

## HPMS E-Mail

**Date:** April 13, 2020

**Subject:** Trump Administration Announces Expanded Coverage for Essential Diagnostic Services Amid COVID-19 Public Health Emergency

*Agencies Implement Legislation Guaranteeing Coverage of COVID-19 Diagnostic Testing, Including Antibody Testing, and Certain Related Services without Cost Sharing for Enrollees in Private Health Coverage*

The Centers for Medicare & Medicaid Services (CMS), together with the Departments of Labor and the Treasury, issued guidance today to ensure Americans with private health insurance have coverage of 2019 Novel Coronavirus (COVID-19) diagnostic testing and certain other related services, including antibody testing, at no cost. As part of the effort to slow the spread of the virus, this guidance is another action the Trump Administration is taking to remove financial barriers for Americans to receive necessary COVID-19 tests and health services, as well as encourage the use of antibody testing that may help to enable health care workers and other Americans to get back to work more quickly.

“It is critical that Americans have peace of mind knowing that cost won’t be a barrier to testing during this national public health emergency,” said Administrator Seema Verma. “Today’s action under the leadership of President Trump allows millions of Americans to access the vital health services they need to fight COVID-19, including antibody testing once it becomes widely available.”

In March, representatives of major health insurance companies met with President Trump, where they voluntarily committed to covering COVID-19 testing without cost sharing such as copays and coinsurance. Building on this commitment, today’s guidance implements the recently enacted Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act, which require that private health issuers and employer group health plans cover COVID-19 testing and certain related items and services furnished during the COVID-19 pandemic, with no out-of-pocket expenses.

Specifically, today’s announcement implements the requirement for group health plans and group and individual health insurance to cover both diagnostic testing and certain related items and services provided during a medical visit with no cost sharing. This includes urgent care visits, emergency room visits, and in-person or telehealth visits to the doctor’s office that result

in an order for or administration of a COVID-19 test. Covered COVID-19 tests include all FDA-authorized COVID-19 diagnostic tests, COVID-19 diagnostic tests that developers request authorization for on an emergency basis, and COVID-19 diagnostic tests developed in and authorized by states. It also ensures that COVID-19 antibody testing will also be covered. Once broadly available, a COVID-19 antibody test could become a key element in fighting the pandemic by providing a more accurate measure of how many people have been infected and potentially enabling Americans to get back to work more quickly.

To see the guidance, visit: <https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf>

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit [www.coronavirus.gov](http://www.coronavirus.gov). For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).