessary place of service modifier, should be used to reimburse providers for this component of the visit. The second portion/part of the patient encounter is intended to perform/meet the face-to-face visit components/physical requirements of the preventive medicine exam (e.g. immunizations, vital signs, vision screening, hearing screening). Only those services that are provided on that second date of service that are separate from the preventive medicine E&M exam should be billed/reported on the second date of service using the appropriate procedure codes. MCOs and Carriers should include specific billing and coding requirements in their temporary wellness visit policies, as well as any documentation requirements (e.g., place of service modifiers). If preventive medicine E&M visits are conducted on two different dates, it is expected that MCOs and Carriers will reimburse at an amount no less than the amount they currently reimburse for the in-person preventive medicine E&M service as would be conducted in a single visit. If additional health concerns that are typically not addressed during a preventive visit are raised during the second, in-person portion of the visit, the provider may bill the appropriate sick E&M procedure code, including any necessary place of service modifier, for which a separate encounter would typically be billed. For pediatric patients only: <ul style="list-style-type: none"> For children age 24 months and under and those over 24 months in need of vaccination, the American Academy of Pediatrics (“AAP”) recommends continuation of in-person well child visits to ensure critical immunizations and screenings are administered at the appropriate age. For children over 24 months of age (or for children under 24 months of age who are unable to be seen in person), well child visits may be conducted using telehealth modalities, consistent with the aforementioned temporary telemedicine policies issued by EOHHS and OHIC. The remaining elements of the well child visit should be completed in person as soon as community circumstances allow. Medicaid fee-for-service coding: <ul style="list-style-type: none"> Refer to the COVID-19 TeleHealth Delivery Policy and Procedure Guidance for RI Medicaid for the full list of procedure codes that are reimbursable in this manner. When the second portion of the encounter is completed in person, providers should bill for only the services that are rendered on that date of service, using the appropriate procedure code (e.g., 90471 vaccination code). If additional health concerns that are typically not addressed during a preventive visit are raised and addressed during the second, in-person portion of the visit, the provider may bill the appropriate sick E&M procedure code, for which a separate encounter would typically be billed (e.g., 99212).

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	12.	Health	Rhode Island Office of the Health Insurance Commissioner issued Guidance on May 26, 2020.	<p>Guidance for Timely Access to Preventive Care Visits 2020-2022</p> <p>Guidance states that, in order to return to a more timely and balanced schedule of wellness visits, the Executive Office of Health and Human Services and Office of the Health Insurance Commissioner are directing all managed care organizations and insurers to amend any existing well visit limitations from "one preventive visit every 365 days" to "one preventive visit in a calendar year/plan year" for the years 2020-2022.</p>
	13.	Health	Rhode Island Office of the Health Insurance Commissioner issued Guidance on July 21, 2020.	<p>Guidance Regarding Coverage for COVID-19 PCR and Antigen Testing</p> <p>It is the expectation of the Rhode Island Office of the Health Insurance Commissioner ("OHIC") that carriers must provide coverage for the duration of the Rhode Island COVID-19 State of Emergency for polymerase chain reaction ("PCR") and antigen testing and the administration of such tests where an ordering provider has determined the test is medically appropriate for an individual beneficiary in accordance with accepted standards of medical practice, inclusive of guidance issued by the Rhode Island Department of Health.</p> <p>Bulletin sets forth a non-exhaustive list of situations in which coverage for PCR and antigen testing and the administration of such tests must be provided without cost-sharing, prior authorization or other medical management practices. These situations include, but are not limited to, when the following are involved:</p> <ol style="list-style-type: none"> 1. Symptomatic testing; 2. Asymptomatic testing; 3. Non-traditional testing scenarios (asymptomatic or symptomatic) where a test is determined to be medically appropriate by a provider; or 4. Testing that may serve or give the appearance of serving a dual purpose. <p>Bulletin also provides the following guidance:</p> <ul style="list-style-type: none"> • Items and services furnished to an individual during a provider visit (whether in-person or via telehealth), urgent care center visit, emergency room visit or non-traditional care setting visit (including COVID-19 drive-through and walk-up screening and testing sites) that results in an order for or administration of a diagnostic COVID-19 test, must also be covered without imposing any patient cost-sharing requirements (copayments, deductibles or coinsurance), prior authorization or other medical management requirements with respect to those items and services, but need only be covered to the extent the items and services relate to the furnishing or administration of the product or to the evaluation of the individual for purposes of determining the need of the individual for such product, as determined by the individual's healthcare provider. • Any facility fees must also be covered to the extent the facility fee relates to the furnishing or administration of a COVID-19 test or to the evaluation of an individual to determine the individual's need for testing. • Carriers must contractually prohibit network providers from billing, charging, collecting a deposit from, or seeking compensation, remuneration or reimbursement from a beneficiary, to include but not be limited to facility or administrative fees, for covered services. • When carriers are acting as administrators for employment-sponsored self-funded health benefit plans, OHIC expects carriers to ensure compliance with federal requirements as well as encourage plan sponsors to take steps that are consistent with the provisions of this Bulletin. Plan sponsors should be made aware of the public health risks to all state residents, and carriers should do all they can to encourage plan sponsors to take steps to remove barriers to accessing medically-necessary screening, triage, testing, diagnosis, counseling and treatment of COVID-19.
	14.	Health	Rhode Island Office of the Health Insurance Commissioner issued Guidance on November 24, 2020.	<p>Reinstatement of Temporary Emergency Measures Regarding Benefit Determination Review and Network Plans and Health Care Accessibility and Quality Assurance</p> <p>Bulletin reinstates, with limited exceptions, the provisions of Health Insurance Bulletin 2020-03 "Temporary Emergency Measures Regarding Benefit Determination Review and Network Plans and Health Care Accessibility and Quality Assurance" issued April 27, 2020, to ensure access to and continuity of care as well as the safety and welfare of beneficiaries during the COVID-19 public health crisis.</p> <p>Bulletin takes effect December 1, 2020 and remains in full force and effect for as long as Rhode Island Governor's "Twenty-Sixth Supplemental Emergency Declaration – Promoting Better Coordination of Health Care Coverage" remains in effect, including through renewal, modification or termination by subsequent Executive Order.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
South Carolina	1.	Health Life P&C	South Carolina Department of Insurance issued Bulletin 2020-02 on March 25, 2020.	Assistance for Insureds Directly Impacted by COVID-19 Bulletin states expectation that regulated insurance entities will work with insured to provide relief from insurance requirements during this period, including, for example, extending premium payment deadlines and providing additional time before non-renewals or cancellations become effective.
	2.	Health Life P&C	South Carolina Department of Insurance issued Bulletin-2020-03 on April 2, 2020.	Guidance Regarding Actions Taken with Respect to Licensing and Compliance Deadlines Bulletin sets out the following: 1. That the South Carolina Department will issue temporary producer licenses to applicants meeting the requirements for licensure without requiring examination or fingerprinting, provided that they meet certain conditions; 2. That deadlines for license renewals and continuing education compliance will receive ninety day extensions; and 3. That continuing education compliance and fingerprinting documentation filing requirements for bail bondsmen will receive an extension until September 30, 2020.
	3.	P&C	South Carolina Senate Bill SB.1188 was introduced on April 8, 2020.	Proposed State Legislation to Manage COVID-19 Outbreak SB.1188 mandates coverage for businesses that endure business interruption losses due to the COVID-19 pandemic to recover those losses from their insurer for COVID-19-related claims (despite virus exclusions in many policies). If enacted, it mandates coverage even given unambiguous policy language and would apply to insureds with 150 or fewer full-time equivalent employees. The bill will be retroactive for any insured with a business interruption policy in place from the effective date of the act until the state of emergency is rescinded.
	4.	All Lines	South Carolina Department of Insurance issued Bulletin-2020-05 on April 24, 2020.	Filing Requirement Extensions At this time, insurers and HMOs are still required to make all required electronic filings with the NAIC or to the analyst assigned to an insurer for those filings that are not filed directly with the NAIC. The Department is allowing insurers additional time to complete and submit certain filings. To receive the extension of time to file, insurers must submit a notification of late filing to the Department. The Department reserves the right to require an earlier filing based upon the financial condition and unique circumstances deemed applicable to a particular insurer.
	5.	All Lines	South Carolina Department of Insurance issued Bulletin Number 2020-03A on September 15, 2020.	Discontinuation of Temporary Producer Licenses for New Applicants Due to COVID-19 <ul style="list-style-type: none"> Effective September 15, 2020, the Department of Insurance will no longer issue temporary producer licenses related solely to the COVID-19 state of emergency. This Bulletin modifies the temporary licensing section of Bulletin 2020-03 originally issued on April 2, 2020. Any active temporary producer license issued pursuant to Bulletin 2020-03 may be converted to a regular producer license by completion of all prerequisites for a license for the desired line or lines of insurance, including meeting all examination and fingerprint requirements. No additional fee will be required in connection with the issuance of the regular producer license prior to the expiration of the temporary license. If an individual applies for a regular producer license after the expiration of the temporary license, they must pay the applicable fee.
South Dakota	1.	Health	South Dakota Department of Insurance issued Bulletin 20-02 to carriers which offer health insurance on March 25, 2020.	Recommendations to Health Insurers to Manage COVID-19 Outbreak Bulletin requests applicable carriers take the following actions: 1. Ensure coverage for COVID-19 testing at no cost to insureds; 2. Waive or expedite preauthorization requirements; 3. Expand availability of telemedicine services; 4. Allow early refills on maintenance prescription medication; 5. Allow access to out-of-network providers at in-network cost-sharing if there is not an adequate number of in-network providers; 6. Make reasonable accommodation for premium payments prior to cancellation and refrain from cancelling coverage for individuals that have been diagnosed with COVID-19; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				7. Refrain from balance billing out-of-network insureds and expand acceptance of insurance coverage by joining additional networks.
	2.	All Lines	South Dakota Department of Insurance issued Bulletin 2020-03 on April 17, 2020.	Guidance Regarding Temporary Licenses During the State of Emergency Bulletin sets out process for the issuance of temporary insurance producer licenses during the emergency.
	3.	All Lines	South Dakota Department of Insurance issued Bulletin 20-05 to temporary insurance producers, insurance producer applicants and insurers on September 10, 2020.	Termination of Temporary Insurance Producer Licenses Due to the COVID-19 outbreak and the closure of producer testing centers, the South Dakota Division of Insurance (the "Division") issued Bulletin 20-03 on April 17, 2020 which outlined grounds for the issuance of temporary insurance producer licenses. Since testing centers have fully reopened in South Dakota and appropriate mitigation measures are in place, this Bulletin advises that the Division will no longer accept temporary insurance producer applications based on the criteria of Bulletin 20-03 after September 11, 2020. In addition, all existing temporary insurance producer licenses will terminate on the first to occur of either: <ol style="list-style-type: none">1. The time of automatic expiration of the temporary license (180 days after issuance); or2. November 13, 2020. Upon such termination, temporary insurance producers will no longer be licensed to legally sell, solicit, or negotiate insurance and full licensure will be required. As stated in Bulletin 20-03, no renewals for temporary insurance producer licenses are available regardless of the license issue date and no exceptions will be made. Any temporary license application received after September 11, 2020 will be closed with no license issued. The Bulletin advises all temporary insurance producers to immediately schedule their insurance producer examination to avoid a disruption in license status. Responsible Licensed Producers are encouraged to review the license status of temporary insurance producers for whom they are responsible to prevent non-compliance.
Tennessee	1.	Health	Tennessee Department of Commerce and Insurance issued Bulletin 20-02 regarding guidance to health carriers on March 9, 2020.	Guidance to Health Carriers Bulletin requests that health carriers waive cost-sharing for COVID-19 testing, provide timely, accurate information, respond to consumer inquiries quickly, utilize telehealth services where available, and not use preauthorization requirements as a reason for not providing testing and treatment.
	2.	Health Life P&C	Tennessee Department of Commerce and Insurance issued Bulletin 20-03 regarding guidance to carriers on March 24, 2020.	Requested Actions to Ensure Flexibility in Insurance Bulletin requests all applicable insurance entities take the following measures: <ol style="list-style-type: none">1. Provide as much flexibility as possible to allow insureds to maintain their existing coverage by implementing and extending grace periods for premium payments, allowing payment plans for premium payments and instituting whatever other measures necessary to achieve this goal;2. Institute additional flexibility in the form of waivers of late, insufficient funds and installment fees and penalties, extension of billing due dates and premium grace periods; and3. Explore ways to streamline or delay the submission of administrative paperwork.
	3.	P&C	Tennessee Department of Commerce and Insurance issued Bulletin 20-04 regarding guidance to carriers on automobile coverage for deliveries on March 26, 2020.	Guidance on Automobile Coverage for Deliveries Bulletin notes that personal automobile policies may not provide coverage for vehicles used for commercial purposes, like food delivery and consequently requests applicable carriers take the following measures: <ol style="list-style-type: none">1. Add delivery coverage to personal auto policies for restaurant employees engaged in delivering food on behalf of a restaurant impacted by the mandated changes in restaurant operations;2. Allow a restaurant to retroactively add additional employees not previously named under a restaurant's commercial automobile policy if an employee is operating a vehicle covered by the policy within the scope of their employment; and3. If they provide commercial general liability coverage to restaurants, notify their insureds that commercial automobile coverage is available if requested.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	4.	Health Life P&C	Tennessee Department of Commerce and Insurance issued Bulletin 20-05 regarding guidance to regulated insurance entities for premium finance arrangements during the outbreak on April 3, 2020.	Guidance to Regulated Insurance Entities Regarding Premium Finance Arrangements During the Outbreak Bulletin encourages (i) premium finance companies, to the greatest extent possible, to accommodate insureds by extending or providing grace periods for loan payments or to be otherwise flexible with respect to determinations of default under premium finance agreements and (ii) insurance carriers to work with premium finance companies to facilitate any grace period modification.
	5.	All Lines	Tennessee Department of Commerce & Insurance issued Bulletin 20-06 on April 13, 2020.	Guidance Regarding Regulatory Filing Requirements Bulletin informs licensed insurance entities that, upon written request to the Tennessee Department, they may receive either 30-day or 60-day extensions for certain regulatory filings. Bulletin advises such insurers that electronic signatures are permissible for the duration of the emergency, though filings made with such signatures must be resubmitted in original form within 60 days of the conclusion of the emergency. The Tennessee Department informs insurers that it will not conduct any on-site examination work that is contrary to the spirit of any public health directive.
	6.	All Lines	Tennessee Department of Commerce & Insurance issued Bulletin 20-07 on April 15, 2020.	Regulation of Excess Stop-Loss Coverage Bulletin updates the Tennessee Department's position regarding the offering of excess stop-loss coverage for Large Group plans, specifically stating that: 1. Catastrophic coverage for Large Group plans issued to groups of 500 lives or more will be defined as coverage with individual specific attachment limits of at least \$10,000 and with an aggregate attachment point of 110% of expected claims for the entire plan for one contract year. 2. Catastrophic coverage for Large Group plans issued to groups of 499 lives or less, Small Group plans and individual plans will continue to be defined as coverage with individual specific attachment limits of at least \$10,000 and with an aggregate attachment point of 120% of expected claims for the entire plan for one contract year. 3. The Tennessee Department will not approve an excess stop-loss policy for an authorized carrier that is offering less than catastrophic coverage. Any policy issued to cover less than this catastrophic threshold will be considered a group health policy and must meet all standards set forth in Tennessee law for such coverage. 4. Excess stop-loss coverage may only be purchased through an insurance company (not including surplus lines insurers) holding a valid certificate of authority issued by the Tennessee Department.
	7.	Captive	Tennessee Department of Commerce & Insurance issued Guidance on April 20, 2020.	Tennessee Captive Insurance Specific Guidance Regarding COVID-19 The Department has issued guidance for captive insurers including guidance related to: <ul style="list-style-type: none"> • Online notarization; • Captive RRG filing extension for all required filings; • Audit report only filing extension for non-RRG captive companies; • In-state board meeting requirement; • New captive owner in-person meeting; and • Other guidance for non-RRG captive insurers.
	8.	Health	Tennessee Department of Commerce & Insurance issued Bulletin 20-08 on April 23, 2020.	Department Shares Guidance to Help Avoid Balance Billing The Tennessee Department of Commerce and Insurance provided new guidance related to helping protect consumers from surprise or "balance billing" related to the costs of treatment for COVID-19. Effective immediately and for the duration of the public health and civil preparedness emergency declared on March 12, 2020, including any period of extension or renewal: <ul style="list-style-type: none"> • In the event emergency services or COVID-19 testing and treatment services are rendered to an insured by an out-of-network health care provider, such health care provider may bill the health carrier directly and the health carrier may reimburse such health care provider the amount the insured's health care

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>plan would pay for such services if rendered by an in-network health care provider as payment in full. Health care providers are urged not to additionally bill the insured.</p> <ul style="list-style-type: none"> Tennessee hospitals, health systems or hospital-based facilities, or health care providers that provide emergency health care services to uninsured patients are urged to only collect from uninsured patients the cost of providing services. For uninsured patients receiving services for the treatment and management of COVID-19, hospitals may collect from the uninsured patients or such patients' estates the Medicare rate for said services as payment in full. Hospitals, health systems or hospital-based facilities are urged to refrain from collecting a facility fee of more than the Medicare rate for services received for the treatment and management of COVID-19 by patients who are uninsured. Hospitals, health systems, or hospital-based facilities are urged to refrain from collecting a facility fee of more than the Medicare rate for services received for the treatment and management of COVID-19 by patients who are uninsured. Each hospital, health system or hospital-based facility is urged to maintain fiscal records to identify services provided to uninsured patients for treatment and management of COVID-19 and make such records available for claiming federal reimbursement, as applicable.
	9.	Health	Tennessee Department of Commerce & Insurance issued Bulletin 20-09 on April 24, 2020.	<p>COVID-19 Guidance on Temporary Producer Licensing</p> <p>Effective immediately, the Department will issue temporary producer licenses to applicants meeting the requirements for licensure without requiring examination for life, accident and health, property, casualty and personal lines insurance subject to the following conditions:</p> <ol style="list-style-type: none"> All temporary licenses will expire in 180 days. Any producer who completes the appropriate exam (if available) within the 180 days will have his/her license type changed from a temporary to regular license without new application or fees. After 180 days, if the applicant has not taken or successfully passed an exam, the temporary license will expire, and the individual will need to reapply and meet the regular requirements. Individuals seeking temporary licensure must complete Tennessee Bureau of Investigation fingerprinting. Temporary producer licenses are subject to cancellation or revocation at the discretion of the Commissioner without a hearing under Title 4, Chapter 5 of the Tennessee Code. The temporary producer license allows the producer to operate in Tennessee as a resident temporary producer. Temporary producers are not eligible for non-resident licenses in other states. A sponsoring insurer must assure that the temporarily licensed producers' sales activities and training are coordinated by a licensed insurance producer in good standing with the Department or, where applicable, a FINRA-licensed registered principal. Company appointments or terminations will not be processed for a temporary licensee; however, company appointment will be required after the licensee has passed the exam and converted the temporary license to a regular license. Any active temporary producer license issued pursuant to this Bulletin may be converted to a regular producer license by completion of all prerequisites of a license for the desired line or lines of insurance, including meeting all examination requirements pursuant to the applicable statutes within 180 days of issuance of temporary or prior to the expiration of the temporary license. No additional fee shall be required in association with the issuance of the regular producer license. Recipients of such temporary producer licenses will be subject to any and all limitations on the authority of such temporary licenses pursuant to Tennessee law. The issuance of temporary producer licenses will discontinue as soon as producer examinations are available.
Texas	1.	Health	28 TAC 35.1 (COVID-19 Emergency Rules)	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Under the Emergency Rule, health insurers and health maintenance organizations must:</p> <ul style="list-style-type: none"> Pay in-network health professionals at least the same rate for telemedicine services as for in-person services, including covered mental health services. Cover telemedicine services using any platform permitted by state law. Not require more documentation for telemedicine services than they require for in-person services. <p>The law limiting coverage for medical services or consultations by phone is suspended, so insurers must pay for covered visits or consultations provided over the phone.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	2.	Health	Texas Department of Insurance issued Commissioner's Bulletin B-0005-20 to health insurers and health maintenance organizations on March 19, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin encourages insurers to consider the following actions:</p> <ol style="list-style-type: none"> Waive copayments, co-insurance, and deductibles for COVID-19 testing that is consistent with guidance issued by the CDC; <ul style="list-style-type: none"> This includes the cost of the visit to get the test and related testing services. Waive consumer cost-sharing and facilitate expanded use of telemedicine; Cover necessary medical equipment, supplies, and services; Waive penalties, restrictions, and claims denials for necessary out-of-network services; Waive requirements for preauthorization, referrals, notification of hospital admission, or medical necessity reviews for care consistent with CDC guidance; Allow extra time for health providers and facilities to file claims; and Authorize payment to pharmacies for up to a 90-day supply of any prescription medication for individuals, regardless of when the prescription was filled.
	3.	Health Life P&C	Texas Department of Insurance issued Bulletin B-0007-20 regarding claim-handling deadlines and premium payments on March 23, 2020.	<p>Guidance Regarding Claim-Handling Deadlines and Premium Payments</p> <p>Bulletin (i) confirms that claim-handling deadlines have been extended by 15 days under recent guidance; and (ii) encourages carriers to use grace periods for payments, temporary suspension of premium payments, payment plans, and other actions to allow continuing insurance coverage as appropriate for insureds facing financial hardships due to the COVID-19 outbreak.</p>
	4.	All Lines	Texas Department of Insurance issued Bulletin B-0008-20 regarding suspension of certain licensing requirements and fees on March 24, 2020.	<p>Guidance Regarding Suspension of Certain Licensing Requirements and Fees</p> <p>Bulletin suspends certain licensing requirements and fees for Texas-licensed insurance agents, adjusters, title agents, escrow officers, fire alarm licensees, fire extinguisher licensees, fire sprinkler licensees, life settlement brokers, and life settlement providers.</p>
	5.	All Lines	Texas Department of Insurance issued Bulletin B-0009-20 regarding financial filing requirements and related fees on March 25, 2020.	<p>Guidance Regarding Financial Filing Requirements</p> <p>Bulletin allows financial filings to be submitted electronically with electronic signatures. Filing fees and fingerprint requirements are temporarily suspended (the Texas Department will contact filers at a later date regarding such requirements).</p>
	6.	Workers' Compensation	Texas Department of Insurance issued Bulletin B-0010-20 regarding workers' compensation issues on March 25, 2020.	<p>Guidance Regarding Workers' Compensation</p> <p>Bulletin generally tolls medical billing deadlines, suspends examinations and institutes certain requirements regarding workers' compensation insurance carrier operations.</p>
	7.	Title	Texas Department of Insurance issued Bulletin B-0011-20 regarding escrow check signature and escrow audit report filing on March 25, 2020.	<p>Guidance Regarding Title Insurance</p> <p>Bulletin allows (i) use of a single escrow officer's signature on cheques, (ii) extension of the filing deadline for escrow audit reports by 45 days and (iii) submission of filings with electronic signatures and without sworn statements, affidavits, or notarization.</p>
	8.	Workers' Compensation	Texas Department of Insurance issued Bulletin B-0012-20 regarding suspension of Certain Provisions of the Labor Code and DWC Rules Related to Workers' Compensation on March 27, 2020.	<p>Additional Guidance Regarding Workers' Compensation</p> <p>Bulletin suspends certain provisions of the labor code and DWC rules related to workers' compensation.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	9.	Title	Texas Department of Insurance issued Bulletin B-0013-20 regarding additional adjustments to requirements for the title insurance industry on March 27, 2020.	Additional Guidance Regarding Title Insurance Bulletin allows electronic signatures for escrow cheques.
	10.	Health	Texas Department of Insurance issued Bulletin B-0014-20 regarding managed care quality assurance filings on March 27, 2020.	Guidance Regarding Managed Care Quality Assurance Filings Bulletin allows electronic submission of managed care quality assurance filings with electronic signatures.
	11.	Health	Texas Department of Insurance issued Bulletin B-0015-20 regarding claim submissions deadlines for certain regulated entities on March 27, 2020.	Guidance Regarding Claim Submission Deadlines Bulletin authorizes tolling of the submission deadline when a provider cannot meet the deadline due to a catastrophic event, such as the COVID-19 pandemic. Providers that cannot meet the claim submission deadline due to the COVID-19 pandemic must notify the Texas Department.
	12.	Health	Texas Department of Insurance issued Bulletin B-0016-20 to alternative health plans regarding coverage for COVID-19 testing on March 31, 2020.	Guidance Regarding COVID-19 Coverage for Alternative Health Plans Bulletin encourages issuers of alternative health plans to consider taking the following actions: <ol style="list-style-type: none"> 1. Waive copayments, co-insurance and deductibles for COVID-19 testing that is consistent with guidance issued by the CDC, and cover the full cost to get the test and related testing services; 2. Waive consumer cost-sharing and facilitate expanded use of telemedicine; 3. Waive consumer cost-sharing and facilitate expanded use of telemedicine; 4. Waive penalties, restrictions and claims denials for necessary out-of-network services; 5. Waive requirements for preauthorization, referrals, notification of hospital admission or medical necessity reviews for care consistent with CDC guidance; 6. Allow extra time for health providers and facilities to file claims; 7. Authorize payment to pharmacies for up to a 90-day supply of any prescription medication for individuals, regardless of when the prescription was filled; 8. Waive copayments, co-insurance and deductibles for qualifying coronavirus preventive services as defined under the CARES Act; and 9. Develop consumer materials, such as a resource page on a plan's website, to explain coverage for COVID-19 testing and treatment under the plan and related information.
	13.	Health	Texas Department of Insurance issued Bulletin B-0017-20 to insurers offering exclusive provider networks and health maintenance organizations on April 1, 2020.	Guidance Regarding COVID-19 Coverage for Insurers Offering Exclusive Provider Networks and All Health Maintenance Organizations Bulletin encourages insurers offering exclusive provider networks and all health maintenance organizations to monitor and verify that their provider networks are adequate to handle increased demand and minimize the need for services outside the network. When a network provider is not reasonably available, carriers must ensure that the consumer is protected, as contemplated by the CARES Act and by Texas's laws.
	14.	Health	Texas Department of Insurance issued an Emergency Order on April 1, 2020.	Requirements for Health Insurers to Manage COVID-19 Outbreak Emergency Order adopts a new regulation that requires health benefit plans to cover a 90-day refill of covered medications regardless of when the prescription was last refilled, unless specifically prohibited by law. The regulation also requires coverage of prescriptions filled at out-of-network pharmacies at no additional cost to the consumer when the drug is not readily available through mail order or at an in-network pharmacy within 30 miles. The regulation also requires plans to make drugs available on-formulary or in the same preferred tier when an on-formulary or preferred drug is unavailable due to shortage or lack of distribution.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	15.	Workers' Compensation	Texas Department of Insurance issued Bulletin B-0019-20 to all Texas workers' compensation system participants on April 10, 2020	<p>Suspension of Rule Related to Workers' Compensation in Response to the COVID-19 Outbreak</p> <p>As symptoms of COVID-19 exposure may take over 10 days to manifest, strict compliance with these laws could prevent, hinder, or delay state efforts to provide workers' compensation coverage for emergency responders. Governor Abbott suspended Health and Safety Code Section 81.050(j) and 28 Texas Administrative Code Section 122.3(c) regarding 10-day testing requirements.</p>
	16.	All Lines	Texas Department of Insurance issued Commissioner Bulletin B-0020-20 on April 15, 2020.	<p>Guidance Regarding Commercial Premium Adjustments and Midterm Premium Audits</p> <p>For policies calculated using an auditable exposure that may have changed as a result of the outbreak, the Bulletin encourages insurers to:</p> <ol style="list-style-type: none"> 1. Conduct midterm premium audits if requested by policyholders - many policies allow midterm audits and do not require an onsite audit; 2. Allow policyholders to self-audit and report changes in the auditable exposure the company used to calculate the premium; 3. Consider any reduced risk for businesses that change operations or elect to continue paying employees when they are not working; and 4. Make other adjustments to reduce the premium as appropriate. <p>The Bulletin notes that a midterm audit, self-audit or other premium adjustment does not replace a final audit.</p>
	17.	P&C	Texas Department of Insurance issued Commissioner Bulletin B-0021-20 on April 17, 2020.	<p>Guidance Regarding Credit Scoring and Credit Information</p> <p>Bulletin reminds carriers that the Texas insurance code provides exceptions for the use of credit scores affected by certain events, including temporary job loss and specifically allows an insurer to grant an exception to an insurer's rates, rating classifications or underwriting rules for a consumer whose credit information has been directly influenced by:</p> <ul style="list-style-type: none"> • Catastrophic illness or injury; • The death of a spouse, child or parent; • Temporary loss of employment; • Divorce; or • Identity theft.
	18.	Health	Texas Department of Insurance issued Commissioner Bulletin B-0024-20 on April 30, 2020.	<p>Guidance Regarding Delaying 2019 Mandated Health Benefits Data Reporting</p> <p>Texas Department of Insurance has announced that it will collect the 2019 mandated health benefits data in 2021. At that time, health benefit plan issuers will report both 2019 and 2020 data.</p>
	19.	Life Health	Texas Department of Insurance issued Commissioner Bulletin B-0025-20 on May 11, 2020.	<p>Extensions of Prior Authorizations</p> <p>Texas Department of Insurance ("TDI") encourages health insurers, health maintenance organizations ("HMOs") and utilization review agents to extend prior authorizations for elective procedures authorized before Governor Abbott's Executive Order on March 22, 2020 directing a postponement of those procedures.</p> <p>To help patients and health-care providers reschedule elective procedures without additional delays, TDI encourages health insurers, HMOs and utilization review agents to:</p> <ul style="list-style-type: none"> • Automatically extend prior authorizations granted before March 22, 2020. • Consider extending referrals for specialists, therapy, counseling services and other medically necessary services that may have been disrupted. • Provide consumers and providers with written notice of updated authorizations. These notices can be provided electronically through portals if available. <p>Providers remain responsible for completing other documentation that may be required for reimbursement.</p> <p>This Bulletin does not apply to one-time service authorizations already completed, new requests for authorization or pharmacy prior authorizations.</p>
	20.	All Lines	Texas Division of Insurance issued Commissioner Bulletin B-0026-20 on May 11, 2020.	<p>Responsibilities of Sponsors for Temporary Licensees</p> <p>In response to the COVID-19 pandemic, Texas has waived certain licensing requirements for insurance agents and adjusters and has extended temporary licenses during the period while many testing and fingerprinting sites remain closed. Given the extended use of temporary licenses, the Texas Department reminds insurers, agents, agencies, and adjusters of their responsibilities regarding temporary agent and emergency adjuster applicants and licensees.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>A sponsor for someone with a temporary license is:</p> <ul style="list-style-type: none"> Responsible for the acts of the temporary or emergency licensee; Expected to review the applicant's background to ensure suitability for licensure; and Expected to monitor behavior and provide required training.
	21.	Title	Texas Department of Insurance issued Commissioner Bulletin B-0028-20 on May 21, 2020.	<p>Guidance Regarding Simultaneous Issuance of Owner's and Loan Policies</p> <p>As a result of the COVID-19 outbreak, some title insurance consumers who bought an owner's policy before the outbreak may not be able to get related loan funding and a loan policy as quickly as they planned. This delay would prevent them from receiving the 90-day simultaneous issue price allowed by Rate Rule R-5.F. Accordingly, the TDI will not cite title agents and title insurance companies who charge the "simultaneous issuance" premium described in Rate Rule R-5.F for loan policies issued more than 90 days after the owner's policy if the following conditions are met:</p> <ol style="list-style-type: none"> All parties, including the title agent and title insurance company, agree to the Rate Rule R-5.F premium; The owner's policy is dated between December 14, 2019 and April 2, 2020; The loan policy is issued no later than 60 days after the 90-day deadline in paragraph 1.a of Rate Rule R-5.F; and The requirements for Rate Rule R-5.F are otherwise met.
	22.	Workers' Compensation	Texas Department of Insurance issued Commissioner Bulletin B-0029-20 on June 2, 2020.	<p>Mandatory Data Call for Information on COVID-19 Injuries</p> <p>Bulletin informs selected workers' compensation insurance carriers and groups of a mandatory data call for certain information by the Department's Division of Workers' Compensation related to COVID-19 injuries reported to such carriers on or after December 1, 2019. The data call is designed to provide the Department with immediate access to information necessary to determine the impact of COVID-19 injuries on the Texas workers' compensation system.</p> <p>Insurance carriers and groups must submit the requested data to the Department through the insurance carrier Austin representative's Secure File Transfer Protocol box no later than 5:00 p.m., Central time on August 17, 2020. This submission should include all COVID-19 exposures and injuries reported and payments made on these injuries through June 30, 2020. Insurance carriers should maintain injury level data for the injuries reported in this data call and may be asked to submit that data to the Department in the future.</p>
	23.	Workers' Compensation	Texas Department of Insurance issued Commissioner Bulletin B-0030-20 on June 4, 2020.	<p>Guidance Regarding Resumption of Certain Designated Doctor Examinations and Required Medical Examinations</p> <p>Bulletin informs Texas workers' compensation system participants of the following:</p> <ul style="list-style-type: none"> On June 15, 2020, doctors with designated doctor ("DD") or maximum medical improvement ("MMI") and impairment rating ("IR") certifications and referral doctors may resume scheduling and conducting DD examinations and required medical exams ("RMEs") previously ordered by the Department's Division of Workers' Compensation ("DWC"). <ul style="list-style-type: none"> Since work search requirements remain suspended under Commissioner's Bulletin # B-0012-20, doctors should not perform any portions of the examination or reports related to the injured employee's ability to return to work or disability as a direct result of the compensable injury. The Department will allow these examination issues to resume at a later date and will issue new orders removing these issues from exams previously ordered but not yet completed. On June 22, 2020, the DWC will resume processing requests for DD examinations and RMEs except for the issues of return to work or disability as a direct result of the compensable injury. DWC will only order approved pending DD examination requests for the issues of MMI, IR, extent of injury, or other similar issues. Approved pending RME requests will only be ordered for the evaluation of a DD determination for the issues of MMI, IR, extent of injury, other similar issues or requests to assess the appropriateness of health care. The Department strongly encourages doctors and injured employees to follow the recommendations of the Texas Department of State Health Services and the Centers for Disease Control and Prevention on infection control, specifically for COVID-19.
	24.	Workers' Compensation	Texas Department of Insurance issued Commissioner's Order No. 2020-6418 on August 4, 2020.	<p>National Council on Compensation Insurance Filing Item B-1441—Revisions to NCCI Manual Rules Related to the COVID-19 (Coronavirus) Pandemic</p> <p>This Order adopted the NCCI's filing entitled "Item B-1441—Revisions to NCCI Manual Rules Related to the COVID-19 (Coronavirus) Pandemic," which revised and established certain rules pertaining to reporting final premium for employers affected by the COVID-19 outbreak and pertaining to paid furloughed employees.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	25.	Surety	Texas Department of Insurance issued Commissioner's Bulletin # B-0035-20 to all surety bond companies on August 26, 2020.	<p>Electronic Transactions and Signatures on Surety Bonds</p> <p>Commissioner's Bulletin No. #B-0035-20 reminds surety bond companies executing surety bonds during the COVID-19 outbreak of their ability to do business electronically as dictated by statute. This ability includes using electronic signatures, if all parties to a transaction agree.</p>
	26.	All Lines	Texas Department of Insurance issued Commissioner's Bulletin # B-0037-20 to all regulated entities, their agents and other relevant parties on November 2, 2020.	<p>Report Suspected Fraud Related to COVID-19 Test Prices</p> <p>Texas Department of Insurance ("TDI") encourages all insurance companies and others to report suspected fraud regarding prices of COVID-19 tests. Insurers are also reminded that they have a statutory duty to report suspected fraud to the TDI Fraud Unit.</p>
	27.	Workers' Compensation	Texas Department of Insurance issued Commissioner's Bulletin B-0003-21 to selected workers' compensation insurance carriers/groups on January 14, 2021.	<p>Mandatory Data Call for Information on COVID-19 Injuries</p> <p>On June 2, 2020, the Division of Workers' Compensation ("DWC") issued a mandatory data call for certain information related to COVID-19 injuries reported to selected insurance carriers on or after December 1, 2019. The DWC has extended the data call through June 2021.</p> <ul style="list-style-type: none"> Only selected insurance carriers/groups are required to comply with the data call. Selected insurance carriers must provide summary data using the COVID-19 data call reporting forms and instructions. Each selected insurance carrier or group is required to provide one data submission per insurance carrier or group. Insurance carriers/groups must submit the requested data to DWC through the insurance carrier Austin representative's secure file transfer protocol box no later than 5 pm, Central time to be considered timely. Data call submissions are cumulative. <p>Bulletin includes a schedule below for a complete list of data call submission deadlines:</p> <p>January 29, 2021</p> <ul style="list-style-type: none"> COVID-19 exposures and injuries reported to the insurance carrier from December 1, 2019, through December 31, 2020, and payments made on those injuries as of December 31, 2020. <p>April 30, 2021</p> <ul style="list-style-type: none"> COVID-19 exposures and injuries reported to the insurance carrier from December 1, 2019, through March 31, 2021, and payments made on those injuries as of March 31, 2021. <p>July 30, 2021</p> <ul style="list-style-type: none"> COVID-19 exposures and injuries reported to the insurance carrier from December 1, 2019, through June 30, 2021, and payments made on those injuries as of June 30, 2021.
Utah	1.	Health	Utah Insurance Department issued Bulletin 2020-1 to all insurers offering health insurance coverage on March 17, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin expects applicable insurers to take the following measures:</p> <ol style="list-style-type: none"> Devote resources to inform consumers of available benefits, quickly respond to consumer inquiries, and consider revisions needed to streamline responses and benefits for consumers; Remove barriers to testing for COVID-19, including waiving cost-sharing for COVID-19 testing; Comply with the provisions of the Affordable Care Act regulations, 29 CFR § 2590.715-2719A(b) and Utah Code § 31A-22-627; Review the adequacy of any telehealth programs; Verify adequacy of provider network and make exceptions to provide access to out-of-network services; Waive any prior authorization requirements associated with COVID-19 testing or treatment; Ensure access to prescription drugs; Ensure out-of-network providers and facilities accept the highest of the health carrier's in-network reimbursement as full and final payment and to hold harmless insureds who receive surprise medical bills for health care services as it relates to testing and treatment of COVID-19; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				9. Generally ensure they are prepared to address COVID-19 cases.
	2.	P&C	Utah Insurance Department issued Bulletin 2020-2 to property and casualty insurers on March 23, 2020.	Guidance for Business Interruption Claims Bulletin urges property and casualty insurers to promptly process and pay claims for business interruption losses related to COVID-19 to minimize impact to insureds.
	3.	Workers' Compensation	Utah Insurance Department issued Bulletin 2020-3 on March 26, 2020.	Guidance for Workers' Compensation Premium Bulletin requests carriers to consider voluntarily not accepting workers' compensation premium from employers who have closed their businesses but are continuing to pay employees (since the closing of the business minimizes or eliminates the covered risks).
	4.	P&C	Utah Insurance Department issued Bulletin 2020-4 to property and casualty insurers on April 2, 2020.	Guidance for New Operations Resulting from COVID-19 Outbreak Bulletin requests that where businesses have adapted their operations to meet the new coronavirus reality, insurers consider offering additional coverage options in an effort to support those new operations. Insurers are encouraged to pursue these opportunities where available.
	5.	All Lines	Utah Insurance Department issued Bulletin 2020-06 to property and casualty insurers on April 8, 2020.	Complying with Regulatory Requirements During the Public Health Emergency Bulletin provides the following guidance: <ul style="list-style-type: none"> • Companies are still required to make all required electronic filings with the NAIC (e.g., quarterly financial statements, audited financial statements). However, the Utah Department is willing to allow insurers an additional 30 days to complete certain filings (and 60 days for some). The Utah Department reserves the right to reject any such individual company requests based upon the company's financial condition and unique circumstances deemed applicable to that insurer. • The Utah Department generally instructs insurers to file all documents in electronic form with scanned copies of the original (wet) signature, and notary where required or where not able to file with the NAIC, (e.g. the jurat page). The hard copy, original signature, and related filing requirements are not required. The Utah Department expects electronic communication will be used by companies on all other financial related communication. • The Utah Department will not conduct any on-site examination work that is contrary to the spirit of any Utah state and local public health directives and to facilitate this, the Utah Department may need to request more information in electronic form and may request teleconference and/or video conference meetings to facilitate examination procedures.
	6.	All Lines	Utah Insurance Commissioner issued Order 2020-01 on April 21, 2020.	Guidance Regarding Temporary Resident Individual Producer Licenses Order sets out standards for obtaining and the process for issuing temporary resident individual producer licenses.
	7.	P&C	Utah Insurance Department issued Bulletin 2020-08 to property and casualty insurers on April 30, 2020.	Suspension of Enforcement of Utah's Vehicle, Vessel and Trailer Registration Laws The Department asks that carriers be sensitive to Utah's policyholders. Because of the need to limit in-person contact at DMV offices, demand for registration services has remained high, despite increased use of drive-through services. To address this, Utah's Governor issued an emergency order on April 29, 2020 that suspends the enforcement of Utah's vehicle, vessel and trailer registration laws for those: <ul style="list-style-type: none"> • Whose registrations expired or will expire during the period beginning on March 6, 2020 and ending on and including April 30, 2020; or • Whose owner's duty to register the vehicle began or will begin during the period beginning on March 6, 2020 and ending on and including April 30, 2020. Under these circumstances, owners may temporarily be left with expired registrations. The Department asks carriers to be sensitive to such situations by recognizing methods of proving ownership other than registration, e.g., bills of sale, purchase agreements, lien documents or signed titles. In cases where an expired registration may serve as a basis for denying a claim, are requested to show the same flexibility that they have shown with cancellations and non-renewals. The suspension of registration enforcement should not impact reporting under Utah's motor vehicle insurance verification laws.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	8.	Health	Utah Insurance Department issued Bulletin 2020-11 to auto insurers offering personal injury protection coverage in Utah on May 12, 2020.	<p>Telehealth Considerations and R590-267, Personal Injury Protection Relative Value Study Rule</p> <p>Telehealth is increasingly used for patient care, particularly as a result of the COVID-19 pandemic. Payers and providers have raised questions about coding where compensation for telehealth services is governed by the Relative Values for Physicians ("RVP") and the Relative Values for Dentists ("RVD") that are incorporated by reference in R590-267, Personal Injury Protection Relative Value Study Rule. This Bulletin is intended to answer those questions.</p> <p>Rule R590-267 does not specifically list telehealth medical codes or provide instructions for how to use them. However, the American Medical Association has expanded the CPT telehealth code list for the COVID-19 pandemic. Because the RVP and the RVD are based on that CPT code list, telehealth coding is already an option under the RVP and RVD (see the Relative Values for Physicians and the Relative Values for Dentists for details). To identify the proper billing code, a payer or provider should use the telehealth modifier 95 with the appropriate CPT code from the list of CPT codes in Appendix P of the current American Medical Association's CPT codebooks. For dental billing for the COVID-19 pandemic, the American Dental Association has also expanded the CPT code list to include teledentistry codes which may also be used. These codes are also currently an option under the RVD.</p>
	9.	Health	Utah Insurance Department issued Bulletin 2020-13 to insurers offering a health benefit plan on May 13, 2020.	<p>Coverage for COVID-19 Testing</p> <p>Bulletin provides insurers with guidance concerning federal requirements for coverage of COVID-19 testing. On March 18, 2020, the Families First Coronavirus Response Act ("FFCRA") went into effect to ensure that Americans will not have to pay for COVID 19 testing.</p> <p>These measures apply to all group health plans and health insurance issuers offering group or individual health insurance. The Utah Department interprets these federal requirements to apply to all insurers, including managed care organizations, that are offering group or individual health benefit plans in Utah.</p> <p>The FFCRA requires coverage for the cost of administering COVID-19 testing (in vitro diagnostic, including serological tests) and related office visits and emergency room services as determined by the attending healthcare provider. Testing costs must be covered without imposing any cost-sharing, including deductibles, coinsurance, copayment requirements, prior authorization or medical management requirements. Testing coverage is required regardless of whether the services are provided during an in-person office visit with a healthcare provider, a telehealth visit, an urgent care center visit or an emergency room visit.</p> <p>On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act"), which reinforces the goal of making COVID-19 testing free to Americans. Under the CARES Act, coverage must be provided with no cost-sharing, regardless of the network status of the provider or lab and regardless of whether the testing is done on an emergency basis. The CARES Act instructs insurers to pay a provider's negotiated rate or, if a health plan does not have a negotiated rate with the provider, pay the provider's publicly available cash price for testing or the insurer may negotiate a rate for less than such cash price.</p>
	10.	All Lines	Utah Insurance Department issued amended Order 2020-3 on May 26, 2020.	<p>Amended Order Eliminating Application Process for Issuing a Temporary Resident Individual Producer License</p> <p>Order eliminates application process for temporary producer licenses, effective June 15, 2020. Current temporary licenses will remain valid for 180 days from the date of issuance and will become inactive if a normal two-year resident individual producer license is obtained before the end of the temporary license period.</p>
	11.	Health	Utah Insurance Department issued Bulletin 2020-16 to insurers offering a health benefit plan on August 12, 2020.	<p>Updated Guidance for Coverage for COVID-19 Testing</p> <p>Bulletin provides insurers with updated guidance concerning federal requirements for coverage of COVID-19 testing. On March 18, 2020, the Families First Coronavirus Response Act ("FFCRA") went into effect to ensure that Americans will not have to pay for COVID-19 testing.</p> <p>These measures apply to all group health plans and health insurance issuers offering group or individual health insurance. The Utah Department interprets these federal requirements to apply to all insurers, including managed care organizations, that are offering group or individual health benefit plans in Utah.</p> <p>The FFCRA requires coverage for the cost of administering COVID-19 testing (in vitro diagnostic, including serological tests) and related office visits and emergency room services as determined by the attending healthcare provider. Testing costs ordered by a healthcare provider must be covered without imposing any cost-sharing, including deductibles, coinsurance, copayment requirements, prior authorization or medical management requirements. Testing coverage ordered by a healthcare provider is required regardless of whether the services are provided during an in-person office visit with a healthcare provider, a telehealth visit, an urgent care center visit, an emergency room visit or an at-home visit (including tests where the individual performs self-collection of a specimen at home).</p> <p>On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), which reinforces the goal of making COVID-19 testing free to Americans. Under the CARES Act, coverage must be provided with no cost-sharing, regardless of the network status of the provider or lab and regardless of whether the testing is done on an emergency basis. The CARES Act instructs insurers to pay a provider's negotiated rate or, if a health plan does</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<p>not have a negotiated rate with the provider, pay the provider's publicly available cash price for testing or the insurer may negotiate a rate for less than such cash price.</p> <p>Bulletin emphasizes the following:</p> <ul style="list-style-type: none"> Coverage for COVID-19 testing is not limited with respect to the number of diagnostic tests for an individual, provided that the tests are diagnostic and medically appropriate for the individual, as determined by an attending healthcare provider and current accepted standards of medical practice. Insurers may not impose prior authorization or medical management requirements to deny coverage for individuals who are tested multiple times. There is no requirement for coverage of COVID-19 testing for surveillance or employment purposes. Clinical decisions about testing are to be made by the individual's attending healthcare provider and may include testing of individuals with signs or symptoms compatible with COVID-19, as well as asymptomatic individuals as determined to be medically appropriate by the individual's healthcare provider. If a facility fee is charged for a visit that results in an order for or administration of a COVID-19 diagnostic test, the insurer must provide coverage for the facility fee, as long as the facility fee is assessed in relation to items or services required by the FFCRA. A facility fee is a fee for the use of facilities or equipment an individual's provider does not own or that are owned by a hospital. Insurers should provide coverage for items and services furnished to an individual during healthcare provider office visits (including in-person visits and telehealth visits), urgent care center visits and emergency room visits that result in an order for or administration of an in vitro diagnostic test. Coverage must be provided without imposing any cost-sharing requirements, prior authorization or other medical management requirements.
	12.	Health	Utah Insurance Department issued Bulletin 2021-1 to insurers offering a health benefit plan on April 14, 2021.	<p>Coverage for COVID-19 Testing and Vaccination</p> <p>Bulletin provides insurers with updated guidance concerning federal requirements for coverage of COVID-19 testing under the Families First Coronavirus Response Act ("FFCRA") and the Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act"). Specifically, the Bulletin sets out the following:</p> <ul style="list-style-type: none"> Diagnostic testing of asymptomatic individuals. Such testing must be covered without cost sharing, prior authorization or other medical management requirements when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. To the extent not inconsistent with the FFCRA's prohibition on medical management, an insurer may continue to employ programs designed to detect and address fraud and abuse. Test provided through state or locally administered testing sites. A provider acting within the scope of their license or authorization can make an individualized assessment regarding COVID-19 testing. An insurer is required to cover tests received from a licensed or authorized provider, including from a state or locally administered site. An insurer must assume the test reflects an "individualized clinical assessment." There is no distinction between point-of-care and other tests, all COVID-19 diagnostic tests must be covered. Covered Items and Services Associated with Diagnostic Testing. An insurer must provide coverage for items and services furnished during an office visit (including in-person visits and telehealth visits), urgent care center and emergency room visits that result in the administration of an in vitro diagnostic product. Claims processing systems should be maintained in ways to protect an insured from inappropriate cost sharing. Providers Not Complying with the CARES Act Related to Cash Pricing. An insurer who detects possible violations with cash price posting requirements may report violations to the Utah Department. COVID-19 Vaccine Coverage and Associated Administration. All COVID-19 vaccines that qualify as a coronavirus preventive service must be covered without cost sharing regardless of how the administration is billed, or the number of doses needed to be a complete vaccination. This includes the administration of an immunization where the federal government pays for the preventive immunization. Eligibility of Individuals Prioritized for Vaccination While Vaccine is Limited. An insurer should not communicate that coverage is limited to only individuals recommended for early vaccination based on state and local plans for allocation of initial doses of the vaccine or categories of individuals prioritized for vaccination.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Vermont	1.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #209 on March 6, 2020. ²⁰	Recommendations and Requirements for Health Insurers to Manage COVID-19 Outbreak Vermont Department issued a bulletin instructing all health insurers that provide comprehensive health care coverage, to cover COVID-19 testing and to reduce cost-sharing of COVID-19 treatment in Vermont.
	2.	Captives	Vermont Department of Financial Regulation COVID-19 Website (updated guidance regarding COVID-19) on March 18, 2020.	Recommendations to Captive Insurers to Manage COVID-19 Outbreak Vermont Department recognizes that many organizations have company-wide travel restrictions already in place, so if circumstances dictate that an insurer is unable to hold a board meeting in Vermont in 2020, the insurer should contact the Department.
	3.	Health	Vermont Department of Financial Regulation issued a memo regarding COVID-19 and Telemedicine Services urging health insurers to expand coverage and reimbursement of telemedicine services on March 19, 2020.	Recommendations to Health Insurers to Manage COVID-19 Outbreak Vermont Department issued a memo urging health insurers to expand coverage and reimbursement of telemedicine services, including audio-only telephone, email, or facsimile where clinically appropriate.
	4.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #210 (Revised) on March 20, 2020. (Original was issued on March 16, 2020).	Recommendations and Requirements for Health Insurers to Manage COVID-19 Outbreak Vermont Department issued an insurance bulletin to ensure that health insurance plans regulated by the Department of Financial Regulation continue to provide access to prescription drugs during the COVID-19 pandemic.
	5.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #211 (Revised) on March 20, 2020. (Original was issued on March 18, 2020).	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Vermont Department directs insurers to suspend all routine provider audits.
	6.	Health	Vermont Department of Financial Regulation issued guidance regarding Commercial Lines Premiums related to mandatory closures due to COVID-19 on March 20, 2020.	Recommendations to Health Insurers to Manage COVID-19 Outbreak Vermont Department issued guidance that includes, among other things, encouraging insurance carriers to be flexible with premium payment plans and premium deposit requirements for businesses that are temporarily closed due to COVID-19 mitigation actions, along with other provisions.
	7.	Health	Vermont Department of Financial Regulation issued Emergency Rule H-2020-01-E regarding the suspension of credentialing verification practices on March 20, 2020.	Suspension of Credentialing Verification Practices Emergency rule suspends until September 16, 2020 credential verification practices, including payment of claims submitted by providers credentialed within a health care organization but not at that health care organization's location where the service was provided or at a location not in that health care organization.
	8.	Health Workers' Compensation	Vermont Department of Financial Regulation issued Emergency Rule H-2020-02-E regarding the coverage of health care services delivered through	Guidance Regarding Coverage of Health Care Services Delivered through Telehealth and Other Means Emergency Rule provides for the following: 1. Where clinically appropriate, carriers shall provide coverage for all health care services delivered remotely through telehealth or audio-only telephone by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation;

²⁰ Withdrawn on October 23, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			telehealth, telephone or store and forward means on March 30, 2020. ²¹	<ol style="list-style-type: none"> 2. Carriers shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, regardless of whether the service was provided through an in-person visit with the health care provider or through telehealth or audio-only telephone; 3. Carriers may charge an otherwise permissible deductible, copayment or coinsurance for a health care service delivered remotely through telehealth or audio-only telephone so long as it does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation; 4. Carriers shall cover the same the number of telemedicine consultations as in-person covered services for each covered person; 5. Carriers may require providers to use telemedicine when clinically appropriate, available, and feasible; 6. Carriers need not reimburse a distant site health care provider if the distant site health care provider has insufficient information to render an opinion; 7. Carriers may notify members in advance that services delivered remotely through telehealth or audio-only telephone will be billed as an in-person visit; 8. Providers need not have an existing patient relationship with a member in order for the member to be reimbursed for health care services described in Item 1 above; 9. Carriers shall provide coverage and reimbursement for store and forward HCPCS code G2010 (remote evaluation of a recorded video or image) to determine whether an office visit or other service is needed without member cost-sharing; 10. If a state of emergency continues to exist on May 1, 2020, additional measures related to coverage and reimbursement for health care services or dental services delivered by store-and-forward means will take effect; 11. Carriers shall reimburse appropriate claims for telephone triage services and health care services delivered through telehealth or audio-only telephone retroactively to a date no later than March 13, 2020; 12. Provided that such communications are compliant with HIPAA, carriers shall permit providers to utilize any non-public facing remote communication product that is available to communicate with patients; and 13. Carriers are prohibited from establishing any rate, term or condition that places a greater burden on an insured for access to treatment for a mental condition delivered remotely through telehealth, audio-only telephone, store-and-forward and brief telecommunication services than for access to treatment for other health conditions.
	9.	Health	Vermont Department of Financial Regulation issued Emergency Rule H-2020-03-E on April 14, 2020. ²²	<p>Coverage of COVID-19 Diagnosis, Treatment and Prevention</p> <p>Emergency Rule sets out the following requirements for health insurers:</p> <ol style="list-style-type: none"> 1. When medically necessary or directed by the state or federal government, coverage must be provided for any COVID-19 testing performed by the CDC, the Vermont Department of Health (“VDH”) or a laboratory approved by the CDC or VDH, with no copayment, coinsurance or deductible requirements for members; 2. Coverage must be provided for provider office or urgent care visits and emergency services visits to determine whether COVID-19 testing is medically necessary with no copayment, coinsurance or deductible requirements for members; 3. Coverage must be provided for medically necessary COVID-19 treatment, whether delivered in an inpatient or outpatient setting, with no copayment, coinsurance or deductible requirements for members; 4. Coverage must be provided for medically necessary prescription drugs in connection with services listed above with no copayment, coinsurance or deductible requirements for members; 5. Coverage must be provide for medically necessary ambulance transport of members diagnosed with or suspected of having COVID-19 to and from treatment, recovery or isolation areas with no copayment, coinsurance or deductible requirements; 6. Coverage must be provided for any qualifying coronavirus preventive service with no copayment, coinsurance or deductible requirements for members; and 7. Retroactive to March 13, 2020, claims for services described above must be processed and reimbursed.
	10.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #211 (Revised) on May 13, 2020.	<p>COVID-19 Suspension of Routine Provider Audits by Insurers</p> <p>Effective immediately, the Vermont Department is directing insurers and pharmacy benefit managers (“PBMs”) to suspend all routine provider audits. Insurers and PBMs are still permitted to conduct audits to prevent and detect ongoing fraud or other current activities that may violate Vermont statutes or regulations.</p>

²¹ Withdrawn on October 23, 2020.

²² Withdrawn on October 23, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			(Update was issued on March 20, 2020) (Original was issued on March 18, 2020)	
	11.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #210 (Revised) on May 13, 2020. (Update was issued on March 20, 2020) (Original was issued on March 16, 2020)	<p>COVID-19 Prescription Drug Refills</p> <ul style="list-style-type: none"> The Vermont Department is directing insurers to make at least a 30-day supply of medication available to members refilling their prescriptions. The Vermont Department encourages, but does not require, that insurers make available a larger than 30-day supply when appropriate. Narcotic and specialty medications as well as short-term prescriptions (such as antibiotics) will continue to be subject to each insurer's standard refill policy. The Vermont Department encourages insurers and PBMs to work with retail pharmacies to offer home delivery services and to expand use of mail-order pharmacy services. Insurers and PBMs are reminded that under 8 V.S.A. § 4089j, retail pharmacies must be permitted to fill prescriptions in the same manner and at the same level of reimbursement as mail-order pharmacies. Pharmacists writing "COVID-19" or substantially similar language on a prescription is equivalent to receiving a patient signature. In such a case, the delivery person need not seek a patient signature. If patients need assistance picking up or securing delivery of prescription medications, they may contact a local pharmacy for assistance.
	12.	Health	Vermont Department of Financial Regulation issued Reg. H-2020-04-E on May 29, 2020. ²³	<p>Suspension of Prescription Drug Deductibles for Preventive Medications</p> <ul style="list-style-type: none"> Health insurers must suspend prescription drug deductibles for all generic drugs classified as preventive care. Health insurers must suspend prescription drug deductibles for brand and biological drugs classified as preventive care when no generic drug alternative is available in that drug class. Deductibles suspended under this rule must not at any time be due or payable. No insurer may make any attempt to collect such deductibles at any time. Self-insured or publicly funded health care benefit plans offered by public and private entities are encouraged but not required to comply with this emergency rule.
	13.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #214 on July 21, 2020. ²⁴	<p>Guidance Regarding COVID-19 Testing</p> <p>Bulletin clarifies when COVID-19 testing must be covered without cost-sharing under Emergency Rule H-2020-03-E and is expected to remain in effect for 90 days unless otherwise extended. Bulletin states that clinical decisions regarding testing should be made by the member's health care provider and may include testing of individuals with signs or symptoms compatible with COVID-19, as well as asymptomatic individuals based upon current clinical guidelines. All claims for FDA-authorized COVID-19 testing with certain procedure codes shall be processed without member cost-sharing:</p> <ul style="list-style-type: none"> COVID-19 tests (specific procedure codes listed in Bulletin); Antibody tests (specific procedure codes listed in Bulletin); and Specimen collection (specific procedure codes listed in Bulletin). <p>In addition, office and hospital charges associated with the encounter and date of service shall be processed without member cost-sharing when one of the following three diagnosis codes is the primary diagnosis on the claim:</p> <ol style="list-style-type: none"> Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19); Z11.59: Encounter for screening for other viral diseases (asymptomatic); or Z20.828: Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19). <p>Health insurers are expected to establish all appropriate contractual, billing and other administrative arrangements to reimburse providers for the cost of collecting specimens and conducting appropriate testing.</p>

²³ Withdrawn on October 23, 2020.

²⁴ Withdrawn on October 23, 2020.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	14.	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #215 on July 21, 2020.	<p>COVID-19 Resumption of Routine Provider Audits by Insurers</p> <p>Effective August 3, 2020, the Vermont Department will withdraw Bulletin 211, which temporarily suspended routine provider audits.</p>
	15.	Health	Vermont Department of Financial Regulation issued Insurance Emergency Rule H-2020-05-E on September 17, 2020.	<p>Relaxation of Credentialing Verification Practices</p> <p>The purpose of this Emergency Rule is to expand health insurance coverage for COVID-19 diagnosis, treatment and prevention by relaxing provider credentialing requirements in order to facilitate the reimbursement through commercial insurance for health care services provided by physicians or other health care professionals who hold an equivalent license in another state or who provide care at physical locations where such health care providers are not credentialed.</p> <ul style="list-style-type: none"> • Effective as of September 16, 2020, until the last to terminate of (1) a declared state of emergency in Vermont as a result of COVID-19, (2) a declared federal public health emergency as a result of COVID-19 and (3) a declared national emergency as a result of COVID-19, the requirements of Section 5.2 of Rule H-2009-03 (Consumer Protection and Quality Requirements for Managed Care Organizations) are suspended with respect to physicians or other health care professionals who hold a license in another state and provide health care services to or on behalf of patients in Vermont, either in person or remotely, by means of telemedicine or otherwise, and with respect to other health care professionals who have been issued provisional or temporary Vermont licensure during the COVID-19 State of Emergency. • Effective as of September 16, 2020, until the last to terminate of (1) a declared state of emergency in Vermont as a result of COVID-19, (2) a declared federal public health emergency as a result of COVID-19 and (3) a declared national emergency as a result of COVID-19, except as otherwise required by applicable federal law or applicable accreditation standards of the National Committee for Quality Assurance, a health insurer must allow for individual health care providers to deliver and be reimbursed for services provided across health care settings as needed to respond to evolving health care needs, including, but not limited to, relaxing provider credentialing requirements for physicians or other health care professionals who hold a license in another state and provide health care services to or on behalf of patients in Vermont, either in person or remotely, by means of telemedicine or otherwise, and with respect to other health care professionals who have been issued provisional or temporary Vermont licensure during the COVID-19 State of Emergency • Effective as of September 16, 2020, until the last to terminate of (1) a declared state of emergency in Vermont as a result of COVID-19, (2) a declared federal public health emergency as a result of COVID-19 and (3) a declared national emergency as a result of COVID-19, except as otherwise required by applicable federal law or applicable accreditation standards of the National Committee for Quality Assurance, a health insurer must not refuse, because of lack of credentials, to pay claims submitted by providers credentialed within a health care organization but (i) not at the health care organization's location where the service was provided or (ii) at a location not in that health care organization.
	16.	Health	Vermont Department of Financial Regulation issued Emergency Rule H-2020-06-E on October 23, 2020.	<p>Access to Health Care Services During the COVID-19 Pandemic</p> <p>This Emergency Rule, among other things, requires health insurers to:</p> <ul style="list-style-type: none"> • Process certain claims related to COVID-19 testing without member cost-sharing; • Suspend prescription drug deductibles for all generic drugs on their existing formularies classified as preventive care for purposes of 26 U.S.C. § 223(c)(2)(C) (other than for self-insured or publicly funded health care benefit plans offered by public and private entities); and • Provide coverage for all health care services delivered remotely through telehealth or audio-only telephone by a health care provider at a distant site to a patient at an originating site.
	17.	Workers' Compensation	Vermont Department of Financial Regulation issued Insurance Bulletin No. 218 on November 9, 2020.	<p>Workers' Compensation Premium Calculation; Hazard Pay Grants</p> <p>Bulletin clarifies the interplay between workers' compensation premiums and the Front-Line Employees Hazard Pay Grant Program created by Act 136 of 2020 and amended by Acts 154 and 168 of 2020 (collectively, the "Program").</p> <p>The Vermont Department has directed the National Council on Compensation Insurance to create a "state special" rule to exclude from payroll any lump sum grant awards paid to eligible employees under the Program. This is an exception to the general rule that government benefits are included in payroll. Employers will need to track Program payments separately from normal payroll in order to exempt such payments from inclusion in their workers' compensation premium determination.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Virginia	1.	Health Life P&C	Virginia State Corporation Commission ("SCC") changed filing requirements (see link). Fact sheets with respect to business interruption insurance coverage (a Notice on March 24, 2020) and a letter noting the requirements under The Unfair Claims Settlement Practices Act and Regulation on March 25, 2020 have also been published on the state website.	Required Measures to Be Taken by Insurance Entities to Manage COVID-19 Outbreak The SCC is directing all business with the Commission to be handled through electronic filing systems, email, or by telephone.
	2.	Health	Virginia SCC issued a Notice on March 23, 2020.	Statement of the Virginia Bureau of Insurance Regarding Flexibility for Catastrophic Plan Coverage Issued in the Individual Market Neither CMS nor the Virginia Bureau will take an enforcement action against a carrier if they provide additional coverage to change benefits or cost-share structures of their catastrophic policies to provide pre-deductible coverage for services associated with the diagnosis and/or treatment of COVID-19. Such a change in benefits or cost-share structures to provide a better benefit will not require approval of any such amendment, but if provided, must be done in a uniform manner for all catastrophic plan enrollees. The Virginia Bureau encourages carriers to communicate such additional coverage to enrollees.
	3.	Health Life P&C	Virginia SCC issues Notice on March 25, 2020.	Guidance Regarding Adjusting/Processing Claims During the COVID-19 Outbreak The Virginia Bureau encourages insurers to continue to adjust/process claims during this public health emergency as expeditiously as possible and to utilize all possible methods of adjusting claims remotely, such as telephone, mail, and mobile applications while striving to meet normal timeframes in place for adjusting/processing claims whenever possible.
	4.	Health Life P&C	Virginia SCC issued a Press Release on March 27, 2020.	Essential Businesses Under Executive Order No. 53 Issued by the Governor of Virginia The Bureau of Insurance confirmed that Executive Order No. 53 classifies insurance companies, insurance agents, and related business entities as "essential businesses."
	5.	Health Life P&C	Virginia SCC issued a Notice on March 27, 2020.	Guidance Regarding Extension of Premium Payment Deadlines The SCC encourages insurers who wish to extend premium payment deadlines and delay the beginning of the grace period for individual policyholders. Actions a carrier takes in this manner must be consistent with CMS guidance and be consistent for all policyholders on and off the exchange. Once a grace period is triggered, the basic requirements applicable to the grace period must remain unchanged.
	6.	Health Life P&C	Virginia SCC issued a Notice on March 27, 2020.	Guidance Regarding Flexibility During Public Health Emergency The SCC encourages all regulated insurance entities to take the following actions, consistent with prudent insurance practices: 1. Consider relaxing due dates for premium payments, extending grace periods, waiving late fees and penalties, and allowing payment plans for premium payments to otherwise avoid a lapse in coverage; 2. Consider cancellation or non-renewal of policies only after exhausting all other reasonable efforts to work with policyholders to continue coverage; and 3. In the case of entities providing accident and sickness insurance, health maintenance organizations, and health services plans, review relevant guidance from CMS and the SCC.
	7.	All Lines	Virginia SCC issued a Notice on April 1, 2020.	Insurance Entities as Essential Businesses Executive Order No. 53 classifies insurance companies, insurance agents, and related business entities as "essential businesses."

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	8.	P&C	Virginia SCC issued a Notice on April 7, 2020.	<p>Guidance Regarding P&C Rate Filings</p> <p>All P&C insurers are urged to consider making rate filings that provide temporary relief to insureds during the COVID-19 public health emergency, including premium discounts for specific perils or coverages, as well as any other appropriate reduction in premium commensurate with reduced exposure, such as reduced driving, reduced liability, or reduced property exposures.</p> <p>Insurers writing private passenger automobiles may also use their suspension of insurance rule/form to accommodate insureds who are not using one or more their vehicles.</p> <p>Insurers whose filed rules provide that credit scores will be obtained more frequently than the three years provided in §§ 38.2-2126 and 38.2-2234 of the Code of Virginia, should consider altering the frequency of obtaining insurance credit scores for the duration of the pandemic.</p> <p>The bulletin reminds insurers that they also have the ability to file rate-capping rules related to COVID-19 where they may defer the application of the adverse impact of insurance credit scores or other rating plan factors. The P&C Rule, Rate and Forms Sections of the Bureau of Insurance will make every effort to expedite any COVID-19 related filings to the extent permitted by law.</p>
	9.	Health	Virginia SCC issued a Notice on April 8, 2020.	<p>Information for Employers Who Wish to Keep Their Employees on Their Health Plan Even After They Have Been Laid Off</p> <p>The Department provides information for insurers and employers regarding employers who want to keep their employees who have been laid off on their insurance plans.</p>
	10.	P&C	Virginia SCC issued a Notice on April 8, 2020.	<p>Public and Livery Exclusion</p> <p>Insurers that write private passenger automobile insurance in Virginia are made aware that the “public or livery conveyance” exclusion in the policy only applies when the insured offers his vehicle to the general public for hire.</p> <p>The Department’s position is that insureds who have now started using their personal automobiles to deliver prepared food, medicine, or groceries for their employer are not offering their vehicles to the general public for hire. Thus, it’s the Department’s position that the use of these personal automobiles in this manner does not fall under the public or livery conveyance exclusion.</p>
	11.	All Lines	Virginia SCC issued a Notice on April 9, 2020.	<p>Social Distancing and Personal Protective Equipment Requirements and Recommendations During the COVID-19 Pandemic</p> <p>The Department encourages all insurance carrier representatives, producers, brokers and agencies to adhere to social distancing and personal protective equipment requirements and recommendations issued by state and federal authorities during the COVID-19 pandemic. Insurance carrier representatives, producers, brokers and agencies should use all possible methods for contacting consumers through remote means, whether by telephone or electronically, such as email, video chat, video conferencing or mobile applications.</p>
	12.	P&C	Virginia SCC issued a Notice on April 13, 2020.	<p>Suspension of Insurance Under Commercial Automobile Insurance Plan</p> <p>In response to the COVID-19 pandemic, the Virginia Board of Governors of AIPSO conducted a new vote on the issue of permitting insureds to delete a vehicle or vehicles from their Commercial Automobile Insurance Plan policies. The Board approved a procedure to allow for the removal of vehicles from a commercial policy for a 60-day period upon the written request from an insured. The insured will be required to sign a vehicle deletion agreement that has been prepared by AIPSO Plan Counsel and approved by National Continental Insurance Company.</p>
	13.	All Lines	Virginia SCC issued Administrative Letter 2020 - 02 on April 14, 2020.	<p>Filing Requirements During the COVID-19 Public Health Emergency</p> <p>Insurance companies are subject to filing deadlines when submitting electronic documents to the NAIC or when submitting electronic or hard copy documents to the Department. Due to the COVID-19 public health emergency, the Department will grant most insurance companies an additional 30 or 60 days to complete certain filings. Insurance companies must request this extension in writing prior to the filing deadline and the Department reserves the right to reject a company’s extension request based upon the financial condition and unique circumstances of a specific company.</p> <p>In certain instances, the Department requires insurance companies to file documents in hard copy form with notarized signatures. The hard copy and notary requirements are temporarily waived. The Department will accept electronic filings and signatures.</p> <p>However, insurance companies are expected to keep a list of all filings that were made electronically in lieu of hard copy filings so that they can file all the hard copies within 60 days after the Commonwealth of Virginia has allowed a return to work.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				The Bureau will not conduct any on-site examination work during the COVID-19 public health emergency. Instead, the Bureau will conduct all scheduled examinations remotely until further notice. The examiner-in-charge of the examination will work with the insurance company being examined to determine the most efficient manner to conduct the examination.
	14.	Surety	Virginia SCC issued a Notice on April 21, 2020.	Digital Signatures on Surety Bonds Insurers who wish to implement digital signatures during the COVID-19 public health emergency may do so, along with a surety bond seal addendum which contains an electronic corporate seal and makes certain statements.
	15.	All Lines	Virginia SCC issued a Notice on April 24, 2020.	COVID-19 Update Regarding Pearson VUE Insurance Licensing Exam Centers Some Pearson VUE-owned and operated Pearson Professional Centers are becoming available for testing in Virginia. Candidates can schedule an exam starting May 1, 2020.
	16.	P&C	Virginia SCC issued a letter on May 11, 2020.	All Insurers Licensed to Write Property and Casualty Insurance in Virginia Due to restrictions for keeping Virginians safe from COVID-19, contractors may not be able to complete jobs as efficiently as before the public health emergency, and insureds may not be able to purchase replacement cost items as quickly. This may create difficulties for insureds in making replacement cost claims as required in § 38.2-2119 of the Code of Virginia. For this reason, the Bureau encourages insurers that write replacement cost coverage on dwellings and buildings to consider, consistent with prudent insurance practices, relaxing requirements for insureds to make their replacement cost claims after actual cash value payments are made.
	17.	All Lines	Virginia SCC issued a Notice on June 16, 2020.	Insurance Licensing Exam Centers Operating at 100% Capacity; Bureau of Insurance Extends Time for Application Submissions/Processing Notice includes the following: <ul style="list-style-type: none"> Remotely proctored exams are available. Effective June 16, 2020 Virginia test centers resume full occupancy testing in the following Virginia cities: Bristol, Chesapeake, Falls Church, Lynchburg, Richmond and Roanoke. In addition, Prometric, the test administrator, plans to deliver exams at test centers as they are able to open in the following Virginia localities: Abingdon, Alexandria, Ashburn, Chantilly, Fairfax, Glen Allen, Grundy, Herndon, Norfolk, Reston, Sterling, Virginia Beach and Winchester. Candidates can also take Virginia insurance exams at testing centers in Bethesda, MD; Greensboro, NC, Hyattsville, MD, Raleigh, NC and Washington, DC. Virginia Bureau of Insurance has extended the timeframe for applicants to submit required documentation from 30 days to 90 days. Application processing may exceed 15 business days.
Washington	1.	Health	Washington Office of Insurance Commissioner issued Emergency Order No. 20-01 on March 5, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Washington health insurers are required to waive copays, coinsurance and deductibles for any consumer requiring testing for COVID-19. Insurers also must allow a one-time early refill for prescription drugs and suspend any prior authorization requirement for treatment or testing of COVID-19. Additionally, if an insurer does not have enough medical providers in its network to provide testing and treatment for COVID-19, it must allow enrollees to be treated by another provider within a reasonable distance at no additional cost.
	2.	Health	Washington Office of Insurance Commissioner issued Emergency Order No. 20-02 on March 24, 2020.	Expanded Guidance to Health Insurers to Manage COVID-19 Outbreak Emergency Order requires health insurers to take the following measures: <ol style="list-style-type: none"> Allow in-network providers to use non-HIPAA compliant communication platforms to provide patient care, to the extent that 1) the provider and their patient are not already using a HIPAA compliant platform, or 2) the regulated entity is not making HIPAA compliant platforms available to all in-network providers, or 3) the use of a HIPAA compliant platform offered by the regulated entity is not readily and easily available to the provider or enrollee; Cover prior to application of any deductible and without cost-sharing diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus ("RSV"), when any of this testing is determined medically necessary;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> Cover as a "provider visit" services of a health care provider within their scope of practice, or under the supervision or direction of a health care provider within their scope of practice, to assess symptoms and obtain biological samples from enrollees at a drive through site established for testing and assessment of COVID-19; Eliminate prior authorization requirements for long-term care facility or home health services that will follow discharge; and For individual and group health plans, a grace period must be allowed for payment of premiums no less than 60 days.
	3.	P&C	Washington Office of Insurance Commissioner issued Emergency Order No. 20-03 on March 25, 2020.	<p>Guidance For Grace Periods For Non-Payment Of Premiums</p> <p>Bulletin requires (i) between March 25, 2020, and May 9, 2020, all regulated entities transacting any property and casualty insurance business to provide grace periods for non-payment of premium and to waive otherwise applicable charges and fees associated with non-payment of premium and (ii) during the same period, no regulated entity may cancel a policy issued for non-payment of premium, unless specifically directed to do so by the insured.</p>
	4.	Health	Proclamation By The Governor Amending Proclamation 20-05: 20-29 Telemedicine on March 25, 2020.	<p>Requirements for Insurers Regarding Telehealth Services</p> <p>The Governor prohibits the following activities by health insurers:</p> <ol style="list-style-type: none"> Reimbursing in-network providers for telemedicine claims for medically necessary covered services at a rate lower than the contracted rate that would be paid if the services had been delivered through traditional (in-person) methods. Denying a telemedicine claim from an in-network provider for a medically necessary covered service due to an existing provider contract term with that provider that denies reimbursement for services provided through telemedicine. Establishing requirements for the payment of telemedicine services that are inconsistent with the emergency orders, rules or technical advisories to insurers issued by the Office of the Insurance Commissioner. <p>Violators of this order may be subject to criminal penalties.</p>
	5.	P&C	Washington Office of Insurance Commissioner issued a recommendation on March 25, 2020.	<p>Recommendation for Extension of Coverage to Delivery Drivers' Personal Vehicles</p> <p>All insurers doing business in Washington are urged to immediately extend automobile insurance coverage for personal delivery drivers to aid people temporarily assigned this duty during the coronavirus pandemic and state of emergency.</p> <p>The Commissioner's office will expedite review and approval of endorsement filings so that affected delivery drivers can have coverage quickly.</p>
	6.	P&C	Washington Office of Insurance issued Notice on March 25, 2020.	<p>Request for Information Regarding Business Interruption and Related Coverage</p> <p>The Insurance Commissioner instructs P&C insurers to provide information about the commercial property insurance it has written in Washington and details on business interruption coverage provided within those policies.</p> <p>Insurers must send notices to policyholders explaining their business interruption insurance coverage by April 1, 2020.</p>
	7.	P&C	Washington Office of Insurance Commissioner issued a Letter to all authorized and unauthorized property and casualty companies and licensees that conduct insurance business in Washington state on March 25, 2020.	<p>Recommendations to Insurers in Response to the COVID-19 Outbreak</p> <p>When insurers are contacted by an insured regarding a claim under a policy, the Washington Office fully expects that they will follow the minimum standard established by the claims handling regulations in WAC 284-30-330 through WAC 284-30-380.</p>
	8.	Health	State of Washington issued a Press Release on April 1, 2020.	<p>Special Enrollment Period Extension for Health Insurance</p> <p>Washington Healthplanfinder extends current special enrollment period, which gives an extra month for uninsureds to secure health coverage.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	9.	Dental	Washington Office of Insurance Commissioner issued Emergency Order 20-04 on April 3, 2020.	<p>Guidance Regarding Dental Insurance and Clarifying Grace Period Payments</p> <p>Emergency Order requires a grace period of at least 60 days for all stand-alone dental plans certified by the Washington Health Benefit Exchange as qualified dental plans and clarifies that during grace period for dental plans and the earlier order issued (Emergency Order 20-02) for many health insurance plans, the dental and health insurers are responsible for paying claims for all covered services during the first 30 days. This order is in effect until May 23, 2020.</p>
	10.	P&C	Washington Office of Insurance Commissioner urged insurers who issue auto coverage to consider refunds of auto premiums on April 7, 2020.	<p>Recommendations to Auto Insurers in Response to the COVID-19 Outbreak</p> <p>The Washington Office urges all insurers doing business in Washington to consider refunding auto insurance premiums to their policyholders since most are driving less.</p> <p>Insurers that want to refund premiums for a specific period must submit a rate filing with the Insurance Department, which will expedite the approval process.</p>
	11.	Health	Washington Office of Insurance Commissioner encourages health insurers to work with employers who want to maintain employee coverage on April 9, 2020.	<p>Recommendations to Health Insurers in Response to the COVID-19 Outbreak</p> <p>The Washington Office urges all health insurers to work with employers who want to keep their employees on their health plans and is expediting review of any changes to eligibility requirements.</p> <p>The Washington Office has worked with the state Employment Security Department to clarify that any continuation of health insurance benefits will not interfere with an employee's ability to claim unemployment benefit.</p>
	12.	Health	Washington Insurance Commissioner issued an announcement on April 14, 2020.	<p>Press Release Regarding Federal Reinsurance Program</p> <p>Washington Insurance Commissioner urges Congress to reinstate the Affordable Care Act's reinsurance program to reduce the rise of health insurance premiums.</p>
	13.	All Lines	Washington Insurance Commissioner issued Emergency Rule 2020-03 on April 27, 2020.	<p>Extension of License Renewal Periods for Producers</p> <p>Emergency Rule addresses the impact of COVID-19 and the Governor's Stay Home, Stay Healthy emergency proclamation on licensed insurance producers by giving licensed producers who have been impacted by COVID-19 more time to renew their producer licenses and pay the required renewal fee. Specifically, if a licensee's insurance license expires between March 1, 2020 and June 30, 2020, and the licensee has experienced a hardship related to COVID-19, the licensee's insurance license expiration date will be extended until July 31, 2020 (if the licensee submits a request for extension). This rule expires on August 25, 2020.</p>
	14.	P&C	Washington Insurance Commissioner issued Emergency Order 20-05 on April 27, 2020.	<p>Guidance Regarding Reporting Requirements for Collecting Withheld Depreciation Payments</p> <p>Order states that all regulated insurance entities transacting property and casualty insurance business in Washington that have deadlines requiring policyholders to report completed repairs in order to claim withheld depreciation payments that either (a) will expire between April 27, 2020 and June 26, 2020 (or the conclusion of the emergency, whichever is first) or (b) expired between February 29, 2020 and April 27, 2020, shall extend these deadlines to at least 60 days after June 26, 2020, or the expiration of the emergency, whichever is first, to give policyholders a meaningful opportunity to meet reporting requirements for withheld depreciation payments.</p>
	15.	Health	Washington Insurance Commissioner extended Emergency Order 20-01 on May 1, 2020.	<p>Extension of Order Requiring Certain Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Order extends until June 3, 2020 requirements for Washington health insurers to maintain certain measures manage the outbreak. Specifically, Washington health insurers are required to waive copays, coinsurance and deductibles for any consumer requiring testing for COVID-19. Insurers also must allow a one-time early refill for prescription drugs and suspend any prior authorization requirement for treatment or testing of COVID-19. Additionally, if an insurer does not have enough medical providers in its network to provide testing and treatment for COVID-19, it must allow enrollees to be treated by another provider within a reasonable distance at no additional cost.</p>
	16.	All Lines	Office of the Insurance Commissioner of Washington State webpage regarding COVID-19 emergency rules for licensees.	<p>COVID-19 Emergency Rules for Continuing Education Providers</p> <p>A licensee who has a classroom course already approved and would like to convert it to a webinar course between March 23, 2020 and July 31, 2020 must submit a written request for expedited processing to the Department.</p> <p>The licensee must be sure to provide a description detailing how the converted course will comply with WAC 284-17-278(2)(b)(iv-vi) (leg.wa.gov).</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				The 20-day waiting period is still applicable for newly approved courses but will not apply to converted webinar courses during this time period.
	17.	All Lines	Office of the Insurance Commissioner of Washington State provides a webpage regarding COVID-19 emergency rules for licensees.	<p>COVID-19 Emergency Rules for Licensees</p> <p>The webpage regarding emergency rules for licensees includes:</p> <p>Pre-licensing education (“PLE”)</p> <ul style="list-style-type: none"> For resident applicants, PLE certificates of completion are valid for 12 months from the date of completion. An extension will be allowed per WAC 284-17-539(8) (leg.wa.gov). If PLE certificates of completion would normally have expired between March 23, 2020 and June 30, 2020, the licensee will have until July 31, 2020 to apply them toward taking an insurance licensing exam. <p>Exam score reports</p> <ul style="list-style-type: none"> Once licensees have completed their insurance exams, they are able to apply their exam score reports toward their new license application for 180 days from the exam completion date. Exam results that expire between March 23, 2020 and June 30, 2020 will now be extended until July 31, 2020. <p>Request an extension</p> <ul style="list-style-type: none"> Licensees may submit a request for an extension of their license expiration date in order to complete their renewal application if: <ol style="list-style-type: none"> The license (individual or business entity) has an expiry date between March 1, 2020 and June 30, 2020. The licensee has experienced a hardship related to COVID-19. An extension will change the license expiration date to July 31, 2020. <p>Request a refund</p> <ul style="list-style-type: none"> A licensee may request a refund if: <ol style="list-style-type: none"> A renewal is submitted between March 1, 2020 and June 30, 2020. Late fees are paid between March 1, 2020 and June 30, 2020. The licensee has experienced a hardship related to COVID-19. <p>Processing applications during the coronavirus pandemic</p> <ul style="list-style-type: none"> The Department’s staff continues to operate on a remote basis, but applications are still processed daily. The Department is maintaining a five-day turnaround time for most applications. A licensee applying for an initial resident producer license is encouraged to: <ol style="list-style-type: none"> Complete online pre-licensing education. Take the insurance exam(s) using PSI’s remote testing option. Have fingerprints submitted through an Idemia location. Per NAIC/NIPR guidelines, the State of Washington will not be able to issue a non-resident license to licensees who have been issued a temporary license in their resident state during the pandemic without being required to complete an exam or submit fingerprints.
	18.	Health	Washington Insurance Commissioner issued revised Regulatory Order 20-02 on May 21, 2020.	<p>Extension of Period for Health Insurers to Take Certain Measures to Manage COVID-19 Outbreak</p> <p>Pursuant to Emergency Rule 2020-03 issued by the Washington Insurance Commissioner on May 21, 2020, the Insurance Commissioner’s Emergency Order 20-02, issued on March 24, 2020, is extended until June 21, 2020, with the exception of Part E (requiring a grace period for payment of premiums), which is not extended.</p>
	19.	Health	Washington Insurance Commissioner issued Emergency Order 20-06 on June 1, 2020.	<p>Protection from Surprise Billing for Lab Charges</p> <p>Order requires all health carriers authorized or admitted to offer health plans or short term limited duration medical plans in Washington to hold harmless Washington resident enrollees from balance billing for COVID-19 diagnostic testing processed by in-state, out-of-network laboratories and out of-state, out-of-network laboratories, when COVID-19 diagnostic testing is determined to be medically necessary by the enrollee’s health care provider.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				Such carriers are also encouraged to notify the Washington Insurance Commissioner if out-of-network laboratories submitting claims have failed to publish a cash price, or fail to accept the published cash price of COVID-19 diagnostic testing as the full and final payment for COVID-19 diagnostic testing.
	20.	Health	Washington Insurance Commissioner extended Emergency Order 20-01 on June 2, 2020.	<p>Extension of Order Requiring Certain Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Order extends until July 3, 2020 requirements for Washington health insurers to maintain certain measures manage the COVID-19 outbreak. Specifically, Washington health insurers are required to waive copays, coinsurance and deductibles for any consumer requiring testing for COVID-19. Insurers also must continue to allow a one-time early refill for prescription drugs and suspend any prior authorization requirement for treatment or testing of COVID-19. Additionally, if an insurer does not have enough medical providers in its network to provide testing and treatment for COVID-19, it must allow enrollees to be treated by another provider within a reasonable distance at no additional cost.</p>
	21.	Health	Washington Insurance Commissioner extended Emergency Order 20-02 on June 19, 2020.	<p>Telehealth Coverage During the COVID-19 Outbreak</p> <p>Washington Insurance Commissioner has extended the Emergency Order directing all state-regulated health insurers to make additional coverage changes to aid consumers during the COVID-19 outbreak. This order is in effect until July 19, 2020 and requires health insurers to:</p> <ul style="list-style-type: none"> • Continue coverage for providing telehealth via methods including telephone and video chat tools; • Cover all medically necessary diagnostic testing for flu and certain other viral respiratory illnesses billed during a provider visit for COVID-19 with no copay, coinsurance or deductible; and • Treat drive-up testing sites for COVID-19 as a provider visit with no copay, coinsurance or deductible waive or expedite prior authorization requirements for home healthcare or long-term care facility services to speed up discharging patients who are ready to leave.
	22.	P&C	Washington Insurance Commissioner extended Emergency Order 20-05 on June 25, 2020.	<p>Partial Extension Regarding Reporting Requirements for Collecting Withheld Depreciation Payments</p> <p>Order states that Emergency Order 20-05 is extended an additional 30 days to July 25, 2020.</p>
	23.	Health	Washington Office of Insurance Commissioner issued an Emergency Order on July 2, 2020.	<p>Extension of Emergency Order Waiving Deductibles and Copays for Coronavirus Testing</p> <p>The Washington Insurance Commissioner extended his emergency order to Washington state health insurers for an additional 30 days requiring them to waive copays and deductibles for any consumer requiring testing for COVID-19.</p> <p>Insurers also must continue:</p> <ul style="list-style-type: none"> • Allowing a one-time early refill for prescription drugs. • Suspending any prior authorization requirement for treatment or testing of COVID-19. <p>In addition, if an insurer does not have enough medical providers in its network to provide testing or treatment for COVID-19, it must allow enrollees to be treated by another provider within a reasonable distance at no additional cost.</p> <p>The extension is effective immediately and applies to all state-regulated health insurance plans and short-term limited duration medical plans until August 2, 2020.</p>
	24.	Health	Washington Insurance Commissioner extended Emergency Order 20-02 on July 16, 2020.	<p>Extension of Period for Health Insurers to Take Certain Measures to Manage COVID-19 Outbreak</p> <p>Pursuant to Emergency Rule 2020-03 issued by the Washington Insurance Commissioner on May 21, 2020, the Insurance Commissioner's Emergency Order 20-02, issued on March 24, 2020, is extended until August 16, 2020, with the exception of Part E (requiring a grace period for payment of premiums), which is not extended.</p>
	25.	Health	Washington Office of Insurance Commissioner modifying Emergency Order No. 20-01 on July 29, 2020.	<p>Further Extension of Emergency Order 20-01</p> <p>The expiration date of Emergency Order 20-01 is extended by 30 days. Emergency Order 20-01 is therefore in effect until August 28, 2020.</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	26.	Health	Washington Office of Insurance Commissioner modifying Emergency Order No. 20-06 on July 29, 2020.	Extension of Emergency Order 20-06 The expiration date of Emergency Order 20-06 is extended by 30 days. Emergency Order 20-06 is therefore in effect until August 28, 2020.
	27.	Health	Washington Insurance Commissioner extended Emergency Order 20-02 on August 14, 2020.	Extension of Period for Health Insurers to Take Certain Measures to Manage COVID-19 Outbreak Pursuant to Emergency Rule 2020-03 issued by the Washington Insurance Commissioner on May 21, 2020, the Insurance Commissioner's Emergency Order 20-02, issued on March 24, 2020, is extended until September 15, with the exception of Part E (requiring a grace period for payment of premiums), which is not extended.
	28.	Health	Washington Insurance Commissioner extended Emergency Order 20-01 on August 28, 2020.	Extending Emergency Order 20-01 Pursuant to RCW 48.02.060(5) The Washington Insurance Commissioner has extended Emergency Order 20-01 until September 27, 2020.
	29.	Health	Washington Insurance Commissioner extended Emergency Order 20-06 on August 28, 2020.	Extending Emergency Order 20-06 Pursuant to RCW 48.02.060(5) The Washington Insurance Commissioner has extended Emergency Order 20-06 until September 27, 2020.
	30.	Health	Washington Office of Insurance Commissioner issued extends Emergency Order 20-02 on September 14, 2020.	Further Partial Extension Emergency Order 20-02 The expiration date of Emergency Order 20-02 is extended by 30 days. Thus, Emergency Order 20-02 is in effect until October 14, 2020. However, the provisions of Part E were never extended and expired after May 23, 2020.
	31.	Health	Washington Office of Insurance Commissioner extended his Emergency Order on October 15, 2020.	Further Partially Extending Emergency Order 20-02 The Washington Insurance Commissioner extended Emergency Order 20-02 until November 13, 2020 and requires health insurers to, among other things: <ul style="list-style-type: none"> • Continue coverage for providing telehealth. • Cover all medically necessary diagnostic testing for flu and certain other viral respiratory illnesses billed during a provider visit for COVID-19 with no copay, coinsurance or deductible. • Treat drive-up testing sites for COVID-19 as provider visit with no copay, coinsurance or deductible. • Waive or expedite prior authorization requirements for home healthcare or long-term care facility services to speed up discharging patients who are ready to leave.
	32.	Health	Washington Office of Insurance Commissioner Extends Emergency Orders on Coronavirus Testing and Surprise Billing on October 23, 2020.	Extension of Emergency Orders on Coronavirus Testing and Surprise Billing The Washington Insurance Commissioner has extended the Emergency Order requiring health insurers to waive copays and deductibles for any consumer requiring testing for COVID-19 and the Emergency Order protecting consumers from receiving surprise bills for lab fees related to medically-necessary diagnostic testing for COVID-19 until November 24, 2020. <ul style="list-style-type: none"> • The waiver of cost-sharing applies to all state-regulated health insurance plans and short-term limited duration medical plans. • The order on surprise billing applies to both in-state and out-of-state laboratories. • Insurers must also: <ul style="list-style-type: none"> • Allow a one-time early refill for prescription drugs. • Suspend any prior authorization requirement for treatment or testing of COVID-19. • Allow enrollees to be treated by another provider within a reasonable distance at no additional cost, if an insurer does not have enough medical providers in its network to provide testing or treatment for COVID-19.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	33.	Health	Washington Office of Insurance Commissioner extended Emergency Order 20-02 on November 13, 2020.	Further Partial Extension of Emergency Order 20-02 The expiration date of Emergency Order 20-02 is extended by 30 days, pursuant to the Insurance Commissioner's authority in RCW 48.02.060(5). However, the provisions of Part E were never extended and expired after May 23, 2020. With this modification, Emergency Order 20-02 is in effect until December 11, 2020.
	34.	Health	Washington Insurance Commissioner extended Emergency Order 20-01 on November 23, 2020.	Extending Emergency Order 20-01 Pursuant to RCW 48.02.060(5) The Washington Insurance Commissioner has extended Emergency Order 20-01 until December 24, 2020.
	35.	Health	Washington Insurance Commissioner extended Emergency Order 20-06 on November 23, 2020.	Extending Emergency Order 20-06 Pursuant to RCW 48.02.060(5) The Washington Insurance Commissioner has extended Emergency Order 20-06 until December 24, 2020.
	36.	Health	Washington Office of Insurance Commissioner extended Emergency Order 20-02 on December 11, 2020.	Further Partially Extending Emergency Order 20-02 The expiration date of Emergency Order 20-02 is extended by 30 days, pursuant to the Insurance Commissioner's authority in RCW 48.02.060(5). However, the provisions of Part E were never extended and expired after May 23, 2020. With this modification, Emergency Order 20-02 is in effect until January 10, 2021.
	37.	Health	Washington Office of Insurance Commissioner extended Emergency Order 20-02 on January 8, 2021.	Further Partially Extending Emergency Order 20-02 Pursuant to RCW 48.02.060(5) Emergency Order 20-02 is extended by 30 days, pursuant to the Insurance Commissioner's authority in RCW 48.02.060(5). However, the provisions of Part E were never extended and expired after May 23, 2020. With this modification, Emergency Order 20-02 is in effect until February 7, 2021.
	38.	Health	Washington Office of Insurance Commissioner extended Emergency Order 20-02 on February 4, 2021.	Further Partially Extending Emergency Order 20-02 Pursuant to RCW 48.02.060(5) Emergency Order 20-02 is extended by 30 days, pursuant to the Insurance Commissioner's authority in RCW 48.02.060(5). However, the provisions of Part E were never extended and expired after May 23, 2020. With this modification, Emergency Order 20-02 is in effect until March 7, 2021.
	39.	Health	Washington Office of Insurance Commissioner extended Emergency Order 20-02 on March 5, 2021.	Further Partially Extending Emergency Order 20-02 Pursuant to RCW 48.02.060(5) Emergency Order 20-02 is extended by 30 days, pursuant to the Insurance Commissioner's authority in RCW 48.02.060(5). However, the provisions of Part E were never extended and expired after May 23, 2020. With this modification, Emergency Order 20-02 is in effect until April 4, 2021.
	40.	Health	Washington Office of Insurance Commissioner extended Emergency Order 20-02 on April 2, 2021.	Further Partially Extending Emergency Order 20-02 Pursuant to RCW 48.02.060(5) Emergency Order 20-02 is extended by 30 days, pursuant to the Insurance Commissioner's authority in RCW 48.02.060(5). However, the provisions of Part E were never extended and expired after May 23, 2020. With this modification, Emergency Order 20-02 is in effect until May 2, 2021.
	41.	Health	Washington Insurance Commissioner extended Emergency Order 20-01 on April 16, 2021.	Extending Emergency Order 20-01 Pursuant to RCW 48.02.060(5) The Washington Insurance Commissioner has extended Emergency Order 20-01 until May 16, 2021.
	42.	Health	Washington Insurance Commissioner extended Emergency Order 20-06 on April 16, 2021.	Extending Emergency Order 20-06 Pursuant to RCW 48.02.060(5) The Washington Insurance Commissioner has extended Emergency Order 20-06 until May 16, 2021.
West Virginia	1.	Health	West Virginia Office of the Insurance Commissioner issued Insurance Bulletin No. 2020-01 to all insurers writing health insurance or health benefit coverage on March 9, 2020.	Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak Bulletin requires applicable carriers to take the following measures: <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Make necessary and useful information available to insured and respond to queries expeditiously; 3. Waive cost-sharing for COVID-19 testing; 4. Review the adequacy of any telehealth programs;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 5. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 6. Ensure utilization review decisions are made in a timely manner; 7. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 8. Ensure access to prescription drugs; and 9. Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	2.	Health	West Virginia Office of the Insurance Commissioner issued Insurance Bulletin No. 20-03 to all insurers writing health insurance or health benefit coverage on March 13, 2020.	<p>Recommendations to Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requests that health insurers immediately review their telehealth or telemedicine services in light of the law's anticipated, impending implementation and the COVID-19 crisis.</p>
	3.	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Insurance Bulletin No. 20-04 to foreign insurers on March 13, 2020.	<p>Required Measures to Be Taken by Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires that every foreign insurer currently issuing policies in West Virginia to submit a response to West Virginia describing its plans of preparedness to manage the risk of disruption to operations and the financial risk arising from COVID-19.</p>
	4.	Health	West Virginia Office of the Insurance Commissioner issued Insurance Bulletin No. 20-05 to all insurers writing health insurance or health benefit coverage on March 13, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin requires all applicable insurers to take the following measures:</p> <ol style="list-style-type: none"> 1. Cover an additional one-time early refill of any necessary prescriptions to ensure individuals have access to their necessary medications should they need to limit close contact with others; <ul style="list-style-type: none"> • For maintenance medications, insurers shall permit insureds to obtain a 90-day supply upon refill. Insurers shall not apply a different cost-sharing amount to an early filling/refilling of a prescription due to concerns about COVID-19. 2. Make formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug; 3. Encourage, but not require, insureds to take advantage of mail-order prescription benefits, if available; and 4. Strongly suggested that insurers allow insureds the temporary use of out-of-network pharmacies at the in-network benefit level of coverage in the event a shortage of medications occurs at network pharmacies.
	5.	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-01 on March 13, 2020.	<p>General Guidance During Emergency</p> <p>Emergency Order requires all applicable carriers to:</p> <ol style="list-style-type: none"> 1. Assess and review their plans of preparedness and plans for continuity of operations to manage the risk of disruption to their operations arising from COVID-19; and 2. Continue to adjust claims as expeditiously as possible during this insurance emergency, and shall utilize all possible methods of adjusting claims remotely, all the while striving to meet normal timeframes for the adjustment and resolution of claims whenever possible.
	6.	All Lines	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-06 on March 17, 2020.	<p>Guidance Regarding Temporary Licensure of Producers</p> <p>Bulletin states that effective immediately, the Commissioner will issue a temporary producer license to applicants for a producer license, on a case-by-case basis, without requiring testing or fingerprinting, where it is determined that applicants are unable to complete the requisite testing or obtain fingerprinting due to third-party vendor operations suspensions or closure.</p>
	7.	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-02 on March 18, 2020.	<p>General Guidance During Emergency</p> <p>Emergency Order requires all regulated entities to take the following measures:</p> <ol style="list-style-type: none"> 1. Consider and accommodate expected difficulties to be faced by individuals and businesses during this emergency; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				2. Refrain from issuing a cancellation notice or non-renewal notice pertaining to any insurance policy, plan or contract if the reason for cancellation or non-renewal is a result of circumstances stemming from the COVID-19 pandemic.
	8.	Workers' Compensation	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-03 on March 23, 2020.	Guidance Regarding Workers' Compensation Emergency Order suspends normal time standards for claims handling applicable to workers' compensation insurers and other regulated entities. Emergency Order also requests that regulated entities further evaluate their telehealth or telemedicine programs in light thereof in order to ensure that they are being utilized to the fullest extent possible.
	9.	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-04 on March 24, 2020.	Guidance Regarding Emergency Insurance Adjusters Emergency Order allows for licensed insurance carriers to request the appointment and authorization of one or more emergency insurance adjusters during this emergency.
	10.	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-07 on March 26, 2020.	Additional General Guidance During Emergency Bulletin reiterates points from Emergency Order 20-02, warns regulated entities to be wary of COVID-19 frauds and allows for electronic submission of filings. Bulletin refrains from extending deadlines for regulatory filings.
	11.	P&C	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-08 on March 26, 2020.	Guidance Regarding Business Interruption Insurance Bulletin states that no insurance company should report negative claims activity or a claim denial when an insured or policyholder contacts the company or its agent or broker to inquire about business interruption coverage for COVID-19 under its policy.
	12.	Health	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-EO-05 on March 27, 2020.	Guidance Regarding Prescription Medication Delivery Emergency Order allows the following: 1. Permits pharmacies to deliver prescription medications for which a patient, insured or customer has a valid prescription, or pharmacy supplies or products, to patients, insureds or customers via common carrier, mail delivery or other home delivery methods or services if the pharmacy elects to do so; 2. Health benefit plans are prohibited from enforcing contractual terms with pharmacies that prohibit pharmacies from delivering prescription medications or other pharmacy supplies or products via the mail, common carrier or other home delivery methods or services to patients, insureds or customers; and 3. Health benefit plans are prohibited from recouping payments already made to pharmacies discovered during a subsequent audit, if prescription medications or pharmacy supplies are delivered via mail, common carrier or other home delivery methods or services to a patient, insured or customer during the COVID-19 emergency.
	13.	Health	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-10 on April 1, 2020.	Guidance Regarding Loss of Insurance by Furloughed Workers Bulletin provides guidance for West Virginians of resources that may provide health insurance while they are furloughed, including discussions of (i) the Consolidated Omnibus Budget Reconciliation Act, (ii) the Affordable Care Act, (iii) Medicaid and (iv) West Virginia Navigator.
	14.	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-EO-06 on April 3, 2020.	Guidance Regarding Door-To-Door Insurance Transactions Emergency Order allows individuals engaged in the business of insurance in West Virginia to leave their residences to provide any services or perform any work necessary to maintain the essential business or operations of insurance entities, provided that insurance institutions, including their employees or representatives, are prohibited from door-to-door insurance activity or transactions during this emergency unless each of the following conditions are met: 1. They are servicing or conducting another essential transaction regarding a current policy or policies; 2. They are engaging in the door-to-door/in-home activity at the request of the policyholder or other insured; 3. Such policy servicing or other essential transaction cannot be accomplished electronically or otherwise remotely; and 4. The door-to-door/in-home transaction is to be done only with the use of personal protective equipment and/or appropriate social distancing.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	15.	All Lines	West Virginia Office of the Insurance Commissioner ("OIC") issued Bulletin No. 20-11 on May 4, 2020.	<p>Insurance Premium Taxes and Surcharges</p> <p>It is the OIC's general position that any premium tax or surcharge assessed against the portion of an insurance premium that is refunded should also be refunded to the policyholder. This could include the premium tax and additional premium tax assessed pursuant to W.Va. Code §§ 33-3-14 and 14a, the additional fire and casualty premium tax assessed pursuant to W.Va. Code § 33-3-14d, the fire and casualty surcharge assessed pursuant to W.Va. Code § 33-3-33, and the "Fire Marshal's Fee Fund" tax assessed pursuant to W.Va. Code § 29-3-22. However, if the insurance company is providing premium relief by issuing a credit or paying a dividend, as opposed to issuing a refund, then the tax or surcharge may not need to be refunded to the policyholder.</p> <p>Furthermore, if the premium tax or surcharge has not yet been collected from the policyholder on the portion of the premium to be refunded, then the tax or surcharge should not be assessed or remitted to the OIC. If the tax or surcharge has already been assessed to the policyholder on a portion of the premium to be refunded, but has not been remitted to the OIC, then the applicable tax or surcharge should be refunded to the policyholder and the tax or surcharge should not be remitted to the OIC during quarterly tax filings. If the tax or surcharge has already been collected from the policyholder on a portion of the premium to be refunded and already remitted to the OIC, it should still be refunded to the policyholder and a request for a refund or credit can be made to the OIC.</p> <p>More specific information regarding what information will be necessary to verify a request for a refund or credit by an insurance company, or to claim a refund or credit on the insurance company's annual filing, will be forthcoming from the OIC's Tax Unit. Each request for a refund or credit from the OIC will be reviewed on a case-by-case basis, and the insurance company will need to show how it provided the refunds to its policyholders in order for the OIC to make a determination as to the availability of a refund or credit.</p>
	16.	Health	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-EO-07 on May 11, 2020.	<p>Coverage for Certain COVID-19 Diagnostic Testing of Residents and/or Staff in Nursing Homes, Assisted Living Residences and Residential Care Communities</p> <ul style="list-style-type: none"> Health insurers offering group health plans and/or individual health insurance coverage must, effective March 18, 2020, provide benefits for diagnostic testing for the detection of COVID-19, and services related thereto, to the persons identified in Executive Order 27-20 and Executive Order 35-20, because testing of these individuals has been deemed a necessary public health and medical action. This coverage must be provided without imposing any cost-sharing requirements including deductibles, copayments and coinsurance, or any prior authorization or other medical management requirements. The Insurance Commissioner will take a non-enforcement position in regard to midyear plan changes, so long as those changes are made to provide increased coverage for services related to the diagnosis and treatment of COVID-19 during the declared public health emergency, national emergency, insurance emergency and state of emergency. However, the Insurance Commissioner may take enforcement action against any health insurer that attempts to limit or eliminate other benefits, or to increase cost-sharing, to offset the costs of increasing the generosity of benefits related to the diagnosis and/or treatment of COVID-19.
	17.	Health	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-EO-08 on May 13, 2020.	<p>Coverage for Certain COVID-19 Diagnostic Testing of Licensed Child Care Providers</p> <ul style="list-style-type: none"> Health insurers offering group health plans and/or individual health insurance coverage must, effective March 18, 2020, provide benefits for diagnostic testing for the detection of COVID-19, and services related thereto, to the persons identified in Executive Order 27-20 and Executive Order 35-20 because testing of these individuals has been deemed a necessary public health and medical action, and because such testing, as to all persons who work in child care centers licensed by the Department of Health and Human Resources' Bureau for Children and Families pursuant to 78 CSR 1, provides a public health and medical purpose. This coverage must be provided without imposing any cost-sharing requirements, including deductibles, copayments and coinsurance or any prior authorization or other medical management requirements. The Insurance Commissioner will take a non-enforcement position in regard to midyear plan changes, so long as those changes are made to provide increased coverage for services related to the diagnosis and treatment of COVID-19 during the declared public health emergency, national emergency, insurance emergency and state of emergency, as noted herein. However, the Insurance Commissioner may take enforcement action against any health insurer that attempts to limit or eliminate other benefits or to increase cost-sharing to offset the costs of increasing the generosity of benefits related to the diagnosis and/or treatment of COVID-19.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	18.	Personal Lines	West Virginia Office of the Insurance Commissioner issued Bulletin No 20-12 on May 15, 2020.	<p>Insurance Scoring for Personal Lines</p> <p>Bulletin rescinds Informational Letter 142B in its entirety, regarding insurance scoring for personal lines and the procedure, subject to modification as needed, utilized by the West Virginia Offices of the Insurance Commissioner, for the review of filings that rely in any way on the use of consumer credit reports or insurance scoring. All such filings shall meet the following requirements, among others:</p> <ul style="list-style-type: none"> The insurance score model must not consider as a negative factor collection accounts with a medical industry code or any negative changes to credit after March 1, 2020, and thereafter for a 36-month period, because of COVID-19-related situations which may not be immediately identifiable on a report.
	19.	Health	West Virginia Office of the Insurance Commissioner issued Bulletin No 20-14 on July 9, 2020.	<p>At-Home COVID-19 Testing</p> <ul style="list-style-type: none"> At-home COVID-19 testing kits must be covered by an insurer without imposing any cost-sharing requirements, prior authorization or other medical management requirements on the individual covered under the plan or policy when: <ol style="list-style-type: none"> The individual requesting the test undergoes a valid screening or eligibility assessment; The screening or eligibility assessment is reviewed and evaluated by a licensed healthcare provider; The licensed healthcare provider is acting within the scope of his or her license; and, The licensed healthcare provider authorizes or orders the at-home COVID-19 test for the individual. The West Virginia Commissioner has determined that, in certain circumstances, an attending healthcare provider may not directly engage or interact with an individual when an at-home COVID-19 testing request is being evaluated by a laboratory or test developer. Insurers should give deference to a healthcare provider's clinical judgment as to whether the testing is medically appropriate. A healthcare provider must be involved, even if only remotely, in the determination that an at-home COVID-19 diagnostic test is medically appropriate for the test to be covered without the imposition of any cost-sharing requirements, prior authorization or other medical management requirements. This Bulletin, while applicable to COVID-19 testing generally, does not override or supersede the mandates regarding coverage of testing set forth in Emergency Order 20-EO-07 or Emergency Order 20-EO-08.
	20.	Health	West Virginia Office of the Insurance Commissioner issued Bulletin No 20-15 on July 17, 2020.	<p>COVID-19 Testing at Nursing Homes</p> <p>Bulletin is issued to advise that Emergency Order 20-EO-07 was not a one-time testing coverage mandate and is still in effect, and compliance therewith by health insurers offering group health plans and/or individual health insurance coverage in West Virginia is still mandatory. Recent guidance issued by West Virginia's State Health Officer and Commissioner for the Bureau of Public Health provides that viral testing shall be conducted on any resident of, or healthcare personnel working in, a nursing home who has signs or symptoms of COVID19, as well as asymptomatic residents of such facilities when there is an outbreak in a facility or exposure. Bulletin confirms that the persons identified in this recent guidance must be covered by health insurers offering group health plans and/or individual health insurance coverage in West Virginia without the imposition of any cost-sharing requirements including deductibles, copayments and coinsurance, or prior authorization or other medical management requirements.</p>
	21.	All Lines	West Virginia Office of the Insurance Commissioner issued an Emergency Order 20-EO-09 on October 15, 2020.	<p>Modifying and Rescinding Certain COVID-19 Related Executive Orders</p> <ul style="list-style-type: none"> Emergency Order 20-EO-09 rescinds Emergency Order 20-EO-01 and Emergency Order 20-EO-04. Emergency Order 20-EO-09, among other things: <ul style="list-style-type: none"> Modifies Emergency Order 20-EO-02 to rescind the portion of the Order prohibiting an insurer from issuing a cancellation notice or nonrenewal notice pertaining to any insurance policy, plan or contract if the reason for cancellation or nonrenewal is a result of circumstances stemming from the COVID-19 outbreak. Modifies Emergency Order 20-EO-03 to (a) rescind the portion which suspended normal time standards for claims handling applicable to workers' compensation insurers and other regulated entities and (b) rescind the prohibition against workers' compensation insurers and other regulated entities terminating or suspending a claimant's temporary total disability benefits for failure to undergo examinations or needed treatment. Modifies Emergency Order 20-EO-06 to permit door-to-door/in-home solicitation of new insurance business or other door-to-door/in-home insurance activity or transactions to resume so long as proper PPE is utilized by the insurance producer, agent or other insurance company representative, and proper physical or social distancing is observed.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Wisconsin	1.	Health	Wisconsin Office of the Commissioner of Insurance issued a Bulletin regarding Coronavirus ("COVID-19") Coverage Request to public health, insurers, self-funded plans, pharmacy benefit managers and cooperative health plans funded plans, pharmacy benefit managers and cooperative health plans on March 6, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>The Bulletin requires applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> 1. Ensure they are prepared to address COVID-19 cases; 2. Make necessary and useful information available to insured and respond to queries expeditiously; 3. Waive cost-sharing for COVID-19 testing; 4. Review the adequacy of any telehealth programs; 5. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 6. Expedite prior authorization requests to the extent possible; 7. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 8. Ensure access to prescription drugs; and 9. Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	2.	Health Life P&C	Wisconsin Office of the Commissioner of Insurance issued a Bulletin regarding Regulatory Flexibility Regarding COVID-19 to all regulated insurers on March 15, 2020.	<p>Recommendations to Insurance Entities to Manage COVID-19 Outbreak</p> <p>Bulletin provides the following guidance.</p> <ol style="list-style-type: none"> 1. Insurers should utilize maximum flexibility in rescheduling meetings or allowing alternatives to in-person annual policyholder or shareholder meetings; 2. Insurers should also consider enacting alternatives such as teleconferences or videoconferences for meeting of the board of directors and committees of the board; 3. Any temporary amendments to an insurer's bylaws to adopt statutory provisions that allow more flexibility regarding the scheduling of annual shareholder or policyholder meetings and remote meetings of the board of directors and board committees in response to COVID-19 are deemed approved by Office of the Commissioner of Insurance for the duration of the governor's declaration of a public health emergency; 4. In reviewing compliance with state law or a company's articles of incorporation and bylaws, the Office of the Commissioner of Insurance will view any cancellation or rescheduling of an insurer's annual meeting or any alternative to in-person meetings for the board of directors because of COVID-19 as necessitated by exigent circumstances outside of the insurer's control; 5. Insurers should also note that corporate actions are not rendered invalid by the failure to hold an annual meeting; 6. Flexibility will be offered to insurers who may experience difficulties meeting regulatory filing deadlines; and 7. In making required filings, insurers are encouraged to make those filings electronically to the extent possible.
	3.	Health Life P&C	Wisconsin Office of the Commissioner of Insurance issued a Bulletin regarding Proctoring of Online Courses – Personal Attestation Form to insurers and agents on March 19, 2020.	<p>Recommendations and Requirements for Insurance Entities to Manage COVID-19 Outbreak</p> <p>Bulletin provides the following guidance, in wake of the COVID-19 outbreak:</p> <ol style="list-style-type: none"> 1. Providers will be allowed to deliver currently approved classroom courses via webinar without having to re-file those courses with the Office of the Commissioner and will not be required to submit separate course applications for these webinar courses prior to delivering these courses to students; 2. Providers are required to provide the Office of the Commissioner with a list of classroom courses that will be conducted via webinar and submit a written statement as to their process in determining participation of students; and 3. The Office of the Commissioner is waiving continuing education requirements for resident licensees that expire on March 31, 2020, for licensees that are unable to complete courses online.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	4.	Health Life P&C	Wisconsin Office of the Commissioner of Insurance issued a Bulletin regarding Complying with Regulatory Requirements during the Public Health Emergency to all regulated insurers on March 20, 2020.	<p>Recommendations to Insurance Entities to Manage COVID-19 Outbreak</p> <p>Bulletin provided guidance to insurers regarding compliance with regulatory requirements during the COVID-19 public health emergency:</p> <ol style="list-style-type: none"> 1. Insurers are encouraged to offer flexibility to insureds who are incurring economic hardship; 2. During the pendency of the public health emergency related to COVID-19, all filings that are deemed approved if the Office of the Commissioner does not disapprove the filing within a certain period of time are hereby disapproved; <ul style="list-style-type: none"> • This disapproval is preliminary and the Office of the Commissioner will continue to review the filing to determine if a final disapproval or approval is warranted. The Office of the Commissioner will review those filings in as timely a manner as possible and will endeavor to provide a final determination within the statutory timeframe. 3. For insurers who are intending to file a request for an extraordinary dividend, please conduct a review of that dividend and the insurer's capital requirements to determine if that request is appropriate in light of the expected economic impact of the COVID-19 pandemic; <ul style="list-style-type: none"> • Extraordinary dividends that were calculated and approved prior to the COVID-19 pandemic may be rejected by the Office of the Commissioner and returned to the company for further analysis. 4. Insurers are encouraged to file required forms electronically; and 5. The Office of the Commissioner will not conduct any on-site examination work that is contrary to the spirit of any public health directive.
	5.	P&C	Wisconsin Office of the Commissioner of Insurance issued a Bulletin on March 23, 2020.	<p>Guidance Regarding Coverage for Delivery Drivers for Restaurants</p> <p>Bulletin requires applicable carriers to (i) not deny a claim under a personal auto policy solely because the insured was engaged in delivering food on behalf of a restaurant impacted by the restaurant closure and (ii) notify their restaurant insureds that hired and non-owned auto coverage is available if requested.</p>
	6.	Health	Wisconsin Office of the Commissioner of Insurance issued a Bulletin regarding coverage on March 26, 2020.	<p>Guidance Regarding Small Employer Coverage</p> <p>Bulletin encourages carriers to (i) make available the option of maintaining coverage under the group insurance plan for employees working fewer than 30 hours to those employers who wish to do so and (ii) work with employers to provide the option of continuing dental, vision, and prescription drug benefits when offered as separate policies.</p>
	7.	Medical Malpractice	Wisconsin Commissioner issued a request for action on March 31, 2020.	<p>Guidance Regarding Removal of Barriers to Timely Coverage During the COVID-19 Outbreak</p> <p>Request asks medical malpractice insurers to cover services provided by telehealth and allows any health care provider with a valid and current license issued by another state may practice under that license and within the scope of that license in Wisconsin without first obtaining a temporary license from Wisconsin, provided that certain criteria are met.</p>
	8.	Health	Wisconsin Commissioner issued a Bulletin on April 21, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>Bulletin summarizes the provisions of a COVID-19 law (2019 Wisconsin Act 185) that was signed into law on April 15, 2020:</p> <ul style="list-style-type: none"> • Insurers offering a defined network plan or a preferred provider plan must: <ul style="list-style-type: none"> • Provide coverage for services, treatment or supplies for COVID-19 from non-participating providers when there are access limitations to participating providers due to the public health emergency. • Provide coverage for services, treatment or supplies generally when a participating provider is not available due to the public health emergency. • Not require an insured who receives services, treatments or supplies from a non-participating provider during a public health emergency receives services, treatments or supplies from a non-participating provider during a public health emergency to pay, including cost-sharing, an amount greater than the insured would have paid if the services, treatment or supplies were provided by a participating provider. • Reimburse the non-participating provider an amount that is at least 225% of the rate the federal Medicare program reimburses the provider for the same or similar service, treatment or supply in the same geographic area.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Providers, including health care providers or facilities, must accept the plan's payment as payment in full and the provider or facility may not charge the enrollee an amount that exceeds the amount paid by the insurer when the payment is at least 225% of the Medicare reimbursement rate for the same geographic area. Insurers offering individual or group coverage through health benefit plans, pharmacy benefit managers, non-federal, governmental self-insured health plans, limited health service organizations, defined network plans and preferred provider plans may not: <ul style="list-style-type: none"> Upon issuance and renewal of coverage, establish rules for eligibility that are based upon a suspected, current or past diagnosis of COVID-19. Cancel coverage, modify a rate filing or refuse a grace period on the basis that an insured is suspected of, or has a current or past diagnosis of, COVID-19. Insurers offering disability insurance policies, non-federal, governmental self-insured health plans, limited health service organizations, defined network plans and preferred provider plans must cover testing for COVID-19 without copayment or coinsurance if the plan or policy includes coverage for testing of infectious diseases. Insurers offering disability insurance policies, pharmacy benefit managers, limited health service organizations, defined network plans, preferred provider plans and non-federal, governmental self-insured health plans, with respect to a policy or plan that covers prescription drugs, are prohibited, during periods of a public health emergency from (1) requiring prior authorization for early refills of a prescription drug or restricting the period of time in which a prescription drug may be refilled or (2) Imposing a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. During the public health emergency, a physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is authorized to practice in Wisconsin on a temporary basis may fulfill the mandatory insurance requirements of § 655.23 (3) (a), Wis. Stats., by filing with the Commissioner of Insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer that is authorized in a jurisdiction accredited by the NAIC. A physician or nurse anesthetist practicing temporarily in Wisconsin may elect to be subject to Ch. 655, Wis. Stats. and covered by the Injured Patients and Families Compensation Fund.
	9.	All Lines	Wisconsin Commissioner issued a Bulletin on April 22, 2020.	<p>Remotely Proctored Exams are Available for Agent Candidates</p> <p>Effective Friday, April 17, 2020, the Wisconsin Office of the Commissioner of Insurance made remotely proctored insurance agent licensing exams available using a remote testing application.</p>
	10.	All Lines	Wisconsin Commissioner issued a Bulletin on May 29, 2020.	<p>Guidance Regarding Producer Licensing Processes</p> <ul style="list-style-type: none"> The Office of the Commissioner will allow providers to deliver currently approved classroom courses via webinar without having to re-file those courses with the Office of the Commissioner. Providers will not be required to submit separate course applications for these webinar courses prior to delivering these courses to students. Providers are required to provide the Office of the Commissioner with a list of classroom courses that will be conducted via webinar and submit a written statement as to their process in determining participation of students. For online courses where a proctor is required, the Office of the Commissioner has created the Continuing Education Attestation of Personal Responsibility Form. This form will require individuals to attest that they have not received outside assistance while completing the online course exam. Providers must collect this form from the student using a method determined by the provider prior to electronically banking/submitting credits to the Office of the Commissioner. The Office of the Commissioner has waived continuing education requirements for resident licenses that expire on March 31, 2020, April 30, 2020 and May 31, 2020 for those who have been unable to complete courses online.
	11.	P&C	Wisconsin Office of the Commissioner of Insurance issued a Bulletin regarding coverage for delivery drivers for restaurants during the COVID-19 public health emergency on June 18, 2020.	<p>Coverage for Delivery Drivers for Restaurants During the COVID-19 Public Health Emergency</p> <p>On March 23, 2020, the Wisconsin Office of the Commissioner of Insurance ("OCI") issued a Bulletin that required applicable carriers to (i) not deny a claim under a personal auto policy solely because the insured was engaged in delivering food on behalf of a restaurant impacted by the restaurant closure and (ii) notify their restaurant insureds that hired and non-owned auto coverage is available if requested. These requirements expired when the public health emergency was lifted on May 13, 2020. To minimize the effect to insureds, OCI is asking insurers to:</p> <ol style="list-style-type: none"> Give written notice of at least 10 days to consumers if their hired and non-owned auto coverage will expire;

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ol style="list-style-type: none"> 2. Notify consumers if their personal auto delivery coverage will expire using the same method the insurer used to notify consumers the coverage was available, if they notified consumers when coverage was extended; 3. Work with their insureds to make sure they have the coverage they need; and 4. If possible, transition insureds to permanent coverage for deliveries, for an additional cost if normally required, if the insureds still require coverage for restaurant deliveries.
	12.	Health	Wisconsin Office of the Commissioner of Insurance issued a Bulletin to health plan issuers and interested parties on October 13, 2020.	<p>Telemedicine Coverage Request Related to COVID-19</p> <p>Bulletin states that health plan issuers are encouraged to remove any barriers to their insureds utilizing telemedicine. Health plan issuers are further reminded to review current policy provisions regarding the delivery of health care services through telemedicine and ensure their telemedicine programs with participating providers are robust and able to meet any increased demand.</p>
	13.	Health	Wisconsin Office of the Commissioner of Insurance issued a Bulletin to health plan issuers and interested parties on December 22, 2020.	<p>COVID-19 Immunization Coverage</p> <p>The Commissioner expects that all self-funded and fully insured group health plans, individual health plans and short-term limited duration plans cover, without cost-sharing, all costs associated with administration of COVID-19 vaccinations. During the public health emergency, this coverage without cost-sharing applies even if the vaccine is administered by an out-of-network provider. These requirements apply if a consumer is receiving a single dose COVID-19 vaccination or a COVID-19 vaccination that requires a series of two or more doses.</p>
	14.	Health	Wisconsin Office of the Commissioner of Insurance issued a Bulletin to all insurers authorized to write health insurance in Wisconsin on February 9, 2021.	<p>Voluntary Participation in Special Enrollment Period for Products Offered Outside of the Federal Marketplace</p> <p>Bulletin recognizes that the federal marketplace will reopen for a special enrollment period from February 15, 2021 through May 15, 2021. The Wisconsin Office encourages insurers offering qualified health plans to implement a parallel special enrollment period for the insurers' health insurance products offered outside the marketplace. If insurers decide to offer a special enrollment period, it must be open to all consumers without discrimination and have the same duration as the federal marketplace open enrollment period.</p>
	15.	Health	Wisconsin Office of the Commissioner of Insurance issued a Bulletin to all insurers authorized to write health insurance in Wisconsin on March 15, 2021.	<p>Updated Guidance on COVID-19 Testing Coverage Requirements</p> <p>Bulletin provides the following guidance with respect to frequently asked questions about the Family First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security Act (CARES Act):</p> <ul style="list-style-type: none"> • Insurers cannot require the presence of symptoms or a recent known or suspected exposure or use medical screening criteria to deny a claim for COVID-19 diagnostic testing; • Insurers must cover the test without cost-sharing (including deductibles, copayments and coinsurance), prior authorization or other medical management requirements; • Insurers must assume that the receipt of the COVID-19 test reflects an "individual clinical assessment" when an individual seeks and receives a COVID-19 diagnostic test or is referred for a COVID-19 diagnostic test from a health care provider, including individuals who are asymptomatic or without known or suspected exposure; • Insurers are required to cover COVID-19 diagnostic tests provided through state or locally administered testing sites, including "drive-through" testing sites, when the purpose of the testing is for individualized diagnosis; and • Insurers are required to cover COVID-19 diagnostic tests including point-of-care or "rapid" tests provided the test meets one of the criteria established in the FFCRA section 6001 (a) (1), as amended by section 3201 of the CARES Act.

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Wyoming	1.	Health	Wyoming Department of Insurance issued Bulletin 20-01 to all insurers authorized to transact health insurance on March 11, 2020.	<p>Required Measures to Be Taken by Health Insurers to Manage COVID-19 Outbreak</p> <p>The Bulletin provides as follows:</p> <ol style="list-style-type: none"> Health insurers should waive any cost-sharing for laboratory diagnostic testing for respiratory syncytial virus, influenza, respiratory panel test, and COVID-19; and <ul style="list-style-type: none"> In addition, health insurers are also asked to waive the cost-sharing for an office visit and urgent care center associated with the above testing as well as for an emergency room visit with testing for the above. Health insurers are encouraged to liberalize telehealth benefits during this period of increased infection.
	2.	All Lines	Wyoming Department of Insurance issued a Letter regarding Wyoming Licensing Updates Related to COVID-19 on March 23, 2020.	<p>Wyoming Licensing Updates Related to COVID-19</p> <p>Letter provides the following updates:</p> <ul style="list-style-type: none"> The Wyoming Department will be accepting electronic signatures on certain documents. The Wyoming Department will be consider waiving license late/reinstatement fees for licensees who are directly affected by COVID-19 (those who test positive or are a primary care giver of someone who test positive) and are unable to renew their insurance license timely. The Wyoming Department will not waive initial license or renewal fees, only late fees. Requests will be reviewed on a case by case basis for the remainder of 2020.
	3.	P&C	Wyoming Department of Insurance issued a Letter regarding auto insurance flexibility related to COVID-19 on April 22, 2020.	<p>Auto Insurance Flexibility Related to COVID-19</p> <p>Letter references a number of auto insurers that are offering relief or flexibility to Wyoming auto insurers, including refunds, dividends, discounts and credits. The Letter encourages insureds to contact their insurer to explain how the COVID-19 outbreak has negatively affected them and to discuss how they can maintain coverage.</p>
	4.	Health	Wyoming Department of Insurance issued an Informational Bulletin on June 10, 2020.	<p>Informational Bulletin Regarding Antibody Testing</p> <p>Bulletin states that the Wyoming Department is aware of three types of COVID-19 tests:</p> <ol style="list-style-type: none"> Tests that look for the presence of the unique DNA of COVID-19 in a patient (scientifically called a Polymerase Chain Reaction (“PCR”) test); Antigen tests that look for a unique part of COVID-19, such as a specific protein on one of the unique COVID-19 spikes; and Antibody tests (also known as serology tests) that look for the presence of antibodies in a patient’s immune system that may fight off COVID-19. <p>Bulletin clarifies the expectation that carriers cover PCR and antigen tests designed to detect the presence of COVID-19 when a patient’s symptoms indicate the medical need to conduct a test. The Wyoming Department anticipates that insurers will cover antibody tests only when such tests are medically necessary in order to support diagnosis or treatment for COVID-19 or for treatment of another disease when information about COVID-19 antibodies may impact the future outcome of that treatment for an individual. These tests must be prescribed by a physician and cannot be merely requested by a consumer.</p> <p>Consumers wishing to have an antibody test may be able to have the test conducted, but it will be the consumer’s financial responsibility for the charge unless the test is medically necessary and it is needed for diagnosis or treatment as related to a treatment plan for that individual. At this time, public health surveillance testing or employee screening are not considered to be medically necessary.</p>
IAIS	1.	All Lines	IAIS issued a Press Release on March 27, 2020.	<p>On March 26, 2020, the IAIS Executive Committee held a conference call to discuss the impact of the COVID-19 outbreak on the global insurance sector and the activities of the IAIS. Following the call, the IAIS issued a press release where it announced that it will be taking the following actions to provide operational relief to IAIS member supervisors, insurers and stakeholders during the COVID-19 outbreak:</p> <ul style="list-style-type: none"> Begin an assessment using the IAIS’s forward-looking risk assessment framework to determine the impact of COVID-19 on the global insurance sector; Postpone development of issue papers and application papers; Review the 2020 timelines for the implementation of the IAIS’s Holistic Framework; Review and adjust the timelines for the data collection for the ICS confidential reporting in 2020 and the Aggregation Method (AM) data collection; Cancel the June 2020 Committee meetings and Global Seminar in Seattle, Washington; and

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				<ul style="list-style-type: none"> Change in-person Committee and Working Group meetings to conference calls, as appropriate.
	2.	All Lines	IAIS issued a Press Release on May 7, 2020.	<p>The IAIS has been closely monitoring developments and actively coordinating with other standard-setting bodies and the Financial Stability Board (“FSB”) to assess the impact of COVID-19 on the global insurance sector. The Press Release further notes that IAIS:</p> <ul style="list-style-type: none"> Is committed to supporting the FSB’s recently published principles for ensuring international cooperation and coordination of responses to COVID-19. Is facilitating the sharing of information and discussion among its broad membership on supervisory responses to the impact of COVID-19. Welcomes the variety of proactive steps taken by insurance supervisors and insurers in support of policyholders. Believes that in circumstances where pandemic risks are covered by a policy, it is important that insurers pay out such claims in a prompt and efficient manner. Cautions against initiatives seeking to require insurers to retroactively cover COVID-19 related losses, such as business interruption, that are specifically excluded in existing insurance contracts. In such cases, the costs of claims against losses have not been built into the premiums that policyholders have paid for their insurance. Requiring insurers to cover such claims could create material solvency risks and significantly undermine the ability of insurers to pay other types of claims. Such initiatives could ultimately threaten policyholder protection and financial stability, further aggravating the financial and economic impacts of COVID-19.
NAIC	1.	All Lines	NAIC Financial Condition (E) Committee issued guidance on March 27, 2020.	<p>Temporary Relief for Insurers’ First and Second Quarter Statutory Financial Statements and RBC Calculations</p> <p>Ordinarily, insurers’ investments in mortgages that are 90 or more days overdue are subject to a higher risk-based capital (RBC) charge. Under the temporary relief, direct mortgage investments and “Schedule BA” mortgage-related investments that were current on December 31, 2019, and for which required principal and interest payments have been deferred in accordance with a COVID-19 loan modification, will not be subject to a higher RBC charge. RMBS and CMBS that were modeled by the NAIC for year-end 2019 and for which any required principal and interest payments have been deferred in accordance with a COVID-19 loan modification may be reported with the same NAIC designation as was used for year-end 2019 and are not required to receive an updated (presumably lower) NAIC designation.</p>
	2.	All Lines	NAIC Statutory Accounting Principles (E) Working Group issued a new interpretation INT-20-02T on April 15, 2020.	<p>Guidance Regarding Extension of 90-Day Rule</p> <p>Insurers are generally required to treat premiums and similar receivables as non-admitted assets if they are uncollected for more than 90 days. The Working Group adopted a one-time optional extension of the 90-day rule for uncollected premium balances, bills receivable for premiums, amounts due from agents and policyholders, amounts due from policyholders for high deductible policies and amounts due from non-government uninsured (ASO) plans. For policies in effect and current prior to March 13, 2020 (the date the federal government declared a state of emergency) and for policies written or renewed after that date, the 90-day rule will be extended so that insurers can continue to treat the asset as admitted for purposes of their March 31, 2020 and June 30, 2020 statutory financial statements. This temporary relief will automatically expire on September 29, 2020.</p>
	3.	All Lines	NAIC Statutory Accounting Principles (E) Working Group issued a new interpretation INT 20-03T on April 15, 2020.	<p>Guidance Regarding Troubled Debt Restructuring</p> <p>The interpretation clarifies that insurers shall follow the “Interagency Statement on Loan Modifications and Reporting for Financial Institutions Working with Customers Affected by the Coronavirus” (as revised on April 7, 2020 to reflect the CARES Act) when determining whether a COVID-19 loan modification must be reported as a troubled debt restructuring for purposes of <i>Statement of Statutory Accounting Principles (SSAP) No. 36 – Troubled Debt Restructuring</i> (triggering a write-down of the investment and a capital loss) This interpretive guidance applies indefinitely, but will be considered for nullification when no longer applicable.</p>
	4.	All Lines	NAIC Statutory Accounting Principles (E) Working Group issued a new interpretation INT 20-04T on April 15, 2020.	<p>Guidance Regarding Mortgage Loan Impairment Assessment</p> <p>The interpretation effectively modifies several SSAPs to grant insurers temporary relief from writing down the statutory carrying value of mortgage investments when the mortgage loans are subject to loan modifications resulting from the outbreak. These changes apply only for insurers’ March 31, 2020 and June 30, 2020 statutory financial statements.</p> <p>The interpretation provides that for a loan modification program designed to mitigate the impact of the outbreak and to provide temporary relief for borrowers that were current as of December 31, 2019, the insurer may presume that the borrower is current on payments and not experiencing financial difficulties at the</p>

JURISDICTION	ROW NUMBER	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
				time of the modification for purposes of determining impairment status and thus no further impairment analysis is required for each loan modification in the program.
	5.	All Lines	NAIC Statutory Accounting Principles (E) Working Group issued a new interpretation INT 20-05 on May 20, 2020.	<p>Guidance Regarding Investment Income Due and Accrued During COVID-19 Emergency</p> <p>This interpretation considers limited-time collectability assessments and admittance exceptions for SSAP No. 34—<i>Investment Income Due and Accrued</i>, and states:</p> <ul style="list-style-type: none"> Requirements to assess collectability of investment income would continue, with a presumption that (i) mortgage loans, (ii) bank loans and (iii) investment products with underlying mortgage loans impacted by forbearance or modifications that were current as of December 31, 2019 were not experiencing financial difficulties at the time of the modification. Thus, under this INT, an insurer investing in (i) through (iii) may presume that borrowers and investments that were current as of December 31, 2019 were not experiencing financial difficulties at the time of the forbearance or modification for purposes of determining collectability; For these investments, further evaluation of collectability is generally not required for the first and second quarter (June 30, 2020) financial statements; The INT makes available an exception for the nonadmittance of recorded investment income due and accrued that is deemed collectible and over 90-days past due. With the exception, reported investment income that becomes over 90-days past due in the 1st or 2nd quarter may continue to be admitted in the 2nd quarter financial statements; and <ul style="list-style-type: none"> This exception does not encompass mortgage loans in default. Mortgage loans in default must continue to follow the guidance established by SSAP No. 34. The INT would be applicable for the June 30th, 2020 (2nd quarter) financial statements.
	6.	All Lines	NAIC Statutory Accounting Principles (E) Working Group issued a new interpretation INT 20-06 on May 20, 2020.	<p>Guidance Regarding Participation in the 2020 TALF Program</p> <p>This interpretation provides guidance for insurers participating in the US government’s Term Asset-Backed Securities Lending Facility (“TALF”) program and specifically provides guidance for direct borrowers and those that participate as an investor to a direct borrower. Under the INT, insurers receiving TALF loans:</p> <ul style="list-style-type: none"> Must report cash received with a corresponding liability; Must report asset-backed securities pledged to the TALF program as restricted assets (assets pledged to the TALF program are subject to the underlying asset RBC charge but are excluded from an additional “restricted asset” RBC charge); May continue reporting pledged asset-backed securities as admitted assets in the statutory financial statements if the asset qualified as an admitted asset before it was pledged to the TALF program and the insurer has not committed an uncured contract default; May admit the assets even if not substitutable, an exception to the ordinary requirement that a pledged asset must be readily substitutable in order to be admitted to surplus; May not net the obligation to return the liability and the pledged collateral; and May not treat the TALF transaction as a repurchase transaction. <p>In the event that the insurer commits a contract default, and the pledged collateral is retained under the TALF program, it must follow specified guidance in SSAP No. 103R in removing the pledged assets and liability from the statutory financial statements.</p> <p>Where the insurer is not the direct borrower under TALF but invests in such a borrower, the insurer must treat such an investment as required either under SSAP No. 48 (joint ventures, partnerships and limited liability companies) or SSAP No. 97 (affiliate investments), as appropriate.</p>
	7.	All Lines	NAIC Statutory Accounting Principles (E) Working Group issued a new interpretation INT 20-07 on May 20, 2020.	<p>Guidance Regarding Troubled Debt Restructuring for Certain Debt Instruments Due to COVID-19</p> <p>This interpretation considers limited-time “practical expedients” in determining whether a modification under SSAP No. 36—<i>Troubled Debt Restructuring</i> are insignificant, and therefore not a concession (if a modification is not a concession, recognition of the troubled debt restructuring is not required).</p>

Contacts

Lawrence Hamilton

+1 312 701 7055

lhamilton@mayerbrown.com

Sanjiv Tata

+1 212 506 2205

stata@mayerbrown.com

Mayer Brown is a distinctively global law firm, uniquely positioned to advise the world's leading companies and financial institutions on their most complex deals and disputes. With extensive reach across four continents, we are the only integrated law firm in the world with approximately 200 lawyers in each of the world's three largest financial centers—New York, London and Hong Kong—the backbone of the global economy. We have deep experience in high-stakes litigation and complex transactions across industry sectors, including our signature strength, the global financial services industry. Our diverse teams of lawyers are recognized by our clients as strategic partners with deep commercial instincts and a commitment to creatively anticipating their needs and delivering excellence in everything we do. Our "one-firm" culture—seamless and integrated across all practices and regions—ensures that our clients receive the best of our knowledge and experience.

Please visit mayerbrown.com for comprehensive contact information for all Mayer Brown offices.

Any tax advice expressed above by Mayer Brown LLP was not intended or written to be used, and cannot be used, by any taxpayer to avoid U.S. federal tax penalties. If such advice was written or used to support the promotion or marketing of the matter addressed above, then each offeree should seek advice from an independent tax advisor.

This Mayer Brown publication provides information and comments on legal issues and developments of interest to our clients and friends. The foregoing is not a comprehensive treatment of the subject matter covered and is not intended to provide legal advice. Readers should seek legal advice before taking any action with respect to the matters discussed herein.

Mayer Brown is a global services provider comprising associated legal practices that are separate entities, including Mayer Brown LLP (Illinois, USA), Mayer Brown International LLP (England), Mayer Brown (a Hong Kong partnership) and Tauil & Chequer Advogados (a Brazilian law partnership) (collectively the "Mayer Brown Practices") and non-legal service providers, which provide consultancy services (the "Mayer Brown Consultancies"). The Mayer Brown Practices and Mayer Brown Consultancies are established in various jurisdictions and may be a legal person or a partnership. Details of the individual Mayer Brown Practices and Mayer Brown Consultancies can be found in the Legal Notices section of our website.

"Mayer Brown" and the Mayer Brown logo are the trademarks of Mayer Brown.

© 2021 Mayer Brown. All rights reserved.