

End of COVID-19 National Emergency Impacts Health Plan Deadlines

On April 10, 2023, President Joe Biden signed a [resolution](#) ending the COVID-19 national emergency. The Biden administration had previously [announced](#) a May 11, 2023, end date to both the COVID-19 national emergency and public health emergency (PHE). The PHE is still scheduled to end May 11, 2023.

Various employee benefit plan deadlines have been extended by disregarding an “outbreak period.” The outbreak period continues until 60 days after the end of the national emergency (or such other date as announced by the federal government).

Deadline extensions that apply during the outbreak period include the following:

- **HIPAA Special Enrollment**—The 30-day period (or 60-day period, if applicable) to request special enrollment.
- **Claims and Appeals**—The deadline to file a benefits claim, file an appeal of an adverse benefit determination or request an external review under the plan’s claims and appeals procedures.

- **COBRA Notices and Premiums**—The period for qualified beneficiaries to elect COBRA coverage and make COBRA premium payments, as well as the date for individuals to notify the plan of a qualifying event or disability determination.

In a set of [FAQs](#) from March 29, 2023, federal agencies announced that the outbreak period will end on **July 10, 2023** (60 days after May 11, 2023). Federal agencies have not adjusted this date for the early end to the national emergency.

Once the outbreak period ends, health plans can return to their nonextended deadlines. When the PHE ends, health plans will no longer be required to cover COVID-19 diagnostic tests and related services without cost sharing. Health plans will still be required to cover recommended preventive services, including COVID-19 immunizations, without cost sharing, but this coverage requirement will be limited to in-network providers.

Prescription Drug Report Is Due by June 1, 2023

The deadline for health plans and health insurance issuers to submit their second prescription drug data collection (RxDC) report is **June 1, 2023**.

RxDC reports must be submitted through an online portal maintained by the Centers for Medicare and Medicaid Services. The agency’s [RxDC website](#) provides updated reporting instructions and other reporting resources. The first RxDC report was due by Dec. 27, 2022 (covering data for 2020 and 2021); however, federal agencies provided a submission grace period through Jan. 31, 2023. The second RxDC report is due by

June 1, 2023, and must include data for 2022.

Health plans may use a third party—such as an issuer, TPA or PBM—to prepare and submit the RxDC report on their behalf. To do this, a plan must enter into a written agreement with the third party to address this reporting responsibility. Health plans are not prohibited from submitting RxDC reports on their own, but it is expected that most employers will rely on third parties to prepare and submit the reports.



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