

The End of the COVID-19 Public Health Emergency Is Here What Family Physicians Need to Know About Testing, Vaccines, Telehealth, and More

May 11, 2023, marks the official end of the COVID-19 public health emergency in the United States. This means many temporary policies and flexibilities put in place to ensure people could get the care they needed during the PHE will be terminated or being phased out. Here is a summary of what family physicians need to know for their practices and patients, and resources for more details.

COVID-19 Testing

- After May 11, private insurers and [Medicare](#) are no longer required to reimburse beneficiaries for at-home rapid tests or to cover the entire cost for physician-ordered lab tests.
- Michigan Medicaid is required to pay these costs until Sept. 30, 2023.
- Michiganans may request free OTC tests from [Project ACT](#), through June 2023 or while supplies last.
- [Read more](#)

COVID-19 Vaccines

- COVID-19 vaccines remain free at this time, so family physicians can continue to order them at no cost and patients won't be required to pay out-of-pocket through private and public health plans.
- American Academy of Family Physicians continues to advocate that once COVID-19 vaccines move to the commercial market, likely in late summer or early fall, family physicians should be able to buy them at reasonable prices and be paid fairly for administering them.
- As patients' trusted partners in care, family physicians are the best sources for administering vaccine—this is a message that AAFP and MAFP continue to amplify.
- AAFP recently approved actions by the Food and Drug Administration and Centers for Disease Control and Prevention to [streamline COVID-19 vaccines for infants, children, and adults](#)

Medicaid

- As many as 400,000 Michigan residents could lose Medicaid coverage now that re-enrollment is again required. Monthly renewals for Michigan Medicaid and the Healthy Michigan Plan are set to begin in June and continue through May 2024. [Click here](#) to watch a video from the Michigan Department of Health and Human Services on the eligibility renewal timeline.

- AAFP continues to urge Congress and the Centers for Medicare & Medicaid Services to make changes that will help preserve access to care.
- As the state finalizes its Fiscal Year 2024 budget, MAFP advocates for maintaining the Medicaid physician payment increase—secured through the FY 2023 budget--and funding an additional Medicaid physician payment increase for professional services. Bringing Medicaid payment closer to Medicare rates will help practices that care for Medicaid beneficiaries remain financially stable and sustainable.
- [Click here](#) for Michigan Department of Health and Human Services' Medicaid COVID-19 Policy Crosswalk, which identifies bulletins and L letters issued during the PHE and their counterparts which change policies as the PHE ends.

Telehealth

- Medicare coverage has been extended through 2024, for telehealth services provided to beneficiaries in any geographic area—not just in rural communities—and while they remain in their home.
- Federal qualified health centers and rural health clinics can continue to provide telehealth services to Medicare beneficiaries through 2024.
- After receiving record comments on its proposal to reinstate stricter face-to-face prescribing requirements, the Drug Enforcement Administration filed a [temporary rule](#) authorizing, through Nov. 11, 2023, physicians to remotely prescribe controlled substances (including buprenorphine) without an in-person visit.
- The DEA's temporary rule also allows for existing provider-patient telehealth relationships established on or before Nov. 11, 2023, to continue through Nov. 2024.
- It is unclear how long these DEA extensions will last.
- Both AAFP and MAFP have long-advocated for making telehealth prescribing policies permanent. This was a topic of discussion between MAFP members and legislative offices during Michigan Family Medicine Advocacy Day and one the advocacy team continues to press.

Resident Supervision & Payment

- CMS is continuing to allow payment for virtual supervision of residents by teaching physicians only when the patient and resident are located in a rural area.
- When telehealth services are provided by residents, virtual supervision by the teaching physician is only allowed in rural areas.
- [Read more](#)

HIPAA

- The Office for Civil Rights is providing a 90-day transition period for physicians to move to HIPAA-compliant telehealth technologies.
- Post-PHE telehealth HIPAA enforcement begins in August.
- OCR recommends that, among other things, physicians conduct a telehealth program risk

assessment and verify they are using a HIPAA-compliant telehealth platform.

- [Read more](#)

Other Resources

- [AAFP members-only on-demand webinar](#) with Centers for Medicare & Medicaid Services outlines what family physicians need to know about the end of the PHE;

[click here](#)

for other AAFP resources on the ending of the COVID-19 PHE

- [U.S. Department of Health & Human Services' Fact Sheet](#) explains how the PHE end will affect many changes rolled out during the pandemic.

- [Federal Register](#) , published March 13, 2023, provides guidance on the end of the PHE

- [Federal Drug Administration guidance](#) outlines provisions that remain in effect and those that are cancelled

- [Centers for Medicare & Medicaid Services FAQ](#) on waivers and flexibilities