

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. 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 at least a weekly basis.

As a general matter, many of the regulatory updates issued by insurance regulatory authorities require regulated insurance entities which offer health insurance to take certain actions to prepare for an influx of COVID-19 claims, including, for example, reviewing the adequacy of telehealth programs or waiving cost-sharing for COVID-19 testing.

Rows highlighted in yellow reflect guidance issued by insurance regulatory authorities over the past week.

Key Updates:

- Much of this guidance issued this week appeared to be elaboration of previously issued guidance or adoption of guidance previously issued by other jurisdictions. For example, many insurance regulatory authorities issued guidance setting out specific requirements for telehealth services to be provided to replace in-person services, suggesting that commercial automobile insurance coverage should be applied to individuals using their own vehicles to fulfill employment obligations (e.g., for deliveries) or granting extensions of filing deadlines.

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JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Alabama	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.
	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 Regards 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>
	Health Life P&C	The 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	<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;

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		Association; licensed premium finance companies on March 30, 2020.	<ol style="list-style-type: none"> 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>
Alaska	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.

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	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.	Required Measures To Be Taken By Insurers To Manage COVID-19 Outbreak Bulletin extends filing deadlines and review and response periods for rate, form and advertisement filings in response to the COVID-19 outbreak.
	Health	Alaska Division of Insurance issued Bulletin No. 20-07 to all insurance carriers authorized to transact health insurance on March 17, 2020.	Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak 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.
	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.	Required Measures To Be Taken By Insurers To Manage COVID-19 Outbreak Bulletin prohibits carriers from terminating insurance contracts due to non-payment with prohibition to remain in effect until June 1, 2020.
	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.	Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak Regulatory Order extends deadlines for external healthcare reviews.

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	Health	Alaska Division of Insurance issued Bulletin No. 20-09 ¹ 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).
	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 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.</p>

¹ Supersedes Alaska Bulletin 20-04.

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	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.
	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;

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			<ol style="list-style-type: none"> 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>
Arizona	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>
	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.

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	Not Applicable	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>
	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"> 1. Provide coverage for telemedicine services (provided that the healthcare service provided through telehealth would be covered if it was an in-person visit); 2. Establish reasonable requirements and parameters for telehealth services; 3. Reimburse healthcare providers at the same level of payment for a telemedicine visit as they would for an in-person visit; and 4. 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 healthcare services that are covered benefits to be accessible by telemedicine.</p>
	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;

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			<ul style="list-style-type: none"> 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.
	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>
	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

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			<p>services that would be covered if provided through an in-person visit;</p> <ul style="list-style-type: none"> 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 <p>Monitor provider grievance and appeals program.</p>
Arkansas	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.
	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>

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	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.	Suspension Of Random Audits Of Pharmacists 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&C ²	Arkansas Insurance Department issued Bulletin 9-2020: Business Interruption Insurance & COVID-19 on March 23, 2020.	Explanation Of Business Coverage Insurance Bulletin informs consumers of the following: 1. 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; 2. “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; 3. Standard business interruption insurance policies generally exclude viruses and bacteria and/or communicable disease; and 4. 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.
	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.	Suspension Of Consumer Signature Requirement For Pharmacist Services 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.

² While this Bulletin pertains to business interruption, it is really geared towards consumers.

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	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>
	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>
	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 healthcare services for healthcare services provided through telemedicine.</p>
California	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"> 1. Where providing commercial health coverage, to waive cost-sharing for COVID-19 testing; 2. Ensure enrollees have timely access to care; and

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			3. To act proactively to ensure that consumers can access all medically necessary screening and testing of COVID-19.
	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"> 1. Where providing commercial health coverage, to waive cost-sharing for COVID-19 testing; 2. Ensure enrollees have timely access to care; and 3. To act proactively to ensure that consumers can access all medically necessary screening and testing of COVID-19.
	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"> 1. Expand health care delivery via telehealth; and 2. To decrease the need for in-person pharmacy visits.
	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"> 1. 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; 2. 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

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			3. 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).
	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> <p>The Emergency Declaration called for plans to be submitted by March 20, 2020.</p>
	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>
	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 nonpayment of premium</p>

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			during this challenging time due to circumstances beyond the control of the insured.
	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>
	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>
	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

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			<p>limited to, synchronous video and telephone-based service delivery;</p> <ul style="list-style-type: none"> • 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; • 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

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			<p>requirement established in the insurance policy documents for services delivered through in-person settings; and</p> <ul style="list-style-type: none"> 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 California Insurance Code.</p>
	<p>Health Life P&C</p>	<p>Commissioner of California Department of Insurance issued a Notice on April 3, 2020.</p>	<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.

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	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>
Colorado	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"> 1. Conduct an outreach and education campaign to remind individuals of their telehealth coverage options; 2. 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. 3. Ensure that coverage is provided for COVID-19 testing without the requirement that consumers pay co-pays, deductibles or co-insurance.
	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"> 1. Provide coverage for COVID-19-related in-network telehealth services with no cost share for the covered person; 2. 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

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ul style="list-style-type: none"> • Does not apply to prescription drugs with a high likelihood of abuse, such as opioids. 3. 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.
	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>
	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"> 1. 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 2. If a restaurant does not have a commercial policy, the regulation allows employees to use their own personal auto insurance for their vehicle.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<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.
	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"> 1. Make reasonable accommodations to prevent businesses and employees from losing coverage due to non-payment of premiums; 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).
	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 to make reasonable accommodations to prevent individuals and businesses from losing coverage due to cancellation for the non-payment of premium.</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	All Lines	Colorado Division of Insurance issued a Notice of Availability of Alternative Service of Process.	<p>Availability Of Alternative Service Of Process</p> <p>Because DOI staff are working remotely, there is no one who can accept service of process of legal documents. The Department of Regulatory Agencies (DORA) has issued guidance for Notice of Availability of Alternative Service of Process that includes electronic waivers to serve documents electronically.</p>
	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, their health insurance will become effective May 1.</p>
	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>
	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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
	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 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.</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Connecticut	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.
	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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			In addition, the due date for the submission of first quarter financial statements is extended to June 15, 2020.
	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.	Institution Of Grace Period For Premium Payments 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 nonpayment of premium.
	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.
	Health Life P&C	Connecticut Governor's 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.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Delaware	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"> 1. That COVID-19 testing is an essential health benefit that must be covered under individual and small group comprehensive health insurance policies and contracts; 2. That any telehealth programs must be adequate to meet increased demand; 3. 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; 4. That utilization review decisions must still be made in a timely manner; 5. That once a COVID-19 immunization is developed, carriers are required to cover certain immunizations for children and adults; 6. 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. 7. 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 8. That there are certain prohibitions under Delaware law on balance billing by carriers.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	Health Life P&C	Commissioner issued Bulletin No. 32 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> <ol style="list-style-type: none"> 1. Requests that all regulated carriers suspend cancellations and nonrenewals due to nonpayment of premium during the pendency of the emergency; 2. 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; 3. Requests all regulated carriers waive all pre-authorization requirements for the lab testing and treatment of confirmed or suspected COVID-19 patients; and 4. 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.
	Health Life P&C	Commissioner issued Bulletin No. 32 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 makes the following recommendations and issues the following requirements to all regulated insurance entities:</p> <ol style="list-style-type: none"> 1. Requests that all regulated carriers suspend cancellations and nonrenewals due to nonpayment of premium during the pendency of the emergency; 2. 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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 3. Requests all regulated carriers waive all pre-authorization requirements for the lab testing and treatment of confirmed or suspected COVID-19 patients; 4. 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; and 5. 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.
	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.
District of Columbia	Health	Acting Commissioner of D.C. Department of Insurance Securities and Banking (DISB)	Recommendations To Health Insurers To Manage COVID-19 Outbreak

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
		issued Response Order to all health insurance carriers on March 20, 2020.	<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 Comissioner.
Florida	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.	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>Informational Memorandum requires all applicable carriers waive time restrictions on prescription medication refills, which include 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.</p>
	Health	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-01M to all health insurers, health maintenance organizations and other	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>Memorandum directs insurers to:</p>

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		authorized health entities on March 10, 2020.	<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.
	Health Life P&C	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-03M to all regulated entities on March 16, 2020.	<p>Required Measures To Be Taken By Insurers To Manage COVID-19 Outbreak</p> <p>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.</p> <p>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.</p>
	Health Life P&C	Florida Office of Insurance Regulation issued Informational Memorandum OIR-20-04M to all regulated entities on March 25, 2020.	<p>Requested Measures To Be Taken By Insurers To Manage COVID-19 Outbreak</p> <p>Informational Memorandum requests all applicable entities to take the following measures:</p> <ol style="list-style-type: none"> 1. When prudently possible, be flexible with premium payments in order to avoid a lapse in coverage;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
	Health	Florida Governor issued Executive Order No. 20-85 on March 26, 2020.	<p>Executive Order To Manage COVID-19 Outbreak Regarding Telehealth and Immunizations For State Group Insurance</p> <p>The Governor issued an order to facilitate (i) the use of telehealth and (ii) immunization coverage.</p>
Georgia	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"> 1. Evaluate options to reduce potential barriers of cost-sharing for testing and treatment of COVID-19 during the outbreak; 2. Ensure they are prepared to address COVID-19 cases; 3. Make necessary and useful information available to insured and respond to queries expeditiously; 4. Waive cost-sharing for COVID-19 laboratory testing; 5. Review the adequacy of any telehealth programs; 6. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 7. Ensure utilization review decisions are made in a timely manner;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ul style="list-style-type: none"> 8. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 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.
	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.	<p>Guidance Provided To Regulated Insurance Entities</p> <p>Directive advised applicable carriers of the following:</p> <ul style="list-style-type: none"> 1. Requested commercial labs be mindful of what they charge and requests carriers to reimburse all such labs at an in-network rate; 2. Advises that the Georgia Office is expediting its review of all applicable ISO forms which have been issued with respect to the outbreak; and 3. Advises all licensed agents that in-person Continuing Education requirements are waived through April 30, 2020.
	P&C	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin 20-EX-3 on March 17, 2020.	<p>Business Interruption Insurance and COVID-19</p> <p>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.</p> <p>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.</p>
	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.	<p>Required Measures To Be Taken By Insurers To Manage COVID-19 Outbreak</p> <p>Directive requires all applicable regulated entities to take the following measures:</p> <ul style="list-style-type: none"> 1. 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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 2. For the next 60 days, all health insurers must refrain from cancelling policies due to non-payment; 3. Advises carriers that all in-person, onsite exams, audits and licensing requirements are suspended until the Georgia Office advises otherwise; 4. 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; 5. Advises that the Georgia Office is expediting review of filings for products critical to managing the outbreak; and 6. 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.
	All Lines	Georgia Office of Insurance and Safety Fire Commissioner issued Bulletin-20-EX-4 on March 24, 2020.	<p>Insurance As Essential Business</p> <p>Bulletin advises counties to deem insurers to be considered essential businesses.</p>
	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.	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>Directive requires all applicable carriers to suspend the following requirements for a 60-day period:</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 attendant claims; 4. Preauthorization requirements for post-acute placements; 5. Credentialing by location for payers; 6. Requests applicable carriers immediately pay claims and suspend non-essential audits of hospital payments; and

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			7. Advises third-party administrators to apply these provisions to their administration of self-funded plans.
	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.
	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.
Hawaii	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.
	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.
	Health Life	Hawaii Insurance Division issued Memorandum 2020-3I to all admitted and	Recommendations For Insurers To Manage COVID-19 Outbreak

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	P&C	non-admitted insurers offering policies in the State of Hawaii on March 27, 2020.	<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.
Idaho		Certain Idaho carriers are voluntarily waiving cost-sharing (see link).	
Illinois	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"> 1. That Illinois law imposes certain prohibitions on balance billing and surprise bills; 2. That carriers are encouraged to evaluate options to reduce potential barriers of cost-sharing for testing and treatment of COVID-19 during the outbreak; 3. 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 7-day prescriptions.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 4. That Illinois law prohibits individual or group accident and health insurance from imposing any pre-existing condition exclusions, including in connection with COVID-19; 5. 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 6. 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.
	Health	Department 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"> 1. 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; 2. 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. 3. 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.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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>
	Health	Illinois Department of Insurance issued Company Bulletin 2020-07 on April 2, 2020.	<p>Managed Care Applications and Renewals Of Entities 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>
	Life	Illinois Department of Insurance issued Company Bulletin 2020-08 on April 3, 2020.	<p>Use Of Temporary Death Verificates As Due Proof Of Death In Policies Covering Preneed 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 preneed funeral contracts or prearrangements whether the death is related to COVID19 or not; and

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			<ol style="list-style-type: none"> 2. Call the local county coroner or Cook County Medical Examiner to confirm that the cause of death was not homicide or suicide.
	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 nonrenewal in which the cancellation or nonrenewal 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.
Indiana	Health Life	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>

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	P&C		<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.
Iowa	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>
	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

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			<p>coverage for any such policyholder who has a premium payment initially due between March 17, 2020 and June 30, 2020;</p> <ol style="list-style-type: none"> 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.
	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>
	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

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			4. Carriers must not limit telehealth services only to patients with COVID-19.
	Health	Commissioner of Insurance issues an announcement reminding lowans economic impact due to COVID-19 to consider ACA special enrollment periods and other health coverage options on April 1, 2020.	<p>Guidance Reminds lowans Experiencing Economic Impact Due To COVID-19 To Consider ACA Special Enrollment Periods and Other Health Coverage Options</p> <p>lowans 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>
Kansas	Health Life P&C	Kansas Insurance Department issued Bulletin 2020-1 to all regulated entities on March 17, 2020.	<p>Recommendations and Requirements For Insurers To Manage COVID-19 Outbreak</p> <p>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.</p>
Kentucky	Health	Kentucky Department of Insurance issued guidance to all regulated entities on March 18, 2020.	<p>Recommendations and Requirements For Insurers To Manage COVID-19 Outbreak</p> <p>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 Kent. 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.</p>
	All Lines	Department of Insurance issued an announcement that it will be extending the time requirements for completion and	

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		submission of continuing education hours for March and April licensees.	
	All Lines	Department of Insurance issued guidance that insurance industry is considered a life-sustaining business on March 25, 2020.	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.
	Health	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.
	Health Life P&C	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 the Commonwealth of 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.
	P&C	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

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			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.
	Health	Department of Insurance issued amended guidance on April 3, 2020.	<p>Health Benefit Plan Rate Filing Requirements</p> <p>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.</p>
Louisiana	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> <p>Under this Emergency Rule, applicable entities are required to take the following measures:</p> <ol style="list-style-type: none"> 1. Waive cost-sharing for COVID-19 testing; 2. 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; 3. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 4. Provide notice to contracted providers that they are waiving the cost-sharing and prior authorization requirements and restrictions; 5. 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 7-day prescriptions. 6. Ensure utilization review decisions are made in a timely manner.

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	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"> 1. Take necessary steps to expands access to telemedicine services so insureds can continue receiving necessary care, including permitting telemedicine visits conducted through the patient’s phone or personal device; 2. 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; 3. Waive restrictions requiring patients to only conduct telemedicine visits with providers in the insurer’s existing telemedicine network; and 4. 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.
	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 acquire temporary licensure.</p>
	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"> 1. 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;

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			<p>2. 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;</p> <p>3. 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</p> <p>4. Surplus line carriers are “urged and requested” to adhere to the above provisions as well.</p>
	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> <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.
	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>

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			<ol style="list-style-type: none"> Ensures that these transfers can occur smoothly and without disrupting facility reimbursement; 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; Ensures that insurers are not obligated to make additional reimbursement at publicly funded facilities; and Provides a limited waiver for parishes or municipalities whose acute care hospitals daily inpatient bed occupancy exceeds 85%.
Maine	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>
	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"> Waive cost-sharing for COVID-19 screening and testing; Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 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;

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			<ol style="list-style-type: none"> 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.
	Health	Insurance Department 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>
	Health	Insurance Department 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>
	Health	Insurance Department 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</p>

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			policyholder, provided that the employer's offer of continued coverage is made to all affected employees on a nondiscriminatory basis.
Maryland	Health	Maryland Insurance Administration issued Bulletin 20-05 to health 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:</p> <ol style="list-style-type: none"> 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.
	Health	Maryland Insurance Administration issued Bulletin 20-06 to health carriers on March 10, 2020.	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>Bulletin requires applicable carriers 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 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.
	Health	Maryland Insurance Administration issued Bulletin 20-07 to health carriers on March 13, 2020.	<p>Informational Notice To Manage COVID-19 Outbreak</p> <p>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.</p>

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	Title	Maryland Insurance Administration issued Bulletin 20-08 to title insurance producers on March 16, 2020.	<p>Scheduling Of Title Insurance Producer On-Site Reviews</p> <p>Bulletin allows a title insurer, if it believes that is 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.</p>
	P&C	Maryland Insurance Administration issued Bulletin 20-09 to property and casualty insurers and producers which sell travel insurance on March 20, 2020.	<p>Clarification Regarding Travel Insurance Sales</p> <p>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.</p>
	Health Life P&C	Maryland Insurance Administration issued Bulletin 20-10 to all regulated insurance entities on March 20, 2020.	<p>Guidance Regarding Cancellation of Policies</p> <p>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.</p>
	Health Life P&C	Maryland Insurance Administration issued Bulletin 20-11 to all regulated insurance entities on March 23, 2020.	<p>Guidance Regarding Remote Claims Handling</p> <p>Bulletin encourages regulated insurance entities to utilize remote claims handling technologies to the greatest extent possible.</p>
	P&C	Maryland Insurance Administration issued Bulletin 20-12 to property and casualty carriers on March 23, 2020.	<p>Guidance Regarding Property and Casualty Temporary Rate Relief Filings</p> <p>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.</p>
	P&C	Maryland Insurance Administration issued Bulletin 20-13 to property and casualty carriers writing private passenger	<p>Guidance Regarding Property and Casualty Carriers Writing Private Passenger Automobile Liability Coverage</p>

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		automobile liability coverage on March 25, 2020.	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.
	P&C	Maryland Insurance Administration issued Bulletin 20-15 regarding PPA liability to P&C insurers on March 30, 2020.	<p>Commercial Use Exclusion In Private Passenger Auto (PPA) Policies</p> <p>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.</p>
	Title	Maryland Insurance Administration issued Bulletin 20-16 to title insurers on March 30, 2020.	<p>Conducting Mobile Settlements</p> <p>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.</p>
	P&C	Maryland Insurance Administration issued Bulletin 20-17 on April 3, 2020.	<p>COVID-19 and Contractual Deadlines Within Property & Casualty Insurance Policies</p> <p>The Insurance Department seeks the full cooperation of all P&C insurers with respect to the following issues:</p> <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;

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			<ol style="list-style-type: none"> 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 2-year time frames 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.
Massachusetts	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"> 1. Establish dedicated help lines to respond to calls and requests for information about the coronavirus; 2. Promote telehealth options;

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			<ol style="list-style-type: none"> 3. Relax prior approval requirements and procedures so that members can get timely medical testing and treatment; 4. Relax out-of-network requirements and procedures when access to urgent testing or treatment is unavailable from in-network providers; 5. Forgo cost-sharing for medically necessary coronavirus testing, counseling and vaccinations; and 6. Forgo copayments for medically necessary coronavirus treatment.
	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>
	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"> 1. Communicate prevention, testing and treatment options to covered persons; 2. Promote telehealth options – when delivering services via telehealth, forgo any cost-sharing or prior authorization requirements; 3. Permit all in-network providers to deliver clinically appropriate, medically necessary covered health services via telehealth to covered members; 4. Develop appropriate guidelines to deliver medically necessary health services via telehealth; 5. Provide reimbursement for health service provided via telehealth; and 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.

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	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>
	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>
	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>
	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>

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	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>
	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>
	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>
	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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 3. Insurers should suspend any prior authorization systems that may be delaying patients from being moved to lower levels of needed care; 4. 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 5. Insurers are expected to cooperate with government programs.
	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"> 1. 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; 2. 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; 3. 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; 4. 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. 5. The deadline for filing Form Bs is extended to June 15, 2020 and such filings may be made electronically without any seal for any

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			<p>carrier which notifies the Massachusetts Division that it will need to utilize this extension;</p> <ul style="list-style-type: none"> The deadline for Form B filings for licensed HMOs is extended to August 15, 2020. <p>6. The deadline for filing Form Fs 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;</p> <ul style="list-style-type: none"> The deadline for Form F filings for licensed HMOs is extended to August 15, 2020. <p>7. 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;</p> <p>8. 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;</p> <p>9. 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;</p> <p>10. The deadline for managed care accreditation filings is extended to August 15, 2020; and</p> <p>11. The deadline for mental health parity annual certifications is extended to August 15, 2020.</p>
	Not Applicable	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>

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			<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.
Michigan	Health Life P&C	Michigan Department of Insurance issued Bulletin 2020-08-INS to all regulated insurance entities on March 20, 2020.	Guidance Regarding Temporary Regulatory Flexibility 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.
	Title	Michigan Department of Insurance issued Bulletin 2020-11-BT/CF/CU on March 30, 2020.	Insurance Deemed An Essential Service Title company services are not prohibited from being conducted in-person.
	Health Life P&C	Michigan Department of Insurance issued Bulletin 2020-12-INS on March 30, 2020.	Insurance Deemed An Essential Service 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.
Minnesota	Health	Minnesota Departments of Commerce and Health issued a Memorandum to health insurance carriers on March 13, 2020.	Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<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.
	P&C	Insurance Department 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>
Mississippi	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"> 1. Any limitation on the use of audio-only telephonic consultations;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 2. Any requirement by a health insurance or health benefit plan that limits coverage to health care providers in the plan's telemedicine network; and 3. Any requirement by a health insurance or health benefit plan that limits coverage to provider consultations only.
	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.</p> <p>Bulletin is not intended to waive carrier's rights or responsibilities to perform a final audit at policy expiration.</p>
	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>
	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"> 1. Insurers may issue cancellation/non-renewal notices for non-payment of premiums during the 60-day moratorium period. 2. 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.
	All Lines	Mississippi Insurance Department issued Bulletin 2020-05 on April 1, 2020.	<p>Insurance Producers, Adjusters and Bail Bondsmen Continuing Education Requirements Extension</p>

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			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 renewals. This includes Mississippi nonresident 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.
Missouri	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.
	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 to not cancel, nonrenew or terminate coverage during this emergency and the Bulletin requires that coverage for

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<p>Missouri residents under policies in effect as of March 13, 2020 should remain in effect during this emergency;</p> <ol style="list-style-type: none"> 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 Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.
	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>
	Health	Missouri Department of Commerce and Insurance issued Bulletin 20-07 to all regulated carriers which offer health insurance on March 26, 2020.	<p>Additional Guidance Regarding Provision Of Telehealth Services</p> <p>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.</p>
Montana		Certain Montana carriers are voluntarily waiving cost-sharing and expanding telehealth (see link).	
	Health Life P&C	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.	

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Nebraska	Health	Nebraska Department of Insurance issued a notice to all "interested parties" on March 19, 2020.	<p>Informational Notice To Manage COVID-19 Outbreak</p> <p>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.</p>
	Health	Nebraska Department of Insurance issued a notice to all carriers which offer health insurance and all health care providers on March 23, 2020.	<p>Exception To Written Statement Requirement For Telehealth Services</p> <p>Bulletin suspends requirement for a signed, written statement from an insured for telehealth services during the emergency.</p>
	All Lines	Nebraska Department of Insurance issued a notice to all producers licesned in the state on March 23, 2020.	<p>Guidance Regarding Producer Licensing Processes</p> <p>Bulletin provides an extension for continuing education requirements and a waiver for in-person or proctor course requirements.</p>
	Health Life P&C	Nebraska Department of Insurance issued a notice to all regulated insurance carriers on March 27, 2020.	<p>Guidance Regarding Permissible Accomodations To Policyholders</p> <p>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 accomodations are administered on a fair and consistent basis.</p>
	All Lines	Nebraska Department of Insurance issued a Notice regarding the issuance of temporary producer licenses on March 31, 2020.	<p>Guidance Regarding Issuance Of Temporary Resident Producer Licenses</p> <p>Notice states that the Nebraska Department will begin issuing temporary resident producer licenses that will be effective for 90 days.</p>
Nevada	Health	Nevada Division Insurance issued an Emergency Regulation directed to health insures on March 5, 2020.	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>Emergency Regulation directs health insurers to take the following measures:</p> <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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
	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. <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. Virtual inspections of property; 2. Use of electronic means for conducting inspections or audits; and 3. Increased use of electronic delivery methods for consumer notifications and interactions.
	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.

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			<p>Examples of such accomodations include:</p> <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. <p>2. Support expanded use of telehealth services.</p> <p>Examples of such support include:</p> <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. <p>3. Eliminate or devise simplified pre-authorization standards;</p> <p>4. Permit employers to continue providing coverage to employees regardless to "actively at work" requirements; and</p> <p>5. Take necessary steps to prevent disruption in drug access.</p> <p>Examples of such steps include:</p> <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

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ul style="list-style-type: none"> 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"> Use of electronic means for conducting inspections or audits; Increased use of electronic delivery methods for consumer notifications and interactions; and Allow for treatments, if necessary to be provided in non-traditional settings.
	All Lines	Nevada Division Insurance issued an Update primarily regarding producer licensing on April 1, 2020.	<p>Guidance Regarding Producer Licensing</p> <p>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.</p>
	Captives	Nevada Division Insurance issued a Notice regarding captive insurance on April 1, 2020.	<p>Statement Regarding Nevada Health Insurance Market Due To COVID-19</p> <p>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.</p>
New Hampshire	Health	New Hampshire Insurance Department issued an Emergency Order to all health carriers on March 10, 2020.	<p>Recommendations To Health Insurers To Manage COVID-19 Outbreak</p> <p>Emergency Order advises all applicable carriers to take the following measures:</p> <ol style="list-style-type: none"> Keep their members informed with accurate information about coverage for COVID-19 related testing and treatment;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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; 4. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; and 5. Ensure access to prescription drugs.
	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>
	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>
	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>
	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>
	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>

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			<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.
New Jersey	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"> 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. Verify adequacy of provider network and make exceptions to provide access to out-of-network services; 3. Ensure utilization management decisions are made in a timely manner; 4. Develop robust telehealth programs with their participating providers, where appropriate; 5. Once developed, allow for coverage of COVID-19 immunizations at no cost-sharing; 6. 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;

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			<p>7. 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</p> <p>8. 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.</p>
	P&C	New Jersey Assembly Bill A-3844 introduced on March 16, 2020. ³	<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>
	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;

³ We understand that there are discussions currently being held between members of the insurance industry and the Federal government, sparked by bills such as A-3844, whereby the Federal government would use the apparatus of insurance companies to distribute taxpayer money to crippled businesses.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 5. Allow payment plans for premium payments; 6. Extend time frames 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.
	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 healthcare 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

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			8. Refrain from imposing prior authorization requirements on medically-necessary treatment that is delivered via telemedicine or telehealth.
	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>
New Mexico	Health	New Mexico Office of Superintendent of Insurance 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"> 1. 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; 2. Advise network providers of the public health recommendations and protocols found on the NMDOH and CDC website; 3. Ensure that internal systems and those of network providers are able to bill and process the new COVID-19 billing codes; 4. Ensure that all preparedness and continuing operation plans are current and shared with staff, network partners and producers; 5. 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 6. 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.
	Health	New Mexico Office of Superintendent of Insurance issued Bulletin 2020-005 to all	<p>Guidance Regarding Utilization and Reimbursement Of Telemedicine</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
		health insurers licensed to sell in the state on March 17, 2020.	Bulletin encourages the use of telemedicine by health insurers with identical reimbursement to the provision of in-person services.
	Health Life P&C	New Mexico Office of Superintendent of Insurance 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 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>
	Health Life P&C	New Mexico Office of Superintendent of Insurance issued Bulletin 2020-007 to all regulated insurance entities on March 23, 2020.	<p>Guidance Regarding Closing Of All Businesses</p> <p>Bulletin notes that insurance entities are considered “essential businesses” and may keep their physical offices open, should they believe it to be necessary.</p>
	Health	New Mexico Office of Superintendent of Insurance issued Bulletin 2020-008 to all health insurers on April 1, 2020.	<p>Guidance Regarding Short-Term Support Of Hospitals and Providers</p> <p>Bulletin urges applicable insurers to take the following measures to speed payments to hospitals and streamline administration:</p> <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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
New York⁴	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

⁴ So far, the New York Department of Financial Services (NYDFS) has been the most aggressive state regulatory authority with respect to demanding actions from the insurance industry in connection with the COVID-19 outbreak

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<p>emergency condition in hospital facilities and (ii) that obtaining of preauthorization is prohibited prior to the provision of emergency care; and</p> <p>9. Ensure coverage of insureds who receive surprise medical bills under individual, small, and large group comprehensive health insurance policies and contracts.</p>
	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>
	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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			Please find a Mayer Brown Client Alert our team has prepared on this letter.
	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.
	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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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, <ul style="list-style-type: none"> • 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; 8. Providing flexibility regarding proof of death, disability, or other condition that triggers benefits under life insurance policies or annuity contracts;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 9. Providing consumers with information and timely access to all medically necessary covered health care services, including testing and treatment for COVID-19; and 10. Proactively reaching out to customers via app announcements, text, email, or otherwise to explain the above-listed assistance being offered to consumers.
	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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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>
	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>
	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>

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	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 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.</p>
	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

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			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.
North Carolina	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>
	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"> 1. Ensure they are prepared to address COVID-19 cases; 2. Make necessary and useful information available to insureds and respond to queries expeditiously; 3. Waive prior authorization and 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 access to prescription drugs; and 7. Provide information (to both public health officials and the public) as to how they are complying with this Bulletin.

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	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>
	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>
	Health Life P&C	North Carolina Insurance Department issued an advisory letter to all regulated insurance carriers on March 26, 2020.	<p>Advisory Regarding Affect Of Emergency On Policyholders</p> <p>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.</p> <p>Carriers are also requested to consider cancellation or non-renewal of policies only after exhausting other efforts to work with policyholders to continue coverage.</p>
	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.	<p>Activation Of State Of Disaster</p> <p>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.</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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.
	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 Contiuing 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.
North Dakota	Health	North Dakota Department of Insurance Issued Bulletin 2020-1 to insurance carriers offering health insurance policies or travel policies on March 11, 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. 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

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			<p>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</p> <p>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.</p>
	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>
	P&C	North Dakota Department of Insurance Issued Bulletin 2020-4 on March 25, 2020.	<p>Expansion Of Personal Lines Automobile Policies</p> <p>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.</p>
	Health Life P&C	North Dakota Department of Insurance Issued Bulletin 2020-5 to all regulated insurance entities on March 25, 2020.	<p>Electronic Reporting and Deadline Extensions</p> <p>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.</p>
	Health Life P&C	North Dakota Department of Insurance Issued Bulletin 2020-6 to all regulated insurance entities on March 25, 2020.	<p>Guidance Regarding Social Distancing</p> <p>Bulletin encourages all regulated entities to practice social distancing and to follow CDC guidance on this topic.</p>
	All Lines	North Dakota Department of Insurance Issued Bulletin 2020-7 to licensed insurance producers on March 25, 2020.	<p>Guidance Regarding Continuing Education Requirements</p> <p>Bulletin extends deadline for completion of continuing education requirements to April 30, 2020 and encourages producers to complete such courses online.</p>

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	Health Life P&C	North Dakota Department of Insurance Bulletin 2020-8 to all regulated insurance entities on March 30, 2020.	<p>Recommendations Regarding Relief For Those Impacted by Outbreak</p> <p>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.</p>
Ohio	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 reminds applicable carriers of the following obligations:</p> <ol style="list-style-type: none"> 1. Emergency care must be covered without preauthorization and must be covered at the same cost sharing level as if provided in-network; 2. Proactive evaluation of the appropriateness of applying utilization management techniques to services for testing or treatment of COVID-19 should be conducted; 3. 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; 4. 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; 5. Carriers should verify adequacy of provider network and make exceptions to provide access to out-of-network services; and 6. 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

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			scheduled refill date has not yet been reached, as medically appropriate.
	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. <ul style="list-style-type: none"> • 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. • For continuation coverage: <ul style="list-style-type: none"> • 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.

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			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.
	Health Life P&C	The 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.
	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>
	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</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			will be retroactive for any insured with a business interruption policy in place from March 9, 2020 until the state of emergency is rescinded.
	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 nonpayment 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>
Oklahoma	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"> 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. Ensure utilization review decisions are made in a timely manner; 7. 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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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; and 9. 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 nonpayment of premiums.
	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>
	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

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<p>3. Property and casualty carriers should extend their applicable grace period for nonpayment of premium by an additional 45 days.</p> <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>
	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>
	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>
Oregon		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.	
	P&C	Oregon Division of Consumer and Business Services issued Memordandum 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.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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 nonrenewals, 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 nonrenewals 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.
	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>
Pennsylvania	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"> 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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ul style="list-style-type: none"> 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 Notice.
	All Lines	Pennsylvania Insurance Department issued a Notice to licensees regarding education courses and license renewals on March 19, 2020.	Guidance Regarding Continuing Education Requirements Notice includes guidance on (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.
	Health Life P&C	Pennsylvania Insurance Department issued a Notice 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.
	Health Life P&C	Pennsylvania Insurance Department issued a Notice 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.
	P&C	Pennsylvania Insurance Department issued a Notice 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 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:

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
Rhode Island	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 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.
	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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 1. March 31 expiration dates are automatically extended until April 30; and 2. In-person testing is suspended until April 30.
	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.
South Carolina	Health Life P&C	South Carolina Department of Insurance issued Bulletin 2020-02 on March 25, 2020.	<p>Assistance For Insureds Directly Impacted By COVID-19</p> <p>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.</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	Health Life P&C	South Carolina Department of Insurance issued Bulletin-2020-03 on April 2, 2020.	<p>Guidance Regarding Actions Taken With Respect To Licensing and Compliance Deadlines</p> <p>Bulletin sets out the following:</p> <ol style="list-style-type: none"> 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.
South Dakota	Health	South Dakota Department of Insurance issued Bulletin 20-02 to carriers which offer health insurance on March 25, 2020.	<p>Recommendations To Health Insurers To Manage COVID-19 Outbreak</p> <p>Bulletin requests applicable carriers take the following actions:</p> <ol style="list-style-type: none"> 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 7. Refrain from balance billing out-of-network insureds and expand acceptance of insurance coverage by joining additional networks.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Tennessee	Health	Tennessee Department of Commerce and Insurance issued Bulletin 20-02 regarding guidance to health carriers on March 9, 2020.	<p>Guidance To Health Carriers</p> <p>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.</p>
	Health Life P&C	Tennessee Department of Commerce and Insurance issued Bulletin 20-03 regarding guidance to carriers on March 24, 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 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; and 3. Explore ways to streamline or delay the submission of administrative paperwork.
	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.	<p>Guidance On Automobile Coverage For Deliveries</p> <p>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:</p> <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; and

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			3. If they provide commercial general liability coverage to restaurants, notify their insureds that commercial automobile coverage is available if requested.
	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.	<p>Guidance To Regulated Insurance Entities Regarding Premium Finance Arrangements During The Outbreak</p> <p>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.</p>
Texas	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	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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"> 1. 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. 2. Waive consumer cost-sharing and facilitate expanded use of telemedicine; 3. Cover necessary medical equipment, supplies, and services; 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; and 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.
	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>
	All Lines	Texas Department of Insurance issued Bulletin B-0008-20 regarding suspension	<p>Guidance Regarding Suspension Of Certain Licensing Requirements and Fees</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
		of certain licensing requirements and fees on March 24, 2020.	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.
	All Lines	Texas Department of Insurance issued Bulletin B-0009-20 regarding financial filing requirements and related fees on March 25, 2020.	Guidance Regarding Financial Filing Requirements 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).
	Workers' Compensation	Texas Department of Insurance issued Bulletin B-0010-20 regarding workers' compensation issues on March 25, 2020.	Guidance Regarding Workers' Compensation Bulletin generally tolls medical billing deadlines, suspends examinations and institutes certain requirements regarding workers' compensation insurance carrier operations.
	Title	Texas Department of Insurance issued Bulletin B-0011-20 regarding escrow check signature and escrow audit report filing on March 25, 2020.	Guidance Regarding Title Insurance 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.
	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.	Additional Guidance Regarding Workers' Compensation Bulletin suspends certain provisions of the labor code and DWC rules related to workers' compensation.
	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.
	Health	Texas Department of Insurance issued Bulletin B-0014-20 regarding managed	Guidance Regarding Managed Care Quality Assurance Filings Bulletin allows electronic submission of managed care quality assurance filings with electronic signatures.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
		care quality assurance filings on March 27, 2020.	
	Health	Texas Department of Insurance issued Bulletin B-0015-20 regarding claim submissions deadlines for certain regulated entities on March 27, 2020.	<p>Guidance Regarding Claim Submission Deadlines</p> <p>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.</p>
	Health	Texas Department of Insurance issued Bulletin B-0016-20 to alternative health plans regarding coverage for COVID-19 testing on March 31, 2020.	<p>Guidance Regarding COVID-19 Coverage For Alternative Health Plans</p> <p>Bulletin encourages issuers of alternative health plans to consider taking the following actions:</p> <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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
	Health	Texas Department of Insurance issued Bulletin B-0017-20 to insurers offering exclusive provider networks and health maintenance organizations on April 1, 2020.	<p>Guidance Regarding COVID-19 Coverage For Insurers Offering Exclusive Provider Networks and All Health Maintenance Organizations</p> <p>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.</p>
Utah	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"> 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. Comply with the provisions of the Affordable Care Act regulations, 29 CFR § 2590.715-2719A(b) and Utah Code § 31A-22-627; 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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 6. Waive any prior authorization requirements associated with COVID-19 testing or treatment; 7. Ensure access to prescription drugs; 8. 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 9. Generally ensure they are prepared to address COVID-19 cases.
	P&C	Utah Insurance Department issued Bulletin 2020-2 to property and casualty insurers on March 23, 2020.	<p>Guidance For Business Interruption Claims</p> <p>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.</p>
	Worker's Compensation	Utah Insurance Department issued Bulletin 2020-3 on March 26, 2020.	<p>Guidance For Workers' Compensation</p> <p>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).</p>
	P&C	Utah Insurance Department issued Bulletin 2020-4 to property and casualty insurers on April 2, 2020.	<p>Guidance For New Operations Resulting From COVID-19 Outbreak</p> <p>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.</p>
Vermont	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #209 on March 6, 2020.	<p>Recommendations and Requirements For Health Insurers To Manage COVID-19 Outbreak</p> <p>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.</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	Captives	Vermont Department of Financial Regulation COVID-19 Website (updated guidance regarding COVID-19) on March 18, 2020.	<p>Recommendations To Captive Insurers To Manage COVID-19 Outbreak</p> <p>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.</p>
	Health	The 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.	<p>Recommendations To Health Insurers To Manage COVID-19 Outbreak</p> <p>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.</p>
	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #210 (Revised) on March 20, 2020. (Original was issued on March 16, 2020).	<p>Recommendations and Requirements For Health Insurers To Manage COVID-19 Outbreak</p> <p>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.</p>
	Health	Vermont Department of Financial Regulation issued Insurance Bulletin #211 (Revised) on March 20, 2020. (Original was issued on March 18, 2020).	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>Vermont Department directs insurers to suspend all routine provider audits.</p>
	Health	Vermont Department of Financial Regulation issued guidance regarding Commercial Lines Premiums related to mandatory closures due to COVID-19 on March 20, 2020.	<p>Recommendations To Health Insurers To Manage COVID-19 Outbreak</p> <p>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.</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	Health	Vermont Department of Financial Regulation issued Emergency Rule H-2020-01-E regarding the suspension of credentialing verification practices on March 20, 2020.	<p>Suspension Of Credentialing Verification Practices</p> <p>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.</p>
	Health Workers' Compensation	Vermont Department of Financial Regulation issued Emergency Rule H-2020-02-E regarding the coverage of health care services delivered through telehealth, telephone or store and forward means on March 30, 2020.	<p>Guidance Regarding Coverage Of Health Care Services Delivered Through Telehealth and Other Means</p> <p>Emergency Rule provides for the following:</p> <ol style="list-style-type: none"> 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; 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, co-payment or coinsurance for a health care service delivered remotely through telehealth or audio-only telephone so long as it does not exceed the deductible, co-payment 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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Virginia	Health Life P&C	<p>Virginia State Corporation Commission (SCC) changed filing requirements (see link).</p> <p>Fact sheets with respect to business interruption insurance coverage (a Notice on March 23, 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.</p>	<p>Required Measures To Be Taken By Insurance Entities To Manage COVID-19 Outbreak</p> <p>The SCC is directing all business with the Commission to be handled through electronic filing systems, email, or by telephone.</p>
	Health Life P&C	<p>Virginia State Corporation Commission issued a Notice on March 27, 2020.</p>	<p>Guidance Regarding Extension Of Premium Payment Deadlines</p> <p>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.</p>
	Health Life P&C	<p>Virginia State Corporation Commission issued a Notice on March 27, 2020.</p>	<p>Guidance Regarding Flexibility During Public Health Emergency</p> <p>The SCC encourages all regulated insurance entities to take the following actions, consistent with prudent insurance practices:</p> <ol style="list-style-type: none"> 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.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
Washington	Health	Washington Office of Insurance Commissioner issued Emergency Order No. 20-01 on March 5, 2020.	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p> <p>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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	Health	Washington Office of Insurance Commissioner issued Emergency Order No. 20-02 on March 24, 2020.	<p>Expanded Guidance To Health Insurers To Manage COVID-19 Outbreak</p> <p>Emergency Order requires health insurers to take the following measures:</p> <ol style="list-style-type: none"> 1. 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; 2. 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; 3. 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 drivethrough site established for testing and assessment of COVID-19; 4. Eliminate prior authorization requirements for long-term care facility or home health services that will follow discharge; and 5. For individual and group health plans, a grace period must be allowed for payment of premiums no less than 60 days.

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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 nonpayment 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>
	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>
	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>
West Virginia	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.	<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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<ol style="list-style-type: none"> 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.
	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>
	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>
	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;

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<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. <ol style="list-style-type: none"> 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.
	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 time frames for the adjustment and resolution of claims whenever possible.
	Not Applicable	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>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
	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 2. Refrain 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 pandemic.
	Workers' Compensation	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-03 on March 23, 2020.	<p>Guidance Regarding Workers' Compensation</p> <p>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.</p>
	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-04 on March 24, 2020.	<p>Guidance Regarding Emergency Insurance Adjusters</p> <p>Emergency Order allows for licensed insurance carriers to request the appointment and authorization of one or more emergency insurance adjusters during this emergency.</p>
	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-07 on March 26, 2020.	<p>Additional General Guidance During Emergency</p> <p>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.</p>
	P&C	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-08 on March 26, 2020.	<p>Guidance Regarding Business Interruption Insurance</p> <p>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.</p>

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	Health	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-EO-05 on March 27, 2020.	<p>Guidance Regarding Prescription Medication Delivery</p> <p>Emergency Order allows the following:</p> <ol style="list-style-type: none"> 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.
	Health	West Virginia Office of the Insurance Commissioner issued Bulletin No. 20-10 on April 1, 2020.	<p>Guidance Regarding Loss Of Insurance By Furloughed Workers</p> <p>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.</p>
	Health Life P&C	West Virginia Office of the Insurance Commissioner issued Emergency Order 20-EO-06 on April 3, 2020.	<p>Guidance Regarding Door-To-Door Insurance Transactions</p> <p>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</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
			<p>during this emergency unless each of the following conditions are met:</p> <ol style="list-style-type: none"> 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.
Wisconsin	Health	<p>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>	<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.

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	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.

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	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.
	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

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			<p>provide a final determination within the statutory timeframe.</p> <ol style="list-style-type: none"> 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.
	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>
	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>
Wyoming	Health	The Wyoming Insurance Department issued Bulletin 20-01 to all insurers	<p>Required Measures To Be Taken By Health Insurers To Manage COVID-19 Outbreak</p>

JURISDICTION	PRODUCT LINE	COVID-19 REGULATORY UPDATE AND LINK	SUMMARY/ANALYSIS
		authorized to transact health insurance on March 11, 2020.	<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.

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