

# United States Senate

WASHINGTON, DC 20510

September 22, 2020

Karen Lynch  
President, Aetna Business Unit  
CVS Health  
One CVS Drive  
Woonsocket, RI 02895

Dear Ms. Lynch:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As executives of health insurance companies, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and the decision to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

In March, Congress worked to solidify our commitment to ensuring access to affordable COVID-19 testing through passage of the *Families First Coronavirus Response Act (Public Law No: 116-127)*. As you know, this legislation prohibits individual and group health plans from imposing cost-sharing requirements or limiting access through prior authorization or other utilization management protocols for COVID-19 testing and associated health care visits. Congress built on those coverage requirements through passage of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No: 116-136)*, which requires individual and

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<sup>1</sup> *World Health Organization*. Transmission of SARS-CoV-2: implications for infection prevention precautions. July 9, 2020. Available at: <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

<sup>2</sup> *Nature*. Suppression of a SARS-CoV-2 outbreak in the Italian municipality of Vo'. June 30, 2020. Available at: <https://www.nature.com/articles/s41586-020-2488-1>; *JAMA Internal Medicine*. Clinical Course and Molecular Viral Shedding Among Asymptomatic and Symptomatic Patients With SARS-CoV-2 Infection in a Community Treatment Center in the Republic of Korea. August 6, 2020. Available at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769235>; *The New England Journal of Medicine*. Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19. May 28, 2020. Available at: <https://www.nejm.org/doi/full/10.1056/nejme2009758>

group market plans to cover all costs associated with serological tests for COVID-19 without cost-sharing.

However, recent actions by the Trump administration to update CDC testing guidelines to discourage testing of individuals without symptoms will likely have serious public health consequences. Public health experts are united in their opposition to the administration's efforts to decrease testing, and have continued to stress the importance of early detection of COVID-19 cases by testing individuals who are potentially pre-symptomatic.<sup>3</sup> On Friday, September 18, the CDC issued updated guidelines to acknowledge the significance of asymptomatic and pre-symptomatic transmission and "reinforce the need to test asymptomatic persons."<sup>4</sup> Lack of clear and consistent guidance has caused confusion among individuals seeking testing, particularly for those who are unsure how such sudden changes will impact their coverage. Recent reporting suggests that the decision to remove asymptomatic individuals from the CDC testing guidelines was not made by the CDC, but rather added to the CDC website on August 24 by political appointees at HHS.<sup>5</sup> To the extent you are basing coverage decisions on the CDC guidelines published on August 24, we encourage you to revisit those decisions and ensure that your coverage policies are aligned with fact and evidence-based recommendations put forth by public health experts, as reflected in the updated CDC guidelines published on September 18.

As you know, many transmissions of the virus happen before symptoms appear,<sup>6</sup> and in case studies of communities with high prevalence of the disease, nearly half of those who test positive did not exhibit symptoms at the time of testing.<sup>7</sup> Just two weeks ago, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, discussed how researchers have come to understand that up to 50 percent of COVID-19 transmissions occur from individuals who do not have symptoms.<sup>8</sup> These findings demonstrate that the presence of symptoms does not fully determine the risk of transmitting the virus to others, and therefore should not be used as a criteria for determining the necessity of testing and imposing cost barriers. During this public health crisis, insurers must maintain coverage policies that work to promote public health safety and embrace recommendations from the scientific community.

While we are aware of the cost implications that widespread COVID-19 testing might have on insurers across the country without financial support from Congress,<sup>9</sup> we cannot risk more

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<sup>8</sup> *ETNT Health*. Dr. Fauci Just Said How You'll Most Likely Get COVID. September 10, 2020. Available at: <https://www.eatthis.com/dr-fauci-covid-infection-facts/>

<sup>9</sup> *Health Affairs*. Imposing The Costs Of Workplace Coronavirus Testing On Group Plan Coverage Would Place An Excessive Burden On Essential Workers. July 28, 2020. Available at: <https://www.healthaffairs.org/content/2020/07/28/covid-19-testing-workplace-costs>

Americans delaying COVID-19 testing because they are unsure about whether they can afford the cost. Lawmakers, insurance companies, health care providers, and employers must work together to implement a comprehensive COVID-19 testing strategy that prevents increased costs on individuals through out-of-pocket payments for COVID-19 tests, or increased premiums in future plan years.<sup>10</sup> We are continuing to work with our colleagues in Congress to provide additional support for COVID-19 testing and contact tracing, but until Senate Majority Leader Mitch McConnell agrees to take decisive, bipartisan action, we cannot discourage Americans from accessing COVID-19 testing when they are at risk of spreading the virus. To that end, we strongly urge that you do not impose additional financial barriers for Americans who need COVID-19 testing to protect their families, neighbors, and colleagues.

In order to help ensure affordable access to COVID-19 testing, we ask that your organization respond to the questions below before September 30, 2020.

- 1) What is your current coverage policy for COVID-19 diagnostic tests for individuals who are not experiencing symptoms of COVID-19?
- 2) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for currently determining which tests and services to pay for?
- 3) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for determining which tests and services are paid for when ordered by a physician for an individual without COVID-19 symptoms?
- 4) What is the expected financial impact on future premiums costs for covering surveillance testing for essential workers without public funding? What efforts have been made to collaborate with employers and health care providers to share these costs and minimize premium increases?
- 5) What percentage of COVID-19 tests that are paid for by your organization are associated with pre-symptomatic or asymptomatic individuals?
- 6) What percentage of COVID-19 tests currently paid for by your organization are surveillance tests that take place at locations such as a drive through testing sites, as opposed to diagnostic tests ordered by a clinician at an inpatient or outpatient facility?
- 7) What is the range of costs for COVID-19 diagnostic tests, and are there specific labs that are billing significantly higher amounts for COVID-19 testing than others?
- 8) What additional costs, including diagnostic or other billing codes, are typically associated with tests that your health plan is receiving claims for? How do you identify these costs to avoid charging individuals for services that should be covered without cost-sharing?
- 9) What is the average turnaround time for processing test results for which your health plan is receiving claims, and what percentage of total COVID-19 diagnostic test claims are for tests that are returning results to individuals within 72 hours?

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<sup>10</sup> Id.

10) What percentage of diagnostic testing claims your health plan receives are generated from point of care rapid tests, and what percentage are being generated from off-site labs? How does this impact how you bill your members?

For any questions, please do not hesitate to reach out to our staff, Ian Hunter ([ian\\_hunter@hassan.senate.gov](mailto:ian_hunter@hassan.senate.gov)), Kaitlyn Kelly ([kaitlyn\\_kelly@hassan.senate.gov](mailto:kaitlyn_kelly@hassan.senate.gov)), and Veena Muraleetharan ([veena\\_muraleetharan@hassan.senate.gov](mailto:veena_muraleetharan@hassan.senate.gov)). We look forward to your prompt response.

Sincerely,

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Sherrod Brown

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Sherrod Brown  
United States Senator

/s/ Angus S. King, Jr.

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Angus S. King, Jr.  
United States Senator

/s/ Tom Udall

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Tom Udall  
United States Senator

/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Ron Wyden

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Ron Wyden  
United States Senator

/s/ Patty Murray

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Patty Murray  
United States Senator

/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

# United States Senate

WASHINGTON, DC 20510

September 22, 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:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As the national trade association for health plans, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and decisions made by your members to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

In March, Congress worked to solidify our commitment to ensuring access to affordable COVID-19 testing through passage of the *Families First Coronavirus Response Act (Public Law No: 116-127)*. As you know, this legislation prohibits individual and group health plans from imposing cost-sharing requirements or limiting access through prior authorization or other utilization management protocols for COVID-19 testing and associated health care visits. Congress built on those coverage requirements through passage of the *Coronavirus Aid, Relief,*

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and Economic Security (CARES) Act (Public Law No: 116-136), which requires individual and group market plans to cover all costs associated with serological tests for COVID-19 without cost-sharing.

However, recent actions by the Trump administration to update CDC testing guidelines to discourage testing of individuals without symptoms will likely have serious public health consequences. Public health experts are united in their opposition to the administration's efforts to decrease testing, and have continued to stress the importance of early detection of COVID-19 cases by testing individuals who are potentially pre-symptomatic.<sup>3</sup> On Friday, September 18, the CDC issued updated guidelines to acknowledge the significance of asymptomatic and pre-symptomatic transmission and "reinforce the need to test asymptomatic persons."<sup>4</sup> Lack of clear and consistent guidance has caused confusion among individuals seeking testing, particularly for those who are unsure how such sudden changes will impact their coverage. Recent reporting suggests that the decision to remove asymptomatic individuals from the CDC testing guidelines was not made by the CDC, but rather added to the CDC website on August 24 by political appointees at HHS.<sup>5</sup> To the extent your members are basing coverage decisions on the CDC guidelines published on August 24, we encourage you to recommend that your members revisit those decisions and ensure that coverage policies are aligned with fact and evidence-based recommendations put forth by public health experts, as reflected in the updated CDC guidelines published on September 18.

As you know, many transmissions of the virus happen before symptoms appear,<sup>6</sup> and in case studies of communities with high prevalence of the disease, nearly half of those who test positive did not exhibit symptoms at the time of testing.<sup>7</sup> Just two weeks ago, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, discussed how researchers have come to understand that up to 50 percent of COVID-19 transmissions occur from individuals who do not have symptoms.<sup>8</sup> These findings demonstrate that the presence of symptoms does not fully determine the risk of transmitting the virus to others, and therefore should not be used as a criteria for determining the necessity of testing and imposing cost barriers. During this public health crisis, insurers must maintain coverage policies that work to promote public health safety and embrace recommendations from the scientific community.

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While we are aware of the cost implications that widespread COVID-19 testing might have on insurers across the country without financial support from Congress,<sup>9</sup> we cannot risk more Americans delaying COVID-19 testing because they are unsure about whether they can afford the cost. Lawmakers, insurance companies, health care providers, and employers must work together to implement a comprehensive COVID-19 testing strategy that prevents increased costs on individuals through out-of-pocket payments for COVID-19 tests, or increased premiums in future plan years.<sup>10</sup> We are continuing to work with our colleagues in Congress to provide additional support for COVID-19 testing and contact tracing, but until Senate Majority Leader Mitch McConnell agrees to take decisive, bipartisan action, we cannot discourage Americans from accessing COVID-19 testing when they are at risk of spreading the virus. To that end, we strongly urge your members to avoid imposing additional financial barriers for Americans who need COVID-19 testing to protect their families, neighbors, and colleagues.

In order to help ensure affordable access to COVID-19 testing, we ask that your organization respond to the questions below before September 30, 2020.

- 1) What are the prevailing coverage policies among your membership for COVID-19 diagnostic tests for individuals who are not experiencing symptoms of COVID-19?
- 2) If your members are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your recommended practice for currently determining which tests and services to pay for?
- 3) If your members are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your recommended process for determining which tests and services are paid for when ordered by a physician for an individual without COVID-19 symptoms?
- 4) What is the expected financial impact on future premiums costs for covering surveillance testing for essential workers without public funding? What efforts have been made to collaborate with employers and health care providers to share these costs and minimize premium increases?
- 5) What percentage of COVID-19 tests that are paid for by your members are associated with pre-symptomatic or asymptomatic individuals?
- 6) What percentage of COVID-19 tests currently paid for by your members are surveillance tests that take place at locations such as a drive through testing sites, as opposed to diagnostic tests ordered by a clinician at an inpatient or outpatient facility?
- 7) What is the range of costs for COVID-19 diagnostic tests, and are there specific labs that are billing significantly higher amounts for COVID-19 testing than others?
- 8) What additional costs, including diagnostic or other billing codes, are typically associated with tests that your members are receiving claims for? How do your members identify

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these costs to avoid charging individuals for services that should be covered without cost-sharing?

- 9) What is the average turnaround time for processing test results for which your members are receiving claims, and what percentage of total COVID-19 diagnostic test claims are for tests that are returning results to individuals within 72 hours?
- 10) What percentage of diagnostic testing claims your members receive are generated from point of care rapid tests, and what percentage are being generated from off-site labs? How does this impact how your members bill their enrollees?

For any questions, please do not hesitate to reach out to our staff, Ian Hunter ([ian\\_hunter@hassan.senate.gov](mailto:ian_hunter@hassan.senate.gov)), Kaitlyn Kelly ([kaitlyn\\_kelly@hassan.senate.gov](mailto:kaitlyn_kelly@hassan.senate.gov)), and Veena Muraleetharan ([veena\\_muraleetharan@hassan.senate.gov](mailto:veena_muraleetharan@hassan.senate.gov)). We look forward to your prompt response.

Sincerely,

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Sherrod Brown

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Sherrod Brown  
United States Senator

/s/ Angus S. King, Jr.

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United States Senator

/s/ Tom Udall

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Tom Udall  
United States Senator

/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Ron Wyden

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Ron Wyden  
United States Senator

/s/ Patty Murray

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Patty Murray  
United States Senator

/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

United States Senate  
WASHINGTON, DC 20510

September 22, 2020

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

Dear Mr. Serota:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As executives of health insurance companies, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and the decision to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

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Americans delaying COVID-19 testing because they are unsure about whether they can afford the cost. Lawmakers, insurance companies, health care providers, and employers must work together to implement a comprehensive COVID-19 testing strategy that prevents increased costs on individuals through out-of-pocket payments for COVID-19 tests, or increased premiums in future plan years.<sup>10</sup> We are continuing to work with our colleagues in Congress to provide additional support for COVID-19 testing and contact tracing, but until Senate Majority Leader Mitch McConnell agrees to take decisive, bipartisan action, we cannot discourage Americans from accessing COVID-19 testing when they are at risk of spreading the virus. To that end, we strongly urge that you do not impose additional financial barriers for Americans who need COVID-19 testing to protect their families, neighbors, and colleagues.

In order to help ensure affordable access to COVID-19 testing, we ask that your organization respond to the questions below before September 30, 2020.

- 1) What is your current coverage policy for COVID-19 diagnostic tests for individuals who are not experiencing symptoms of COVID-19?
- 2) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for currently determining which tests and services to pay for?
- 3) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for determining which tests and services are paid for when ordered by a physician for an individual without COVID-19 symptoms?
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- 8) What additional costs, including diagnostic or other billing codes, are typically associated with tests that your health plan is receiving claims for? How do you identify these costs to avoid charging individuals for services that should be covered without cost-sharing?
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For any questions, please do not hesitate to reach out to our staff, Ian Hunter ([ian\\_hunter@hassan.senate.gov](mailto:ian_hunter@hassan.senate.gov)), Kaitlyn Kelly ([kaitlyn\\_kelly@hassan.senate.gov](mailto:kaitlyn_kelly@hassan.senate.gov)), and Veena Muraleetharan ([veena\\_muraleetharan@hassan.senate.gov](mailto:veena_muraleetharan@hassan.senate.gov)). We look forward to your prompt response.

Sincerely,

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Sherrod Brown

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Sherrod Brown  
United States Senator

/s/ Angus S. King, Jr.

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Angus S. King, Jr.  
United States Senator

/s/ Tom Udall

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Tom Udall  
United States Senator

/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Ron Wyden

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Ron Wyden  
United States Senator

/s/ Patty Murray

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Patty Murray  
United States Senator

/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

# United States Senate

WASHINGTON, DC 20510

September 22, 2020

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

Dear Mr. Cordani:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As executives of health insurance companies, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and the decision to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

In March, Congress worked to solidify our commitment to ensuring access to affordable COVID-19 testing through passage of the *Families First Coronavirus Response Act (Public Law No: 116-127)*. As you know, this legislation prohibits individual and group health plans from imposing cost-sharing requirements or limiting access through prior authorization or other utilization management protocols for COVID-19 testing and associated health care visits. Congress built on those coverage requirements through passage of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No: 116-136)*, which requires individual and

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group market plans to cover all costs associated with serological tests for COVID-19 without cost-sharing.

However, recent actions by the Trump administration to update CDC testing guidelines to discourage testing of individuals without symptoms will likely have serious public health consequences. Public health experts are united in their opposition to the administration's efforts to decrease testing, and have continued to stress the importance of early detection of COVID-19 cases by testing individuals who are potentially pre-symptomatic.<sup>3</sup> On Friday, September 18, the CDC issued updated guidelines to acknowledge the significance of asymptomatic and pre-symptomatic transmission and "reinforce the need to test asymptomatic persons."<sup>4</sup> Lack of clear and consistent guidance has caused confusion among individuals seeking testing, particularly for those who are unsure how such sudden changes will impact their coverage. Recent reporting suggests that the decision to remove asymptomatic individuals from the CDC testing guidelines was not made by the CDC, but rather added to the CDC website on August 24 by political appointees at HHS.<sup>5</sup> To the extent you are basing coverage decisions on the CDC guidelines published on August 24, we encourage you to revisit those decisions and ensure that your coverage policies are aligned with fact and evidence-based recommendations put forth by public health experts, as reflected in the updated CDC guidelines published on September 18.

As you know, many transmissions of the virus happen before symptoms appear,<sup>6</sup> and in case studies of communities with high prevalence of the disease, nearly half of those who test positive did not exhibit symptoms at the time of testing.<sup>7</sup> Just two weeks ago, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, discussed how researchers have come to understand that up to 50 percent of COVID-19 transmissions occur from individuals who do not have symptoms.<sup>8</sup> These findings demonstrate that the presence of symptoms does not fully determine the risk of transmitting the virus to others, and therefore should not be used as a criteria for determining the necessity of testing and imposing cost barriers. During this public health crisis, insurers must maintain coverage policies that work to promote public health safety and embrace recommendations from the scientific community.

While we are aware of the cost implications that widespread COVID-19 testing might have on insurers across the country without financial support from Congress,<sup>9</sup> we cannot risk more

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Americans delaying COVID-19 testing because they are unsure about whether they can afford the cost. Lawmakers, insurance companies, health care providers, and employers must work together to implement a comprehensive COVID-19 testing strategy that prevents increased costs on individuals through out-of-pocket payments for COVID-19 tests, or increased premiums in future plan years.<sup>10</sup> We are continuing to work with our colleagues in Congress to provide additional support for COVID-19 testing and contact tracing, but until Senate Majority Leader Mitch McConnell agrees to take decisive, bipartisan action, we cannot discourage Americans from accessing COVID-19 testing when they are at risk of spreading the virus. To that end, we strongly urge that you do not impose additional financial barriers for Americans who need COVID-19 testing to protect their families, neighbors, and colleagues.

In order to help ensure affordable access to COVID-19 testing, we ask that your organization respond to the questions below before September 30, 2020.

- 1) What is your current coverage policy for COVID-19 diagnostic tests for individuals who are not experiencing symptoms of COVID-19?
- 2) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for currently determining which tests and services to pay for?
- 3) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for determining which tests and services are paid for when ordered by a physician for an individual without COVID-19 symptoms?
- 4) What is the expected financial impact on future premiums costs for covering surveillance testing for essential workers without public funding? What efforts have been made to collaborate with employers and health care providers to share these costs and minimize premium increases?
- 5) What percentage of COVID-19 tests that are paid for by your organization are associated with pre-symptomatic or asymptomatic individuals?
- 6) What percentage of COVID-19 tests currently paid for by your organization are surveillance tests that take place at locations such as a drive through testing sites, as opposed to diagnostic tests ordered by a clinician at an inpatient or outpatient facility?
- 7) What is the range of costs for COVID-19 diagnostic tests, and are there specific labs that are billing significantly higher amounts for COVID-19 testing than others?
- 8) What additional costs, including diagnostic or other billing codes, are typically associated with tests that your health plan is receiving claims for? How do you identify these costs to avoid charging individuals for services that should be covered without cost-sharing?
- 9) What is the average turnaround time for processing test results for which your health plan is receiving claims, and what percentage of total COVID-19 diagnostic test claims are for tests that are returning results to individuals within 72 hours?

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10) What percentage of diagnostic testing claims your health plan receives are generated from point of care rapid tests, and what percentage are being generated from off-site labs? How does this impact how you bill your members?

For any questions, please do not hesitate to reach out to our staff, Ian Hunter ([ian\\_hunter@hassan.senate.gov](mailto:ian_hunter@hassan.senate.gov)), Kaitlyn Kelly ([kaitlyn\\_kelly@hassan.senate.gov](mailto:kaitlyn_kelly@hassan.senate.gov)), and Veena Muraleetharan ([veena\\_muraleetharan@hassan.senate.gov](mailto:veena_muraleetharan@hassan.senate.gov)). We look forward to your prompt response.

Sincerely,

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Sherrod Brown

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Sherrod Brown  
United States Senator

/s/ Angus S. King, Jr.

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Angus S. King, Jr.  
United States Senator

/s/ Tom Udall

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Tom Udall  
United States Senator

/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Ron Wyden

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Ron Wyden  
United States Senator

/s/ Patty Murray

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Patty Murray  
United States Senator

/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

# United States Senate

WASHINGTON, DC 20510

September 22, 2020

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

Dear Mr. Broussard:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As executives of health insurance companies, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and the decision to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

In March, Congress worked to solidify our commitment to ensuring access to affordable COVID-19 testing through passage of the *Families First Coronavirus Response Act (Public Law No: 116-127)*. As you know, this legislation prohibits individual and group health plans from imposing cost-sharing requirements or limiting access through prior authorization or other utilization management protocols for COVID-19 testing and associated health care visits. Congress built on those coverage requirements through passage of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No: 116-136)*, which requires individual and

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group market plans to cover all costs associated with serological tests for COVID-19 without cost-sharing.

However, recent actions by the Trump administration to update CDC testing guidelines to discourage testing of individuals without symptoms will likely have serious public health consequences. Public health experts are united in their opposition to the administration's efforts to decrease testing, and have continued to stress the importance of early detection of COVID-19 cases by testing individuals who are potentially pre-symptomatic.<sup>3</sup> On Friday, September 18, the CDC issued updated guidelines to acknowledge the significance of asymptomatic and pre-symptomatic transmission and "reinforce the need to test asymptomatic persons."<sup>4</sup> Lack of clear and consistent guidance has caused confusion among individuals seeking testing, particularly for those who are unsure how such sudden changes will impact their coverage. Recent reporting suggests that the decision to remove asymptomatic individuals from the CDC testing guidelines was not made by the CDC, but rather added to the CDC website on August 24 by political appointees at HHS.<sup>5</sup> To the extent you are basing coverage decisions on the CDC guidelines published on August 24, we encourage you to revisit those decisions and ensure that your coverage policies are aligned with fact and evidence-based recommendations put forth by public health experts, as reflected in the updated CDC guidelines published on September 18.

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Sincerely,

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Sherrod Brown

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/s/ Angus S. King, Jr.

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/s/ Tom Udall

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/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Ron Wyden

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Ron Wyden  
United States Senator

/s/ Patty Murray

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Patty Murray  
United States Senator



/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

United States Senate  
WASHINGTON, DC 20510

September 22, 2020

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

Dear Mr. Adams:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As executives of health insurance companies, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and the decision to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

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/s/ Margaret Wood Hassan

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United States Senator

/s/ Jeanne Shaheen

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Patty Murray  
United States Senator

/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

# United States Senate

WASHINGTON, DC 20510

September 22, 2020

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

Dear Mr. Wichmann:

We write to you today to express serious concerns regarding recent reports of health insurance companies ending comprehensive coverage of COVID-19 tests without cost-sharing requirements and to request clarification regarding your current coverage policy.

As you know, COVID-19 testing is one of the most important tools in slowing the spread of this deadly virus. Early research has shown that asymptomatic and pre-symptomatic individuals contribute significantly to the spread of the virus and have similar viral loads to those who show symptoms at the time of testing.<sup>1,2</sup> Ensuring that individuals without symptoms know to self-isolate as soon as possible by safeguarding access to robust testing is critical to preventing transmission. As executives of health insurance companies, you play a critical role in ensuring access to COVID-19 testing for millions of Americans, and the decision to impose new financial barriers to testing could discourage or prevent access to testing, and ultimately cost lives.

In March, Congress worked to solidify our commitment to ensuring access to affordable COVID-19 testing through passage of the *Families First Coronavirus Response Act (Public Law No: 116-127)*. As you know, this legislation prohibits individual and group health plans from imposing cost-sharing requirements or limiting access through prior authorization or other utilization management protocols for COVID-19 testing and associated health care visits. Congress built on those coverage requirements through passage of the *Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No: 116-136)*, which requires individual and

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<sup>1</sup> *World Health Organization*. Transmission of SARS-CoV-2: implications for infection prevention precautions. July 9, 2020. Available at: <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

<sup>2</sup> *Nature*. Suppression of a SARS-CoV-2 outbreak in the Italian municipality of Vo'. June 30, 2020. Available at: <https://www.nature.com/articles/s41586-020-2488-1>; *JAMA Internal Medicine*. Clinical Course and Molecular Viral Shedding Among Asymptomatic and Symptomatic Patients With SARS-CoV-2 Infection in a Community Treatment Center in the Republic of Korea. August 6, 2020. Available at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769235>; *The New England Journal of Medicine*. Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19. May 28, 2020. Available at: <https://www.nejm.org/doi/full/10.1056/nejme2009758>

group market plans to cover all costs associated with serological tests for COVID-19 without cost-sharing.

However, recent actions by the Trump administration to update CDC testing guidelines to discourage testing of individuals without symptoms will likely have serious public health consequences. Public health experts are united in their opposition to the administration's efforts to decrease testing, and have continued to stress the importance of early detection of COVID-19 cases by testing individuals who are potentially pre-symptomatic.<sup>3</sup> On Friday, September 18, the CDC issued updated guidelines to acknowledge the significance of asymptomatic and pre-symptomatic transmission and "reinforce the need to test asymptomatic persons."<sup>4</sup> Lack of clear and consistent guidance has caused confusion among individuals seeking testing, particularly for those who are unsure how such sudden changes will impact their coverage. Recent reporting suggests that the decision to remove asymptomatic individuals from the CDC testing guidelines was not made by the CDC, but rather added to the CDC website on August 24 by political appointees at HHS.<sup>5</sup> To the extent you are basing coverage decisions on the CDC guidelines published on August 24, we encourage you to revisit those decisions and ensure that your coverage policies are aligned with fact and evidence-based recommendations put forth by public health experts, as reflected in the updated CDC guidelines published on September 18.

As you know, many transmissions of the virus happen before symptoms appear,<sup>6</sup> and in case studies of communities with high prevalence of the disease, nearly half of those who test positive did not exhibit symptoms at the time of testing.<sup>7</sup> Just two weeks ago, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, discussed how researchers have come to understand that up to 50 percent of COVID-19 transmissions occur from individuals who do not have symptoms.<sup>8</sup> These findings demonstrate that the presence of symptoms does not fully determine the risk of transmitting the virus to others, and therefore should not be used as a criteria for determining the necessity of testing and imposing cost barriers. During this public health crisis, insurers must maintain coverage policies that work to promote public health safety and embrace recommendations from the scientific community.

While we are aware of the cost implications that widespread COVID-19 testing might have on insurers across the country without financial support from Congress,<sup>9</sup> we cannot risk more

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<sup>3</sup> *New York Times*. C.D.C. Now Says People Without Covid-19 Symptoms Do Not Need Testing. August 25, 2020. Available at: <https://www.nytimes.com/2020/08/25/health/covid-19-testing-cdc.html>

<sup>4</sup> *Centers for Disease Control and Prevention (CDC)*. Overview of Testing for SARS-CoV-2 (COVID-19). September 18, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

<sup>5</sup> *New York Times*. C.D.C. Testing Guidance Was Published Against Scientists' Objections. September 17, 2020. Available at: <https://www.nytimes.com/2020/09/17/health/coronavirus-testing-cdc.html>

<sup>6</sup> *World Health Organization*. Transmission of SARS-CoV-2: implications for infection prevention precautions.

<sup>7</sup> *Nature*. Suppression of a SARS-CoV-2 outbreak in the Italian municipality of Vo'; *The New England Journal of Medicine*. Asymptomatic Transmission, the Achilles' heel of Current Strategies to Control Covid-19.

<sup>8</sup> *ETNT Health*. Dr. Fauci Just Said How You'll Most Likely Get COVID. September 10, 2020. Available at: <https://www.eatthis.com/dr-fauci-covid-infection-facts/>

<sup>9</sup> *Health Affairs*. Imposing The Costs Of Workplace Coronavirus Testing On Group Plan Coverage Would Place An Excessive Burden On Essential Workers. July 28, 2020. Available at: <https://www.healthaffairs.org/content/online-only/2020/07/28/covid-19-testing-workplace-costs>



Americans delaying COVID-19 testing because they are unsure about whether they can afford the cost. Lawmakers, insurance companies, health care providers, and employers must work together to implement a comprehensive COVID-19 testing strategy that prevents increased costs on individuals through out-of-pocket payments for COVID-19 tests, or increased premiums in future plan years.<sup>10</sup> We are continuing to work with our colleagues in Congress to provide additional support for COVID-19 testing and contact tracing, but until Senate Majority Leader Mitch McConnell agrees to take decisive, bipartisan action, we cannot discourage Americans from accessing COVID-19 testing when they are at risk of spreading the virus. To that end, we strongly urge that you do not impose additional financial barriers for Americans who need COVID-19 testing to protect their families, neighbors, and colleagues.

In order to help ensure affordable access to COVID-19 testing, we ask that your organization respond to the questions below before September 30, 2020.

- 1) What is your current coverage policy for COVID-19 diagnostic tests for individuals who are not experiencing symptoms of COVID-19?
- 2) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for currently determining which tests and services to pay for?
- 3) If you are not covering COVID-19 tests for all individuals, including individuals without COVID-19 symptoms, what is your process for determining which tests and services are paid for when ordered by a physician for an individual without COVID-19 symptoms?
- 4) What is the expected financial impact on future premiums costs for covering surveillance testing for essential workers without public funding? What efforts have been made to collaborate with employers and health care providers to share these costs and minimize premium increases?
- 5) What percentage of COVID-19 tests that are paid for by your organization are associated with pre-symptomatic or asymptomatic individuals?
- 6) What percentage of COVID-19 tests currently paid for by your organization are surveillance tests that take place at locations such as a drive through testing sites, as opposed to diagnostic tests ordered by a clinician at an inpatient or outpatient facility?
- 7) What is the range of costs for COVID-19 diagnostic tests, and are there specific labs that are billing significantly higher amounts for COVID-19 testing than others?
- 8) What additional costs, including diagnostic or other billing codes, are typically associated with tests that your health plan is receiving claims for? How do you identify these costs to avoid charging individuals for services that should be covered without cost-sharing?
- 9) What is the average turnaround time for processing test results for which your health plan is receiving claims, and what percentage of total COVID-19 diagnostic test claims are for tests that are returning results to individuals within 72 hours?

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<https://www.healthaffairs.org/doi/10.1377/hblog20200727.300119/full://www.healthaffairs.org/doi/10.1377/hblog20200727.300119/full/>

<sup>10</sup> Id.

10) What percentage of diagnostic testing claims your health plan receives are generated from point of care rapid tests, and what percentage are being generated from off-site labs? How does this impact how you bill your members?

For any questions, please do not hesitate to reach out to our staff, Ian Hunter ([ian\\_hunter@hassan.senate.gov](mailto:ian_hunter@hassan.senate.gov)), Kaitlyn Kelly ([kaitlyn\\_kelly@hassan.senate.gov](mailto:kaitlyn_kelly@hassan.senate.gov)), and Veena Muraleetharan ([veena\\_muraleetharan@hassan.senate.gov](mailto:veena_muraleetharan@hassan.senate.gov)). We look forward to your prompt response.

Sincerely,

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Sherrod Brown

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Sherrod Brown  
United States Senator

/s/ Angus S. King, Jr.

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Angus S. King, Jr.  
United States Senator

/s/ Tom Udall

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Tom Udall  
United States Senator

/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Ron Wyden

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Ron Wyden  
United States Senator

/s/ Patty Murray

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Patty Murray  
United States Senator

/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator