United States Senate
WASHINGTON, DC 20510

March 20, 2020

Gregory Adams
Chairman and CEO
Kaiser Permanente Administrative Campus
2921 Naches Ave. SW
Renton, WA 98057

Dear Mr. Adams:

As executives of health insurance companies that provide coverage for millions of Americans, you will each play a critical role in the coming months to ensure that patients in need of diagnostic testing and treatment for potential 2019 Novel Coronavirus (COVID-19) are able to access care without receiving unaffordable or unanticipated medical bills. We write to you today to ask that your coverage policies be enhanced as necessary throughout the duration of this national emergency to include coverage for diagnostic and therapeutic care for patients deemed by a clinician to be presumptively positive for COVID-19, including in all instances where authorized COVID-19 testing is unavailable.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps you have taken to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your companies have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, do you commit to providing coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, do you commit to covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, do you commit to working with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent you are providing coverage to members through either high-deductible or catastrophic health plans, will you commit to ensuring that the coverage polices you are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work you are doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator

United States Senate
WASHINGTON, DC 20510

March 20, 2020

Bruce D. Broussard
President and CEO
Humana Inc.
500 West Main Street
Louisville, Kentucky 40202

Dear Mr. Broussard:

As executives of health insurance companies that provide coverage for millions of Americans, you will each play a critical role in the coming months to ensure that patients in need of diagnostic testing and treatment for potential 2019 Novel Coronavirus (COVID-19) are able to access care without receiving unaffordable or unanticipated medical bills. We write to you today to ask that your coverage policies be enhanced as necessary throughout the duration of this national emergency to include coverage for diagnostic and therapeutic care for patients deemed by a clinician to be presumptively positive for COVID-19, including in all instances where authorized COVID-19 testing is unavailable.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps you have taken to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your companies have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, do you commit to providing coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, do you commit to covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, do you commit to working with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent you are providing coverage to members through either high-deductible or catastrophic health plans, will you commit to ensuring that the coverage polices you are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work you are doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator

United States Senate
WASHINGTON, DC 20510

March 20, 2020

David Cordani
President and CEO
Cigna Corporation Headquarters
900 Cottage Grove Road
Bloomfield, CT 06002

Dear Mr. Cordani:

As executives of health insurance companies that provide coverage for millions of Americans, you will each play a critical role in the coming months to ensure that patients in need of diagnostic testing and treatment for potential 2019 Novel Coronavirus (COVID-19) are able to access care without receiving unaffordable or unanticipated medical bills. We write to you today to ask that your coverage policies be enhanced as necessary throughout the duration of this national emergency to include coverage for diagnostic and therapeutic care for patients deemed by a clinician to be presumptively positive for COVID-19, including in all instances where authorized COVID-19 testing is unavailable.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps you have taken to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your companies have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, do you commit to providing coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, do you commit to covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, do you commit to working with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent you are providing coverage to members through either high-deductible or catastrophic health plans, will you commit to ensuring that the coverage polices you are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work you are doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator

United States Senate
WASHINGTON, DC 20510

March 20, 2020

Matt Eyles
President and CEO
America's Health Insurance Plans
601 Pennsylvania Avenue, NW
South Building, Suite 500
Washington, DC 20004

Dear Mr. Eyles:

As president and chief executive officer of the national trade association representing health insurance providers, you will play a critical role in the coming months as part of our nation's collective response to the 2019 Novel Coronavirus (COVID-19) outbreak. We write to you today to ask that you review coverage policies of your member organizations, and issue guidance where appropriate, in order to ensure that coverage policies include coverage for all diagnostic and therapeutic care for patients who are deemed by a clinician to be presumptively positive for COVID-19 throughout the duration of this national emergency.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps health plans have taken thus far to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your members have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you provide guidance to expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, will you commit to providing guidance to members that ensures coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, will you commit to providing guidance to members that covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your members' respective coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, will you commit to providing guidance to your members that they work with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent your members are providing coverage to patients through either high-deductible or catastrophic health plans, will you commit to ensuring that the members coverage polices are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work your organization has been doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator

United States Senate
WASHINGTON, DC 20510

March 20, 2020

Karen Lynch
Chairman, CEO and President
CVS Health
One CVS Drive
Woonsocket, RI 02895

Dear Ms. Lynch:

As executives of health insurance companies that provide coverage for millions of Americans, you will each play a critical role in the coming months to ensure that patients in need of diagnostic testing and treatment for potential 2019 Novel Coronavirus (COVID-19) are able to access care without receiving unaffordable or unanticipated medical bills. We write to you today to ask that your coverage policies be enhanced as necessary throughout the duration of this national emergency to include coverage for diagnostic and therapeutic care for patients deemed by a clinician to be presumptively positive for COVID-19, including in all instances where authorized COVID-19 testing is unavailable.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps you have taken to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your companies have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, do you commit to providing coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, do you commit to covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, do you commit to working with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent you are providing coverage to members through either high-deductible or catastrophic health plans, will you commit to ensuring that the coverage polices you are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work you are doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator

United States Senate
WASHINGTON, DC 20510

March 20, 2020

Scott P. Serota
President and CEO
Blue Cross Blue Shield Association
225 North Michigan Ave.
Chicago, IL 60601

Dear Mr. Serota:

As executives of health insurance companies that provide coverage for millions of Americans, you will each play a critical role in the coming months to ensure that patients in need of diagnostic testing and treatment for potential 2019 Novel Coronavirus (COVID-19) are able to access care without receiving unaffordable or unanticipated medical bills. We write to you today to ask that your coverage policies be enhanced as necessary throughout the duration of this national emergency to include coverage for diagnostic and therapeutic care for patients deemed by a clinician to be presumptively positive for COVID-19, including in all instances where authorized COVID-19 testing is unavailable.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps you have taken to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your companies have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, do you commit to providing coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, do you commit to covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, do you commit to working with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent you are providing coverage to members through either high-deductible or catastrophic health plans, will you commit to ensuring that the coverage polices you are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work you are doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator

United States Senate
WASHINGTON, DC 20510

March 20, 2020

David S. Wichmann
CEO
UnitedHealth Group
P.O. Box 1459
Minneapolis, MN 55440-1459

Dear Wichmann:

As executives of health insurance companies that provide coverage for millions of Americans, you will each play a critical role in the coming months to ensure that patients in need of diagnostic testing and treatment for potential 2019 Novel Coronavirus (COVID-19) are able to access care without receiving unaffordable or unanticipated medical bills. We write to you today to ask that your coverage policies be enhanced as necessary throughout the duration of this national emergency to include coverage for diagnostic and therapeutic care for patients deemed by a clinician to be presumptively positive for COVID-19, including in all instances where authorized COVID-19 testing is unavailable.

As you know, our nation is grappling with a severe lack of access to authorized diagnostic testing for COVID-19. Our state public health labs are struggling to secure critical supplies, such as swabs and reagents, and as such are unable to process COVID-19 tests for all those who have been identified as likely COVID-19 patients. Inability to access supplies has been a limiting factor as clinical and commercial labs across the country seek to stand up additional testing capacity, and it is unclear when, or if, tests will be widely available to all who need them.

We appreciate the steps you have taken to provide first-dollar coverage for authorized COVID-19 testing. Expanding access to testing will be critical in our ongoing efforts to limit community spread of COVID-19. Countries such as South Korea and Italy have employed widespread testing as part of their containment and mitigation efforts, and that approach is beginning to yield positive results, so it is critical that we do the same.

As you know, Congress recently passed the Families First Coronavirus Response Act, which will require coverage without cost-sharing for authorized COVID-19 tests, and any care that results in the ordering of an authorized diagnostic test. This is an important step to ensure that diagnostic tests are affordable for those who need them.

In the meantime, we are hearing from front-line health care workers across the country that they are being inundated with patients presenting with COVID-19 symptoms and in need of immediate care. Because we currently lack the capacity to provide authorized COVID-19 testing to all who need it, providers are often unable to access authorized diagnostic testing in order to confirm cases of COVID-19, and are instead forced to pursue other courses of diagnostic and therapeutic care to ensure the health and well-being of these patients. This often results in a

presumptive COVID-19 diagnosis, which subsequently necessitates a change in management and guidance to patients, for example, regarding the need to self-quarantine.

The scope of coverage for diagnostic and therapeutic services being provided to patients when COVID-19 testing is unavailable must include any testing modalities that may be deemed necessary by the clinician. Health care executives and front-line health care providers have communicated to Congress their ongoing need to alter clinical algorithms related to the workup of patients seeking care for acute respiratory illness, in order to accommodate the current lack of available diagnostic testing. In these cases, health care facilities are employing these alternative approaches in order to diagnose and treat COVID-19 patients based on the best available diagnostic care available to them, in order to avoid unknowingly sending positive COVID-19 patients back to their homes and into their communities without appropriate guidance and protection.

Until widespread access to authorized COVID-19 testing is available to every patient who needs it, temporary coverage without cost-sharing for these diagnostic services, and subsequent treatment, is just as important as coverage of authorized COVID-19 tests. Coverage policies that limit relief to those patients who are able to receive authorized COVID-19 diagnostic tests will expose patients to high copayments, coinsurance, and surprise medical bills for those who are forced to seek care from an out-of-network hospital or provider. Exposure to unexpected health care costs at a time when many of your members are out of work, or struggling to afford child care due to school closures, can have catastrophic consequences.

We appreciate that some of your companies have already committed to eliminating cost-sharing obligations, including copayments and coinsurance, for authorized COVID-19 diagnostic testing and related care. In these particularly difficult times, we are asking that you expand upon that commitment.

Specifically, we request that you provide clarification to policymakers, and to your members, by way of your response to this letter with answers to the following questions:

1. When a patient seeks care for potential COVID-19, and a provider is unable to access authorized diagnostic testing, do you commit to providing coverage for all necessary diagnostic services and in-patient monitoring without cost-sharing, including copayments, coinsurance and deductibles?

2. When a provider cannot access authorized COVID-19 testing but believes a patient is presumptively positive based on their clinical assessment, do you commit to covering any resulting therapeutic care without cost-sharing, including copayments, coinsurance and deductibles?

3. Will you commit to ensuring that your coverage policies, as applied to questions 1 and 2 above, will apply regardless of whether a patient receives care or services from an in-network or out-of-network hospital, provider or lab?

4. In the event that a patient is unable to access an authorized COVID-19 diagnostic test, but receives unanticipated surprise medical bills for any diagnostic or therapeutic care received on the basis of having been considered a clinician to have been a presumptively positive COVID-19 patient, do you commit to working with hospitals and providers to resolve those bills directly, in order to ensure that patients are kept out of the middle of those payment disputes for the duration of this national emergency?

5. To the extent you are providing coverage to members through either high-deductible or catastrophic health plans, will you commit to ensuring that the coverage polices you are applying based on questions 1 through 4 above are being uniformly applied across all plan types you are offering your members for the duration of this national emergency?

We appreciate the work you are doing as part of our collective response to this pandemic. In the uncertain times ahead, it is critical that we are doing everything we can to provide patients with the financial security and certainty that they need. This will ensure that patients are not afraid to access necessary care, and are able to receive the full scope of essential diagnostic and therapeutic care, including guidance on self-isolation for themselves and their families on the basis of having been diagnosed by a clinician as presumptively positive for COVID-19 even in the absence of available authorized COVID-19 diagnostic testing.

Given the need to provide this critical protection to patients as quickly as possible, we request your response to the questions above no later than Monday, March 23. If you have any questions, please contact Ian Hunter at Ian_Hunter@hassan.senate.gov.

Sincerely,

Margaret Wood Hassan
United States Senator

Jackie Rosen
United States Senator

Robert P. Casey, Jr.
United States Senator

Tina Smith
United States Senator

Catherine Cortez Masto
United States Senator

Jeanne Shaheen
United States Senator

Chris Murphy
United States Senator