



# LEGAL UPDATE

## GUIDANCE ON COVID-19 VACCINE COVERAGE REQUIREMENTS

On Nov. 6, 2020, the Departments of Labor (DOL), Health and Human Services (HHS) and the Treasury (Departments) published an interim final rule requiring Medicare, Medicaid and private insurers to cover a COVID-19 vaccine without any cost sharing, once the Food and Drug Administration (FDA) authorizes and approves a vaccine.

### COVID-19 VACCINE COVERAGE FOR PRIVATE HEALTH PLANS

The interim final rule implements the requirement in the Coronavirus Aid, Relief and Economic Security (CARES) Act that non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance coverage provide coverage, without cost sharing, for qualifying COVID-19 preventive services, which includes COVID-19 immunizations.

The rule shortens the period of time in which coverage of qualifying COVID-19 preventive services is required. This coverage must be provided within **15 business days** after the recommendation relating to a qualifying COVID-19 preventive service is made. Coverage of recommended COVID-19 immunizations must be provided, even if not listed for routine use on the Immunization Schedules of the Centers for Disease Control and Prevention (CDC).

In addition, during the COVID-19 public health emergency, plans and issuers must cover qualifying COVID-19 preventive services without cost sharing, regardless of whether an in-network or out-of-network provider delivers the services. Plans and issuers subject to Section 2713 of the Public Health Service Act must also cover, without cost sharing, items and services that are integral to the furnishing of recommended preventive services, including the administration of COVID-19 immunizations.

## HIGHLIGHTS

In anticipation of when a COVID-19 vaccine is available, the interim final rule requires Medicare, Medicaid and private insurers to cover the vaccine without cost sharing.

Coverage of qualifying COVID-19 preventive services must be provided within 15 business days after the recommendation is made.

During the COVID-19 public health emergency, this coverage must be provided for both in-network and out-of-network providers.

*Non-grandfathered health plans and issuers must cover qualifying COVID-19 preventive services, including vaccines, without cost sharing.*

