COVID-19 Regulatory Activity by State

Overview of state Department of Insurance actions

Updated May 18, 2020

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(Click on the following list to move to your state of interest)

AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY
LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH
OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

State	Regulatory Activity
Federal	Families First Coronavirus Response Act: Employee Paid Leave Rights: For employers with fewer than 500 employees, the Act provides paid sick leave related to Coronavirus (COVID-19)-related absences that are not covered under existing employer-provided paid sick leave programs. Leave Reasons: The employer must provide employees with employer-paid sick time to the extent that employees are unable to work or telework due to a need for leave because: • the employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19; • the employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; • the employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis; • the employee is caring for an individual who is subject to an isolation or quarantine or has been advised to self-quarantine; • the employee is caring for a son or daughter due to closure of school or place of care, or the childcare provider is unavailable; • or the employee is experiencing any other similar condition specified by the Secretary of Health and Human Services (HHS) in consultation with the Secretary of the Treasury and the Secretary of Labor. DOL, IRS, & Treasury Dept. Joint Notice: The Department of the Treasury and Internal Revenue Service provides additional time to comply with certain deadlines affecting COBRA continuation of coverage, special enrollment periods, claims for benefits, appeals of denied claims, and external review of certain claims. These extensions are set to ensure individuals don't miss key deadlines that could result in the loss or lapse of group health coverage or the denial of a valid claim for benefits. *Continued on next page*

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	Relief for beneficiaries and claimants: All group health plans, disability and other employee welfare benefit plans, and employee pension benefit plans subject to ERISA or the Code must disregard the period from March 1, 2020 until sixty (60) days after the announced end of the National Emergency or such other date announced by the Agencies in a future notification (the ''Outbreak Period'') for all plan participants, beneficiaries, qualified beneficiaries, or claimants wherever located in determining the following periods and dates— • The 30-day period (or 60-day period, if applicable) to request special enrollment under ERISA section 701(f) and Code section 9801(f), • The 60-day election period for COBRA continuation coverage under ERISA section 605 and Code section 4980B(f)(5),9 • The date for making COBRA premium payments pursuant to ERISA section 602(2)(C) and (3) and Code section 4980B(f)(2)(B)(iii) and (C),10 • The date for individuals to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Code section 4980B(f)(6)(C), • The date within which individuals may file a benefit claim under the plan's claims procedure pursuant to 29 CFR 2560.503–1, • The date within which claimants may file an appeal of an adverse benefit determination under the plan's claims procedure pursuant to 29 CFR 2560.503–1(h), • The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination pursuant to 29 CFR 2590.715–2719(d)(2)(i) and 26 CFR 54.9815–2719(d)(2)(i), and • The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to 29 CFR 2590.715–2719(d)(2)(ii) and 26 CFR 54.9815–2719(d)(2)(ii). EBSA Disaster Relief Notice: This disaster relief notice extends the time for plan officials to furnish benefit statements, annual funding notices, and other notices and disclosures required by ERISA so long as they make a good faith effort to furnish the documents as soon as administratively practicable. The notice explains that good faith includes the use of electronic alternative means of communicating with plan participants and beneficiaries who the plan fiduciary reasonably believes have effective.
Alabama	AL DOI Bulletin 2020-02: Insurers must provide information on preparedness for COVID-19 cases in Alabama to the Department of Insurance.

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	Bulletin 2020-05: In light of current circumstances, the DOI requests that insurers consider the following actions for applicable policies in force as of March 13, 2020: Relaxing due dates for premium payments; Extending grace periods; Waiving late fees and penalties; Allowing premium payment plans which will avoid a lapse in coverage. Insurers should only consider cancellation or non-renewal of policies after exhausting all efforts to work with policyholders to continue coverage. A policy may be cancelled or non-renewed for legally recognized reasons or policy provisions other than late or failure to pay premiums. Additionally, the DOI is requesting that all insurers, producers, and other licensees who accept premium payments to consider alternate methods of payment. These methods may include online or other electronic transfers, but any methods utilized need to be consistent with safe social distancing standards and eliminate the need for in person payment, in order to protect policyholders, workers and the general public.
Alaska	AK DOI Bulletin B20-06: Requires carriers to update procedures to reflect extended review period for rate, form and advertisement filings due to COVID-19.
	AK DOI Bulletin B 20-08: Prohibits carriers from terminating insurance contracts due to non-payment. Provides relief to affected policyholders. Effective until June 1, 2020.
	AK DOI Bulletin B 20-11: On March 27, 2020, the Alaska Division of Insurance issued Bulletin B 20-11 to provide additional guidance to insurance companies in response to the Governor's public health disaster emergency declaration related to COVID-19 on March 11, 2020. In addition to the required premium grace period extensions previously communicated below, Insurers must: • permit employers to continue covering employees under group policies even if the employee would otherwise become ineligible due to a decrease in hours worked per week. • permit employers to continue providing coverage to employees under group policies regardless of any "actively at work" or similar eligibility requirement in the policy. Additionally, insurers are not permitted to increase premium rates or terminate a group policy based on a group's decreased enrollment or participation due to COVID-19. Further, the DOI requires that insurers suspend deadlines for claim filing and appeals. Following the end of the emergency, there may also be a backlog of insurance claims to be filed and these claims must also be extended.

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	Order R20-04, Order R20-07: On March 11, 2020, the Governor of Alaska issued a public health disaster emergency order to protect Alaskans from the adverse effects of COVID-19. On April 15, 2020, the Governor of Alaska issued Order R20-04 extending the duration of the public health disaster emergency order (including Bulletin B 20-11) to November 15, 2020 (or when the Governor determines the public health disaster emergency no longer exists). On April 16, 2020, the Governor of Alaska issued Order R20-07 clarifying that Order R20-04 is not applicable to Bulletin B 20-08 (extended grace periods) and remains effective until June 1, 2020.
Arizona	AZ Executive Order 2020-07: Requires that all insurers regulated by the state cover telemedicine visits at a lower cost-sharing point for consumers than the same in-office service.
	Bulletin 2020-04: All insurers are encouraged to work with their insureds during the public health emergency so that insurance coverage continues, policies do not lapse, and claimants have adequate time to fulfill requirements to obtain coverage/claim payment. The DOI is urging insurers to consider offering these and other types of relief: • Refraining from cancelling or non-renewing policies due to non-payment during this time of hardship; • Granting a grace period for premium payments to be made when practicable; • Working with insureds on premium payment plans for late premium payments; • Waiving late fees, interest, and penalties; • Delaying premium increases; • Suspending the use of credit reports for rating; • Extending timeframes for health providers to submit claims; • Extending timeframes to undergo medical examinations. Insurers are encouraged to continue working with insureds after the public health emergency has ended or as long as reasonably practicable, so insureds have time to recover. Insurers that implement COVID-19 related relief programs must submit their program through the System for Electronic Rates and Forms Filing ("SERFF") as an informational filing.

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	Customer relief programs filed and implemented during the public health emergency will not be considered violations of the Unfair Trade Practices Act, so long as the insurer administers its customer relief program in a uniform, consistent manner that does not result in unfair discrimination between eligible customers. Insurers must continue to handle claims in accordance with regulatory timeframes.
Arkansas	Bulletin No. 6-2020: Companies must provide the Insurance Department the appropriate email address for consumer contacts during the COVID-19 Emergency. *Replaced by Bulletin 22-2020. No changes to the requirement.
	Executive Order 20-25: The Governor has declared a statewide state of emergency for the purpose of extending the public health and disaster emergency and declaration of the State of Arkansas as a disaster area resulting from the state-wide impact of COVID-19 an additional forty-five (45) days from the issuance of EO 20-25 (issued 5/5/2020). In response to the Governor's proclamation, on May 11, 2020, the Arkansas Insurance Commissioner issued several Bulletins (No. 20-2020, 21-2020 and 22-2020) to assist affected consumers and entities regulated by the Arkansas Insurance Department as they deal with urgent needs caused by the occurrence of the virus in Arkansas.
	Bulletin No. 21-2020: 45-Day Moratorium Against Cancellation All insurers to institute a forty-five (45) day moratorium* on the cancellation/non-renewal of insurance policies for the non-payment of premiums for Arkansans residents who, since March 11, 2020, have: • Been diagnosed with/positively tested for COVID-19; or • As a consequence of the COVID-19 health emergency, have been terminated, laid off, or who are self-employed or an independent contractor and have experienced a cessation of work. Additionally, all insurance policies covering Arkansas residents that were in effect on May 5, 2020, must remain in effect until such time as Executive Order 20-25 expires. *However, this moratorium extension is not automatic. To be eligible for the 45-day moratorium, affected policyholders must request this extension from their insurance carriers and insurance carriers may request evidence of diagnosis or employment disruption. Citizens who apply for unemployment benefits as a result of the health emergency and are approved are presumptively subject to this moratorium.

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	The 45-day moratorium period, where requested by the policyholder, is effective starting from the date of issuance of Executive Order 20-25. Policyholders are advised that this moratorium is not a waiver; it is only an extension or grace period in which to pay premiums. Insurers are directed to work with affected policyholders in paying the premiums that become due during the moratorium period by either allowing a payment plan or a further extension of the due date for the amount in full. This moratorium applies only to cancellation or non-renewals attributed to a failure to pay premiums during the applicable 45-day period. If a policy is to be cancelled or non-renewed for any other allowable reason, the cancellation or non-renewal may be made pursuant to statutory notice requirements and for legally recognized reasons. However, the Department requests that insurance companies take into consideration that persons diagnosed with COVID-19 may be unable to receive a notice of cancellation or non-renewal. For those policies with an automatic bank draft or electronic funds transfer arrangement, the Department is aware that the policyholder must contact their financial institution for these payments to cease. Therefore, the insurance company may continue deducting those premiums unless the policyholder contacts the insurance company and their financial institution to request that such an automatic bank draft or electronic funds transfer arrangement cease.
California	CA DOI Notice 03-18-2020: the DOI is requesting that all insurance carriers provide relief to affected insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium during this challenging time due to circumstances beyond the control of the insured. Additionally, the DOI is requesting that all insurance agents, brokers, and other licensees who accept premium payment on behalf of insurers take steps to ensure that customers have the ability to make prompt insurance payments. This should include alternate methods of payment, such as online payments, to eliminate the need for in-person payment methods, in order to protect the safety of workers and customers.
	CA DOI Notice 03-17-2020: Companies must submit a notification to the Department of Insurance demonstrating companies' actions to ensure health care needs of insureds are met. The notice must be filed by March 20, 2020.
	CA APL 20-009: Requirement that insurers reimburse, cost share, and cover services the same, whether the service is provided in-person or through telehealth.
	CA DOI Notice 04-3-2020: The California Department of Insurance previously issued a Notice on March 18, 2020, requesting that all insurance carriers provide relief to affected insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium due to the COVID-19 public health emergency.

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	Now the Insurance Commissioner finds it necessary to issue another Notice to protect policyholders from losing, limiting, or waiving policy benefits*, as a result of the ongoing COVID-19 pandemic. As a result, the DOI is notifying insurance carriers that they should not attempt to enforce policy or statutory deadlines on policyholders until at least 90 days after the end of the statewide "state of emergency" or other "state of emergency" that impacts a specific policyholder. This includes, but is not limited to, deadlines for the submission of a sworn proof of loss, other claim forms, examinations under oath, medical examinations, and any other policy, statutory, or insurer imposed deadlines placed on the policyholder where failure to comply could result in the forfeiture, limitation, or waiver of any policyholder(s) rights to benefits under any policy of insurance. *The previously direction from the Department of Insurance was considered Voluntary, now it appears to be Mandatory.
	CA DOI Notice 03-30-2020: CDI expects that health insurers will provide increased access to health care services through telehealth delivery platforms and encourage patients to use telehealth delivery options, so as to limit the amount of in-person health care they seek while continuing to receive the essential care that they need during this challenging time.
Colorado	N/A.
Connecticut	Bulletin No. IC-40: The Insurance Department is requesting that all insurance companies provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for nonpayment of premium during this challenging time due to circumstances beyond the control of the insured. This requested grace period is intended to be applied to premiums due after the initial premium has been made to secure coverage. It is not intended to change the terms of the issued policy or be considered a forgiveness of the premium. Rather, it is intended that the insurer grant the policyholder an extended grace period for the payment of premium due without penalty or interest. Additionally, the Insurance Department is requesting that all insurance agents, brokers, and other licensees who accept premium payments on behalf of insurers take steps to ensure that customers have the ability to make prompt insurance payments. This should include alternate methods of payment, such as online payments, to eliminate the need for in person payment methods, in order to protect the safety of workers and customers.
	Executive Order 7s: On April 1, 2020, the Governor of Connecticut issued an Executive Order requiring insurers* provide a 60-day grace period for premium payments, policy cancellations and non-renewals of insurance policies.

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	*The previously direction from the Insurance Department was considered Voluntary, now it is Mandatory. Beginning on April 1, 2020, for a period of 60 calendar days ending on June 1, 2020**, insurers are prohibited (without a court order) to lapse, terminate or cause to be forfeited a covered insurance policy because a covered policyholder does not pay a premium or interest or indebtedness on a premium under the policy that is due related to the COVID-19 pandemic. Insurers must provide such 60-day grace period to any business that had group insurance that was required to close or significantly reduce operations or suffered significant revenue loss as a result of the COVID-19 pandemic. Insurers may require group policyholders to provide an affidavit or other statement acceptable to the insurance carrier, explaining that as a result of the COVID-19 pandemic, the business was required to close or significantly reduce their business operations or suffered a significant revenue loss. This 60-day grace period is not a waiver or forgiveness of the premium. It is only an extension of time in which to pay premiums. Group policyholders are advised that they may be subject to restrictions if they receive any state or federal stimulus funding related to COVID-19. This 60-day grace period only applies to group policyholders that we in good standing with the insurance carrier on March 12, 2020 and shall only apply to premiums due after the initial premium has been made to secure coverage. This 60-day grace period is not automatic. To be eligible, affected group policyholders must provide the information outlined above in an affidavit or other statement acceptable to the insurance carrier. Carriers must provide instructions on how group policyholders are to provide such information. This 60-day grace period only applies to cancellations or non-renewals to a failure to pay premium that can be directly attributed to COVID-19. If a policy is to be cancelled or non-renewed for any other allowable reason, the cancellation or non-renewal may be made pursuant to statutory notice requirements and for legally recognized reasons. Additionally, the Department believes that it would be appropriate for insurers to notify insureds, brokers and producers of the 60-day grace period by any reasonable means including, but not limited to, electronic communications. However, written notice is not required. **NOTE: If an insurance carrier has already extended the grace period of 60 days, pursuant to Bulletin IC-40, the company is considered to be in compliance with Executive Order No. 7S even if such 60-day period ends prior to June 1, 2020. Any extended grace period issued on or after April 1, 2020 is not required to go beyond June 1, 2020, pursuant to Executive Order No. 7S.

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Delaware	Bulletin No. 116: The Department is encouraging carriers to accommodate its policyholders in an efficient and compassionate manner and is requesting that all carriers doing business in Delaware suspend cancellations and non-renewals due to nonpayment of premium for the duration of the Governor's declared State of Emergency. The Department is encouraging policyholders to contact their carriers to discuss their options if they are suffering a hardship as a result of the COVID-19 related restrictions.
	Sixth Modification of the Declaration of a State of Emergency: On March 24, 2020, in consultation with the Delaware Department of Insurance, Governor John Carney issued a sixth modification to the state of emergency that requires that insurers cease cancellations or non-renewals of insurance policies due to nonpayment throughout the duration of the declared Delaware State of Emergency for those residents and business owners who are experiencing a loss of income. Insurance carriers must freeze cancellations and nonrenewal of policies that might have otherwise occurred due to delays in payments through the duration of the state of emergency for individuals who have been laid off or fired due to the state of emergency or organizations who have had to close or significantly reduce business. *The previously direction from the Department of Insurance was considered Voluntary, now it is Mandatory.
	Bulletin No. 117: On April 3, 2020, the Delaware Department of Insurance issued Bulletin No. 117 to provide guidance to carriers in addition to, but not in place of, any prior guidance previously issued by Bulletin. Domestic and Foreign Insurers Bulletin No. 116/Producers and Adjusters Bulletin No. 32, issued on March 20, 2020 and updated on March 26, 2020, reminds insurers that the Sixth Modification of the Declaration of a State of Emergency prohibits without a court order, the suspension, cancellations and non-renewals of insurance policies due to non-payment of premium during the pendency of the Governor's declared State of Emergency. On April 1, 2020, the Delaware Governor issued the Ninth Modification of the Declaration of a State of Emergency, to clarify how carriers should be handling the cancellation/non-renewal of insurance policies due to non-payment. The provisions of the Order: • Are intended to grant covered policyholders an extension of time for the payment of premium due under covered insurance policies during the pendency of the declared state of emergency without penalty or interest. • Are not intended to vary the terms and conditions of any covered insurance policy. No provision contained in the Order is intended to be considered a forgiveness of premium due by a covered policyholder under a covered insurance policy prior to-, post-, or during the pendency of the declared State of

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	Emergency. Upon termination of the COVID-19 State of Emergency, any premium due by a covered policyholder will remain due under a covered insurance policy. The Department encourages insurers to reach out to their insureds and work with them to modify payment schedules or otherwise make premium payment modifications during the duration of the Governor's State of Emergency. Insurers can, and should, obtain validation that the hardship of the insured or policyholder are directly related to the COVID-19 pandemic and the State of Emergency, or any subsequent Executive Orders issued by the Governor which closed businesses or ordered residents to remain home unless performing an essential activity, by obtaining evidence in writing, or otherwise, from an employer, policyholder, insured or other appropriate source before foregoing a cancellation or non-renewal. The Department will not view any modifications made to insureds incurring economic hardship during the COVID-19 pandemic and the State of Emergency, including any Executive Orders issued by the Governor which close businesses or order residents to stay home unless performing an essential activity, as violating insurance laws such as unfair inducement prohibitions. However, accommodations to insureds or policyholders should not be made in an unfairly discriminatory manner.

District of Columbia	Commissioner's Order 03-2020: In response to the Mayor's Public Emergency Order and Public Health Emergency Orders, the DISB Commissioner has ordered that the following emergency relief measures and guidance are being implemented and will remain in effect through the duration of the Public Health Emergency, including any extensions, and must be applied to polices in effect as of the date of this order issued by all insurance companies authorized to conduct business in the District:
	
	• Prohibition on Cancellations for Non-Payment and Waiver of Fees
	  ○ Insurance companies are prohibited from terminating insurance_contracts due to non-payment. This effort will provide relief to affected policyholders by allowing continuity of insurance coverage. The prohibition will not eliminate the obligation to pay unpaid premiums but will be considered an extension of the grace period. However, insurance companies must provide policyholders the ability to repay any unpaid premiums in installments over a period of not less than twelve (12) months beginning one month after the end of the Public Health Emergency. Insurance companies must also waive late fees for premium payments due but not paid.
	
	• Reasonable Accommodations
	  ○ To the extent not inconsistent with the above, the Department directs all insurance companies to make reasonable accommodations for policyholders during the Public Health Emergency. Reasonable accommodations should include:

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	▪ Waiving installment, late payment or reinstatement fees; ▪ Deferring cancellations, non-renewals and adverse underwriting actions; ▪ Extending billing due dates and premium grace periods; ▪ Ensure that late payments during the emergency are not considered in any future premium calculations at any time (i.e. applicable late payments should not be counted for any rating, pricing, tiering attributes, etc.). ▪ Making District policyholders aware of the accommodations available; ▪ Providing ready access for policyholders to apply for such accommodations, on line, by mail, and telephonically; and ▪ Providing an option to use electronic payment technology through a website, a software application or electronic bank transfers, when possible. Additionally, the Department will provide expedited review of form and rate filings to insurance companies that offer reasonable accommodations and premium relief to policyholders. To request expedited review, submit an email request to Howard Liebers at howard.liebers@dc.gov (form filings) or Robert Nkojo at robert.nkojo@dc.gov (rate filings). The email request should include the SERFF tracking number and a brief description of the filing.
Florida	FL OIR-20-03M: Directs insurers to review and update their Business Continuity Plans and/or Continuity of Operation Plans and requires insurers to notify the Office of Insurer Regulation within the same day of activating either of these plans. The memorandum provides guidance on business continuity plans and specifies additional information to be reported upon the activation of a business continuity plan.
	FL OIR-20-04M: The OIR is encouraging regulated entities to be flexible with premium payments in order to avoid a lapse in coverage. Such flexibility can include: • Relaxing due dates; • Extending grace or reinstatement periods; • Waiving late fees and penalties; and • Allowing payment plans. Regulated entities are encouraged to only consider cancellation of policies if all possible efforts to work with consumers to continue coverage have been exhausted. Regulated entities should extensively and proactively message, to their consumers and agency partners, the avenues by which consumers and agents can communicate specific situations to regulated entities for purposes of allowing flexibility.
Georgia	N/A.

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Hawaii	Memorandum 2020-3I: The Insurance Division is encouraging insurers to work with their insureds to ensure coverage continues during this time, policies do not lapse, and to consider the following: • Refrain from cancelling or non-renewing policies due to non-payment during this time of hardship and to grant a grace period for premium payments to be made; • Work with insureds on a structured payment plan for late premium payments; • Waive late fees and penalties; • Extend timeframes to complete property and automobile inspections or undergo medical examinations; and • Continue working with insureds for a period of 60 days after this health emergency has passed, or as long as reasonably practical.
	Commissioner's Memo: On April 27, 2020, the Insurance Commissioner issued Memorandum 2020-4A* that incorporates and reemphasizes all previous Memorandums issued by the Insurance Division in response to the impact of COVID-19 on the business of insurance in Hawaii and adds the following instructions and guidelines to facilitate insurers' response and accommodations to policyholders: • The Insurance Division will not regard the following activities as unfair trade practices or unfair methods of competition under Hawaii law and encourages carriers to consider adopting and implementing these activities during this emergency period providing insurers' activities are reasonably related to assisting policyholders during this extraordinary time: • Waiving of fees, penalties, or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond to an insurer's inquiries; • Extending of grace periods for payment of premiums; • Granting of additional time to policyholders to pay premiums before non-renewals or cancellations become effective; • Extending of proof of loss submission deadlines to claimants. • The Insurance Division will also support the insurers' increased use of electronic delivery methods for consumer notifications and interactions in claim handling. • The Insurance Division will consider specific proposals from insurers designed to quickly adjust to changes in the insurer's risk exposure. Such proposals may, for example, temporarily reduce premium prospectively; or refund premium retroactively. During this emergency, the Division may waive enforcement of relevant applicable statutes, and may allow insurer deviations from filed rates or contractual language, so long as the: • Newly proposed rates are lower that what is the latest approved rate on file; • Insurer's actions are applied uniformly and without prejudice to all similarly affected insureds; and • Insurer has notified the Commissioner in writing of its specific proposal and justifications.

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	*Effective April 27, 2020 and will remain in effect for 60 days from the date of issuance and may be extended if the Commissioner determines it necessary.
Idaho	N/A.
Illinois	Executive Order 2020-09: All health insurers are required to cover Telehealth Services rendered by in-network providers to deliver clinically appropriate, medically necessary covered services and treatment. Prohibits Utilization Review. This requirement applies to limited scope dental and vision, accident-only and specified disease.
	Bulletin #2020-09: The Department has determined that certain safeguards are necessary to ensure Illinois insurance consumer rights are protected and the Illinois consumers do not suffer unnecessary hardship during these trying times. Therefore, the Department requests that all insurers consider the following protective measures: Moratorium on cancellations and non-renewals. Insurers should: • seek to postpone or withdraw any previous notice of cancellation or non-renewal in which the cancellation or non-renewal occurs on or after March 9, 2020 on any in-force policy. • consider postponing the issuance of any new cancellation or non-renewal notices through April 30, 2020, or a later time if considered reasonable given an individual consumer's circumstances. • continue coverage, even in cases of unpaid premium, through at least April 30, 2020. Postponement of cancellation and non-renewal hearings. Insurers are advised that hearings and pretrial conferences scheduled on or after April 3, 2020, may be continued to a date after April 30, 2020. The Hearing Officer will provide notice of the new hearing date to the parties. Other insurance-related time-period extensions. It is requested that insurers consider: • granting an extension of any policy provisions or other requirements that impose a time limit for an insured or claimant to perform any act, including the submission of a claim or proof of loss, reporting of information, or submission of bills. The Department asks that such extension be for at least 30 days from the last date allowed or required under the contract or allowed or required by the insurer, or longer if considered reasonable given an individual consumer's circumstances. Communications to Insured. Insurers should continue to advise Illinois consumers that they may either call the Department's toll-free complaint hotline at 1-866-445-5364 or file a complaint online at https://mc.insurance.illinois.gov/messagecenter.nsf, with their insurance related issues.

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Indiana	Executive Order 20-05: Dated 3/19/2020 – Insurers must provide a 60-day grace period on policy cancellations for non-payment of premiums.
	Bulletin 252: *Note that there is no substantive change from the previous communication, insurers are still required to institute a 60-day moratorium on policy cancellations for non-payment of premiums. The IDOI is just providing additional guidance to coincide with Executive Order 20-05. 60-Day Moratorium The IDOI requests all insurers to institute a moratorium on the cancellation/non-renewal of insurance policies in effect for Indiana policyholders for a period of 60-days for any premium payment due from March 19, 2020 to May 18, 2020. Policyholders are advised that this moratorium is not a waiver; it is only an extension or grace period in which to pay premiums and a suspension of any penalty attached to late payment. After the 60-days, the policyholder will have to resume making premium payments. The IDOI requests insurers to work with impacted policyholders in paying the premiums that become due during the moratorium period by either allowing a payment plan or a further extension of the due date for the amount in full. This moratorium applies only to cancellation or non-renewals attributed to a failure to pay premiums during the applicable 60-day period. If a policy is to be cancelled or non-renewed for any other allowable reason, the cancellation or non-renewal may be made pursuant to statutory notice requirements. However, the IDOI requests that insurance companies take into consideration that persons may be unable to receive a notice of cancellation or non-renewal during this COVID-19 public health emergency.
	Bulletin 254: On May 7, 2020, the Indiana Department of Insurance (IDOI) issued Bulletin 254 requesting that companies continue the moratorium on policy cancellations and non-renewals until May 31, 2020, originally requested in Bulletin 252 due to the COVID-19 emergency.
Iowa	N/A.
Kansas	KS ID Bulletin 2020-1: Department will work hard to continue operations with as little disruption as possible but delays in service will happen and we want companies, agents and the public to understand that. No clear outline of how much of an additional review will be required. Update to policy form and rate filing procedures to reflect the suspension of any "deemed approved" provisions.
Kentucky	Department Guidance 04-24-2020: The COVID-19 pandemic has resulted in the need for changes in business operations and many employees to remain at home during the state of emergency. In accordance with Executive Order 2020-220, the Department has adjusted certain insurance related rules and regulations on a temporary basis to accommodate the critical needs of the public and business. Therefore, the Department is strongly encouraging flexibility and cooperation between insurers and insureds. The Department hereby notifies all insurers that during the state of emergency, the Department will not regard certain activities as unfair trade practices or unfair methods of competition, including but not limited to:

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	• Performing mid-term adjustments to retroactively or prospectively apply returned premium according to the change in risk exposure, e.g. partially refunding premium, crediting adjusted premium toward subsequent payments, or similar reasonable methods of short-term relief to insureds that have pandemic-related changes in risk; • Placing coverage in abeyance, at the request of the insured, due to pandemic-related changes in risk and desire to prevent lapse in coverage; • Waiving fees, penalties, or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond to an insurer's inquiries; • Extending grace periods for premium payment; • Extending the effective termination date of non-renewals and cancellations; • Extending submission deadlines for proof of loss; and • Encouraging insureds to use electronic payment technology that aids social distancing. Implementing any of the above measures is at the discretion of insurers. In addition to considering the above measures, the Department may permit reasonable deviation from filed rates or contractual language when such actions are applied uniformly and without prejudice to all similarly affected insureds and the insurer has notified the Commissioner in writing of their specific proposal for premium relief and justifications.
Louisiana	Emergency Rule 40: Insurance companies are prohibited from the cancellation, non-renewal or non-reinstatement of any insurance policy that was in place on March 12, 2020, until the earlier of May 12, 2020, or the date on which the Governor lifts the State of Emergency presently in effect. • Insureds remain obligated to pay all premiums. • All policies subject to renewal after the effective date of Emergency Rule 40 shall continue in full force and effect at the previously established premium until the expiration of Emergency Rule 40. However, policies may continue to be cancelled for fraud and material misrepresentation or upon written request by the consumer. • Further, no policy shall be cancelled or nonrenewed solely because of a claim that is filed during or occurs during the COVID-19 emergency. Additionally, Emergency Rule 40: • Suspends all claims notification procedures, including, but not limited to, notification of claim, claim forms, and proof of loss. However, it does not relieve an insured who has a claim filed before or during the pendency of Emergency Rule 40 from compliance with the insured's obligation to provide information and cooperate in the claim adjustment process relative to the claim. • Allows insurers (other than health insurers) receiving a claim from an insured owing a premium to offset the premium owed by the insured from any claim payment made to the insured under the insurance policy. Emergency Rule 40 does not apply to new policies issued after the effective date of the rule.

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Maine	Bulletin 442: The Bureau of Insurance requires carriers to: • prioritize consumers' needs; • make every effort to expedite claims approvals and payments and other essential customer service functions; and make all reasonable accommodations for late payments and other problems that are beyond the consumer's control.
Maryland	Bulletin No. 20-10: The Department is encouraging all insurers doing business in Maryland to make reasonable accommodations so that individuals and businesses do not lose coverage due to non-payment of premium during this emergency. "Reasonable accommodations" may include suspension of premiums due, extension of billing due dates and premium grace periods, and waiver of installment and late payment fees. Additionally, insurers should take steps to encourage policyholders to use electronic payment technology on websites, apps and electronic bank transfers whenever possible.

Massachusetts	Bulletin 2020-05: All carriers are advised to provide individuals with as much flexibility as possible during the health crisis.
	The Department is requesting carriers to:
	• explore ways to streamline or delay the submission of administrative paperwork that may jeopardize the maintenance or issuance of coverage.
	• explain grace periods that usually allow distressed policyholders experiencing significant financial hardship to delay payments without coverage being terminated.
	• on a case-by-case basis, carriers should also work with employers or individuals experiencing financial hardship to find the best ways to address concerns with the timing of premium payments in order to delay any cancellation of coverage for non-payment and collection activity.
	• explore all possible ways to:
	  ○ relax due dates for premiums payments;
	  ○ extend grace periods;
	  ○ waive late fees, non-sufficient funds fees, installment fees and penalties; allow payment plans for premiums payments; assist affected policyholders to find ways that insurance policies do not lapse.
	Carriers should only consider cancellation or non-renewal of policies after exhausting other efforts to work with policyholders to continue coverage.

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Michigan	Bulletin 2020-16-INS: The Director strongly encourages insurers to provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for non-payment of premium. Insurers may effectuate this directive by: Offering payment accommodations, such as allowing consumers to defer payments (without incurring interest); • Extending payment due date; • Waiving late or reinstatement fees. • DIFS encourages insurers to allow for payment plans for the back-due premium at the end of an insured's 60-day grace period, in lieu of a balloon-type premium bill. Additionally, the DIFS asks that insurers make adjustments to claim filing deadlines to accommodate insureds who may encounter difficulty in timely providing notice of claim. When an insured is unaware of a loss of unable to provide timely notice of a claim as a result of COVID-19, insurers are requested to be lenient in the application of any policy language that requires prompt notice of a claim, or that a claim be filed within a certain time period. Finally, any insurers taking measures to provide flexibility to consumers due to COVID-19 must submit their plan regarding the steps to be followed to implement flexibility for their insureds during this state of emergency. The plan should include: • A description of any measures taken; • How insureds will be notified of the flexibility; • How claims will be handled during the defined period; and • An estimate of when the measures will cease. Insurers must submit their flexibility plan to the DIFS as soon as possible, but no later than 7 days after implementation. *This bulletin expires 90 days after the expiration of the state of emergency which was declared by the Governor of Michigan on March 10, 2020, and any extension thereof.
Minnesota	N/A.

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Mississippi	Bulletin 2020-3: Effective March 14, 2020, the Department is requiring all insurers to institute a sixty (60) day moratorium on the cancellation/non-renewal of policies for the non-payment of premiums. Policyholders are advised that this moratorium is not a waiver of premium; rather, it is a moratorium on the cancelation or non-renewal of policies for the failure to pay premiums during the applicable 60-day period. Insurers are directed to work with impacted policyholders in paying the premiums that become due during the moratorium period by either allowing a payment plan or a further extension of the due date for the amount in full. If a policy is to be canceled or non-renewed for legally recognized reasons other than a failure to pay premiums, the cancellation or non-renewal may be made pursuant to statutory notice requirements.
	Bulletin 2020-4: The Mississippi Insurance Department has issued Bulletin 2020-4 to clarify Bulletin 2020-3 (as amended) on the moratorium of policy cancellations/non-renewals in the context of the COVID-19 pandemic. Specifically, Bulletin 2020-04 states that insurers may issue cancellation/non-renewal notices for non-payment of premiums during the 60-day moratorium but in no event may a cancellation/non-renewal for non-payment be effective until after the 60-day moratorium period expires.
Missouri	Insurance Bulletin 20-05: The Department is requiring that insurers provide information about the steps they are taking in response to this Bulletin, particularly, information about how the insurer intends to continue to service the needs of the policyholders.
	Insurance Bulletin 20-05: The Department is strongly encouraging all insurers who provide coverage to Missouri residents, not to cancel, non-renew, or terminate coverage while this Bulletin is in effect. This grace period is a period of time during which consumers can take those actions necessary to keep their policies in force. The Department is not requiring insurers to waive any premiums or other consideration owed on any policy or contract during this period of time. The Department anticipates that a failure to pay premiums or remit consideration may subject the policy to a retroactive cancellation, in accordance with the policy terms.
	Insurance Bulletin 20-10: On May 7, 2020, the Director of the Department of Commerce and Insurance issued Bulletin 20-10 extending the application of Bulletin 20-05 until June 15, 2020.

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Montana	**Letter to Industry:** The Commissioner of Insurance is requesting assistance and flexibility from insurance companies to enable Montana consumers to more easily navigate their financial and insurance situations over the next several days, weeks, and months. The Commissioner requests insurance companies consider the following recommendations to help Montanans during the COVID-19 situation: • Flexible payment solutions for individuals and businesses; providing additional time to make payments; allowing grace periods to delay premium payments • Suspending premium billing for a specific number of days of billing cycles for small businesses such as restaurants, bars, and others that have been shut down or had their operations severely reduced • Waiving insurance premium late fees and other fees for individuals and businesses • Streamlining administrative processes and paperwork to ease consumer burdens and facilitate continuous coverage. Note that the above list is not exhaustive, and the Commissioner of Insurance is asking insurance companies to be creative in problem solving for Montana consumers while maintaining their obligations and solvency for customers.
Nebraska	DOI Notice: The DOI has determined that it is permissible for an insurer to relax certain requirements such as notice of loss requirements, premium payment provisions, and cancellation and non-renewal timeframes, provided an insurer administers such accommodations on a consistent and fair basis. If accommodation practices are handled on a consistent and fair basis, the Nebraska Department of Insurance does not consider them to be violations of the Nebraska Unfair Trade Practices Act, the Nebraska Unfair Claims Settlement Practices Act nor associated regulations. Amendatory filings and prior approvals for accommodation practices will not be required by the Department at this time, however, an informational email to the appropriate department division is requested.
Nevada	Commissioner Statement: This statement from the Insurance Commissioner encourages all health insurance carriers to consider relief for premium concerns due to COVID-19 related financial hardships. Premium concerns due to financial hardships: Providing an additional 60-day grace period before cancellation of coverage. Providing flexibility with due dates for premiums. Waiving late fees and penalties.

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	Payment plans for premiums to avoid a lapse in coverage. Only cancel or non-renew if all other efforts are exhausted. Do not impose discriminatory cancelations or non-renewal options. Encourage the use of electronic payments. Additionally, the DOI encourages group plans to permit employers to continue providing coverage to employees regardless to "actively at work" requirements. The statement also supports the increased use of electronic delivery methods for consumer notifications and interactions, provided the Division is notified before implementation.
New Hampshire	N/A.
New Jersey	Bulletin No. 20-04: The Department specifically encourages the entities and individuals it regulates to assist those affected by the current conditions by taking such actions as relaxing due dates for premiums payments, extending grace periods, waiving late fees and penalties, allowing forbearance with regard to the cancellation/non-renewal of policies, allowing payment plans for premiums payments and exercising judicious efforts to assist affected policyholders and work with them to make sure that their insurance policies do not lapse.
	NJ Bulletin 20-07: Requires insurers to update policies to include reimbursement for telehealth services that are provided in any manner that is practicable, including, by telephone.
	NJ Bulletin 20-08: Companies must update procedures to reflect changes to final internal adverse benefit determinations submitted to the Department of Banking and Insurance due to the Coronavirus (COVID-19) pandemic.
	NJ S.B. 2304: Companies approved to issue private plan temporary disability benefits and/or family leave insurance in New Jersey must update guidelines to reflect a law change expanding a serious condition and compensable disability to include an illness caused by an epidemic of a communicable disease.
	NJ Bulletin 20-16: *This is Mandatory for Life Insurance. The previous direction from the Department which was considered Voluntary, remains Voluntary for all products other than Life Insurance.

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	The Department is directing all life insurers* to provide their policyholders and certificate holders who may be experiencing a financial hardship due to COVID-19 with at least a 90-day grace period to pay life insurance premiums so that insurance policies are not cancelled for non-payment of premium during this state of emergency. During this extended grace period, life insurers are prohibited from cancelling any insurance policy for non-payment of premium. Life insurers are directed to: • Waive late payment fees otherwise due, including any interest and not report late payments to credit rating agencies during the 90-day period; • Allow premiums due but not paid during the 90-day period to be paid over the course of the following year in up to 12 equal installments, except that an insurer may permit a longer repayment period; and • Extend to 90 days the period to exercise policyholder rights and benefits under life insurance. The extended grace period only applies to group life insurance policyholders that were in good standing with the insurance carrier on March 1, 2020 and shall only apply to premiums due after the initial premium has been made to secure coverage. The extended grace period is not a waiver or forgiveness of the premium. It is only an extension of time in which to pay premiums due without penalty or interest. NOTE: A policyholder may elect the 90-day emergency grace period to begin on April 1, 2020 or opt for the grace period to begin on May 1, 2020. Insurers must notify policyholders extended grace period by: • Posting information on their website; and • Providing each policyholder with an easily readable written description of the terms of the extended grace period, which must be submitted to the Department through the System for Electronic Rates and Forms Filing ("SERFF") as an informational filing. Additionally, to eliminate the need for in person payment, in order to protect the safety of workers and the general public, the Department is requesting that all insurers, producers, and other licensees who accept premium payments have the ability to make prompt insurance payments through alternate methods of payment, such as online payments.
New Mexico	OSI Order 20-00017-COMP-LH: Every insurer who has underwritten an excepted benefits policy or plan described in the Notice must provide every New Mexico resident named as an insured, participant, member, beneficiary or certificate holder under each such policy or plan a required notice. The required notice must be mailed or e-mailed to each required recipient no later than 5 pm March 20, 2020.

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	The notice must also be provided to any prospective purchaser of an excepted benefits policy.
	NM OSI Bulletin 2020-06: the DOI is requesting that all insurance companies refrain from cancelling or non-renewing policies of businesses and individuals negatively impacted by the disruption due to the non-payment of premiums during this public health emergency, or at a minimum, provide extended grace periods for payment of premiums. The DOI is also encouraging that the implementation of these practices begins as soon as possible and to consider extending them for a minimum of thirty (30) days after the emergency is declared over. Further, the DOI requests that insurance companies work with their insureds after the public health emergency is over to allow the insureds to catch up on past due premiums in installments without loss of coverage. "Balloon" payments are likely to be unaffordable. Economic distress and loss of income in these times are due to circumstances beyond the control of the insureds. Additionally, the DOI is requesting that all insurance agents, brokers, and other licensees who accept premium payments on behalf of insurers take steps to ensure that customers have the ability to make their insurance payments. This should include alternate methods of payment, such as online payments, to eliminate the need for in-person payment methods in order to protect the safety of workers and customers.
	NM OSI Bulletin 2020-010: The New Mexico Office of Superintendent of Insurance requests companies to update their Regulatory Compliance/Government Relations contact information in the newsletter as often as necessary to keep the information current. In response to the COVID-19 public health emergency, the OSI has issued numerous orders, bulletins and notices and such directives will be deemed received by an insurer as of the date and time it is distributed through the newsletter.
New York	NY DFS Circular Letter 5: **Re: Guidance to New York State Regulated Institutions and Request for Assurance of Operational Preparedness Relating to the Outbreak of the Novel Coronavirus** **To: The Chief Executive Officers or the Equivalents of New York State Regulated Institutions** The New York State Department of Financial Services (DFS) is issuing this guidance and request for assurance to ensure your institutions have preparedness plans in place to address operational risk posed by the outbreak of a novel coronavirus known as "COVID-19", although DFS is aware that a number of regulated institutions may already have, or may be working on, such plans.

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	The effects of this outbreak are uncertain at this time. However, given the potentially significant effects an outbreak of COVID-19 could have on your institutions, it is critical that institutions establish plans to address how they will manage the potential effects of the outbreak and assess potential disruptions and other risks to their services and operations. To that end, DFS requires that each regulated institution submit a response to DFS describing the institution's plan of preparedness to manage the risk of disruption to its services and operations. Responses are to be provided to DFS as soon as possible and in no event later than thirty (30) days from the date of this letter. Please submit your responses to the following designated email address: banking.covid19@dfs.ny.gov.
	NY Insurance Circular Letter No. 7: Encourages insures to relax due dates for premiums payments, extend grace periods, waive late fees and penalties, and allow payment plans for premiums payments to otherwise avoid a lapse in coverage. Insurers should consider cancellation or non-renewal of policies only after exhausting other efforts to work with policyholders to continue coverage. Producer CE & Licensing – extending and waiving deadlines for licensees who can't comply "due to extenuating circumstances related to COVID-19."
	SB 8091: Provides protections for employees of private and public employers who are subject to a mandatory or precautionary order of quarantine related to COVID-19. For employees working for small employers (1-10 employees), employees subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19 will receive unpaid sick days and the ability immediately to qualify for paid family leave and temporary disability benefits, plus full job protection. For employees working for medium sized employers (11-99 employees) and small employers (1-10 employees) with a net income of $1 million a year, employees subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19 will receive five paid sick days and the ability immediately thereafter to qualify for paid family leave and temporary disability benefits, plus full job protection. For employees working for large employers (100 or more employees) and public employees, employees subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19 will receive paid sick days for the entirety of the quarantine (up to 14 days), plus full job protection. All employees subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19 are given full job protection during time of absence. Employees will qualify for paid family leave to care for a minor dependent child who is subject to a mandatory or precautionary order of quarantine or isolation due to COVID-19. The Department of Financial Services will implement a risk adjustment pool to assist in the stabilization of claims related to paid family leave and temporary disability benefits.

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	Executive Order No. 202.13: The Governor of New York has elected to use his authority during the ongoing COVID-19 pandemic to require life insurance companies to: Extend the grace period for the payment of premiums and fees to 90 days for any life insurance policyholder facing a financial hardship as a result of the COVID-19 pandemic; Provide a group life policyholder (or a certificate holder under the group policy) with 90 days to exercise rights or benefits under the group policy for any policyholder or certificate holder who is unable to timely exercise rights or benefits as a result of the COVID-19 pandemic. *The Governor of New York has elected to use his authority during the ongoing COVID-19 pandemic to require disability insurance companies to: Extend the grace period for the payment of premiums and fees to 60 days for any statutory disability insurance policyholder facing a financial hardship as a result of the COVID-19 pandemic.
	Executive Order 202.28: On May 7, 2020, the Governor of New York issued Executive Order 202.28, continuing the suspensions and any directives made by Executive Order 202 and each successor Executive Order up to and including Executive Order 202.14, for thirty days until June 6, 2020.
North Carolina	Insurance Commissioner's Press Release: The North Carolina Insurance Commissioner is requesting insurance companies consider the following actions: • Relax due dates for premiums payments. • Extend grace periods. • Waive late fees and penalties. • Allow payment plans for premiums payments to otherwise avoid a lapse in coverage. • Consider cancellation or non-renewal of policies only after exhausting other efforts to work with policyholders to continue coverage. Additionally, the Insurance Commissioner is requesting that all insurance agents, brokers, and other licensees who accept premium payments on behalf of insurers take steps to ensure that customers are able to make premium payments in safe manner. This should include online payments or other alternative methods to eliminate the need for in-person payment options to protect the safety of workers and customers.

Commented [MH3]: New item

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	Bulletin #20-B-06: *Note that the previous direction from the Department of Insurance was considered Voluntary, now it is Mandatory. These safeguards are meant to address problems consumers may face due to circumstances that make it difficult for them to take normal action required by policy language or otherwise required by insurer policies and procedures. All insurance companies must: Give their customers the option of deferring premium or debt payments that are due during earlier of (i) the expiration of the disaster proclamation or declaration and all renewals of the proclamation or (ii) expiration of the Commissioner's order declaring subdivisions (1) through (3) of North Carolina General Statute 58-2-46 effective for the specific disaster. Provide a 30-day deferral period from the last day the premium or debt payment may be made under the terms of the policy or contract. Provide that the deferral period applies to any statute, rule, or other policy or contract provision that imposes a time limit on an insurer, insured, claimant, or customer to perform any act during the time period covered by the proclamation or declaration, including the transmittal of information, with respect to insurance policies or contracts, premium finance agreements, or debt instruments when the insurer, insured, claimant, or customer resides or is located in the geographic area designated in the proclamation or declaration. Provide that the deferral period applies to any time limitations imposed under the terms of a policy or contract or provisions of law related to individuals who reside within the geographic area designated in the proclamation or declaration.
	Bulletin #20-B-07: On March 27, 2020 the North Carolina Insurance Commissioner issued an order that activated the state of disaster automatic stay of proof of loss requirements, and premium and debt deferrals as authorized under the provisions of NCGS 58-2-46 for residents of all 100 counties in North Carolina. The March 27, 2020 order is set to expire at midnight on April 26, 2020. On April 21, 2020 the North Carolina Insurance Commissioner issued an Extended Order that goes into effect at 12:01am on April 27, 2020. This Extended Order will expire on May 27, 2020 (30 days from the effective date of April 27, 2020).
North Dakota	Bulletin 2020-8: On March 30, 2020, the DOI issued Bulletin 2020-8 urging all North Dakota insurers, producers, and other persons licensed and authorized to transact the business of insurance within the state of North Dakota to provide flexibility and possible relief from certain insurance requirements to those North Dakota consumers and businesses that have been impacted by the COVID-19 pandemic. The relief may include, but is not limited to, the following:

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	• Extension of premium payment deadlines; • Extension of existing premium grace periods; • Additional time before non-renewals or cancellations become effective; • Extension of proof of lose deadlines; • Waivers of limitations relating to the use of out-of-network providers; • Waiver of fees, penalties, or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond as a result of this public health crisis; • Development of payment plan options for consumers and businesses who are facing financial hardship. Any relief offered to consumers who are facing a financial hardship due to COVID-19, will not be considered unfairly discriminatory or a rebate if the relief is focused on providing additional consumer protections and is reasonably applied to all insureds, claimants, or covered persons that are similarly impacted by this public health crisis.
Ohio	Bulletin 2020-07: The ODI is requiring life insurers to provide their insureds with at least a 60-day grace period to pay insurance premiums so that insurance policies are not cancelled for nonpayment of premium during the state of emergency. Life insurers should offer payment accommodations, such as: • allowing consumers to defer payments at no cost; • extending payment due dates, or waiving late or reinstatement fees, where consumers are unable to make timely payments of premium or fees due to COVID-19-related disruptions. However, the ODI is not requiring life insurers to waive any premiums or other consideration owed on any policy or contract during this period of time. Any failure to pay premiums or remit consideration by the end of the grace period may be subject the policy to a retroactive cancellation, in accordance with the policy terms. Additionally, the ODI is requiring life insurers to provide at least a 60-day grace period as to any policy provision that imposes a time limit on an insured or claimant to perform any act, including the submission of information or funds, with respect to a contract for insurance. This means life insurers are to extend such time limits by at least 60 calendar days from the last day allowed under the terms of the contract, or any longer period that may be deemed reasonable under the specific circumstances related to that insured or claimant.
Oklahoma	N/A.

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Oregon	News Release: Overview: In response to the COVID-19 outbreak, the Department is requiring all insurance companies to extend grace periods for premium payments, postpone policy cancellations and non-renewals, and extend deadlines for reporting claims. Insurance companies must take steps immediately to do the following until the order is no longer in effect: Institute a grace period for premium payments on all insurance policies issued in the state; Suspend all cancellations and non-renewals for active insurance policies; Extend all deadlines for consumers to report claims and communicate about claims; Provide consumers the ability to make premium payments and report claims while maintaining safe social distancing standards. *If necessary, the department may extend the duration of this temporary order.
	OR DCBS Order 04-23-2020: On April 23, 2020, the Director of the Oregon Department of Consumer and Business Services extended the duration of the temporary emergency order (issued on March 25, 2020) to now be in force through May 23, 2020.

	OR DCBS Order 05-05-2020: On May 5, 2020, the Director of the Oregon Department of Consumer and Business Services issued DCBS Order 05-05-2020, extending and modifying the relief health insurers are to provide to Oregon insureds.
	
	The Order requires health insurance companies to:
	• Provide at least a 60-day grace period* to pay any past due premiums. For the purpose of this Order, the following premium payments (under the terms of the health insurance policy) are subject to this Order:
	  ○ Any premium amounts that will be due from the policyholder while this Order is in effect but that are not paid by the due date;
	  ○ Any premium amounts that became due from the policyholder while the March 25th Order was in effect but that were not paid by the due date;
	  ○ Any premium amounts that were due from the policyholder prior to the March 25th Order, were not paid as of March 25, 2020 and for which the insurer did not issue a notice of termination prior to March 17, 2020.
	
	An insurer may choose to provide policyholders with a grace period longer than 60 days. However, insurers that choose to offer longer grace periods must do so in a non-discriminatory manner and not consider health status or claims experience of the policyholder.
	• Suspend all involuntary cancellations and non-renewals** for all health insurance policies (with the exception of policies that have completed the applicable grace period described above);

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	• Pay claims for any covered services during the first 30 days of the grace period. Insurers may not pend claims solely due to non-payment of premium, and may not recoup or claw back payment for claims incurred during this period; • Extend all deadlines for reporting claims and other communications and provide members with communication options that meet physical distancing standards. *The grace period begins on the day the premium would have been due under the terms of the policy and runs for 60 consecutive calendar days. **The suspension of involuntary cancellations and non-renewals under this Order does not apply to policies for which a notice of cancellation or non-renewal was sent prior to March 17, 2020. The duration of the temporary emergency order issued on April 23, 2020 has been extended to now be in force through June 3, 2020 for all insurance other than Accidental Death and Dismemberment and Disability Income. For Accidental Death and Dismemberment and Disability Income Insurance, the temporary emergency order issued on March 25, 2020 continues in force through May 23, 2020.
Pennsylvania	PA Notice 03-19-2020: The DOI encourages the entities and individuals it regulates to assist those affected by the current situation. Insurers should consider the following actions: relaxing due dates for premiums payments, extending grace periods, waiving late fees and penalties, allowing payment plans for premiums payments to otherwise avoid a lapse in coverage. Insurers should only consider cancellation or non-renewal of policies after exhausting other efforts to work with policyholders to continue coverage.
Rhode Island	Bulletin 2020-4**:** The Division requests that insurers take the following steps to preserve access to insurance coverage during this emergency: Allow insureds to maintain their existing coverage by implementing and extending grace periods for premium payments, allowing payment plans for premium payments and instituting whatever other measures necessary to assist insureds in avoiding or delaying cancellation or a lapse of insurance coverage. • Institute alternative methods of payment for those insureds whose normal method of payment is affected by this emergency. For example, insurers could provide for electronic premium payments as an alternative to in-person payments. • Institute additional flexibility in the form of waivers of late, insufficient funds and installment fees and penalties, extension of billing due dates and premium grace periods. • Explore ways to streamline or delay the submission of administrative paperwork that may jeopardize the maintenance and/or issuance of coverage. • Explore ways to make claims processes easier and more responsive such as electronic delivery of claims payments.

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	Bulletin 2020-5: The Department of Business Regulation is informing all insurers providing medical treatment under policies of insurance that the provisions of the Executive Order and OHIC Bulletin 2020-1 are applicable to all medical treatment paid for by insurers regardless of the type of insurance.
South Carolina	Bulletin 20-02: The DOI expects the insurance industry to work with those South Carolina citizens and businesses directly impacted to provide relief from certain insurance requirements. This relief may include, but is not limited to, the following: • Extension of premium payment deadlines • Additional time before non-renewals or cancellations become effective • Extension of proof of loss deadlines • Waivers of limitations relating to the use of out-of-network providers • Increasing access to medical care via telehealth • Waiver of fees, penalties or other charges relating to an insured's temporary inability to submit premium payments or otherwise respond as a result of this pandemic Any extension or relief offered to consumers will not be considered unfairly discriminatory if it is focused on providing additional consumer protections and is consistently applied to all insureds, claimants, or covered persons that are similarly impacted by this pandemic.
South Dakota	N/A.
Tennessee	Bulletin 20-03: The Department requests carriers to work with policyholders who have concerns about their ability to timely pay premium to ensure that policyholders can maintain their existing insurance coverage. When carriers receive requests or calls about coverage, the carrier should: • explain to consumers affected by COVID-19 the options to maintain continuous coverage during this difficult time. • explain existing applicable grace periods that may allow policyholders to delay premium payments without losing coverage. Additionally, carriers should: • explore ways to eliminate late fees, non-sufficient funds fees, and installment fees. • work with employers or individuals to find the best ways to address concerns with the timing of premium payments in order to delay any cancellation of coverage for non-payment and collection activity. • explore ways to streamline administrative processes and paperwork to facilitate continuous coverage and ease burdens on policyholders.

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Texas	TX DOI Notice 03-16-2020: Companies should update filing procedures to reflect guidance from the Texas Department of Insurance encouraging the submission of filings electronically due to Coronavirus (COVID-19).
	Bulletin B-0007-20: the state's prompt payment law has been extended 15 additional days to help carriers respond to the COVID-19 outbreak. This extension will be in effect until the Governor's suspension and Commissioner's declaration are lifted. Carriers must continue to: Promptly identify, evaluate, and resolve claims; Promptly acknowledge receipt of a claim; and Promptly make appropriate assignments for the investigation of a claim. TDI encourages carriers to use grace periods for payments, temporary suspension of premium payments, payment plans, and other actions to allow continuing insurance coverage as appropriate. TDI will work with carriers to minimize the regulatory effects of an insurer's actions to provide policyholder relief, specifically for financial review requirements. The term "suspension" is not intended to mean the forgiveness of the premium. Automatic bank drafts for premium payments may continue according to a carrier's written agreement with a policyholder, unless a policyholder notifies a carrier of a specific hardship. However, this should be weighed against the potential disruption to a carrier's business model or the inconvenience caused to the policyholder by multiple payments. TDI expects carriers to work directly with policyholders to resolve issues and minimize the effects of any penalties or additional charges.
	TX emergency rule (2020-6287): requires insurers to pay the same amount for telemedicine services, including covered mental health services, as they do for in-person services. The rule applies to in-network services for state-regulated health plans.
Utah	N/A.
Vermont	DFR Guidance 03-23-2020: In response to the coronavirus pandemic, the DFR is encouraging insurance companies to offer policyholders flexibility with premium payments. The DFR requests that all insurance companies provide their policyholders with a reasonable grace period to pay insurance premiums to avoid policies being cancelled for nonpayment of premium due to the COVID-19 public health emergency.
	HB 742: requires all health insurance plans provide coverage for health care services and dental services delivered through telemedicine by a health care provider at the same reimbursement rate for services if they were provided through in-person consultation.

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Virginia	DOI Guidance: The Bureau of Insurance strongly encourages insurers to be flexible and take into consideration the hardships and constraints many individuals and businesses are experiencing during this unprecedented public health emergency. Therefore, the Bureau is encouraging insurers to consider taking the following actions, consistent with prudent insurance practices: • Relaxing due dates for premium payments, extending grace periods; • Waiving late fees and penalties; and • Allowing payment plans for premium payments to otherwise avoid a lapse in coverage. Insurers should only consider cancellation or non-renewal of policies after exhausting other reasonable efforts to work with policyholders to continue coverage.
Washington	N/A.
West Virginia	Emergency Order Notice 20-EO-01 - Suspends normal time frames for claim handling and settlement as set forth in West Virginia Code of State Rules Title 114, Series 14, Section 5 and subsections 6.2, 6.3, 6.7, 7.3.c, and 7.5. Orders that insurers and other regulated entities continue to adjust claims as expeditiously as possible and utilize all possible methods of adjusting claims remotely. Recognizes that some claims must be adjusted in person and that strict adherence to normal time frames may be impractical in those certain circumstances and others related to staffing and social distancing.
	Emergency Order Notice 20-EO-02 The Emergency Order prohibits insurers and other regulated entities from issuing a cancellation or on renewal notice pertaining to any insurance policy, plan or contract if the reason for cancellation or nonrenewal is a result of circumstances stemming from the COVID-19 pandemic and the corresponding state of emergency. Insurers and other regulated entities are urged to be flexible with respect to allowing alternative payment arrangements for the satisfaction of premiums that are due or that may become delinquent as a result of the emergency.
	Bulletin No. 2020-04: requiring that every foreign insurer currently issuing policies in this State to submit a response to the (WVOIC) describing its plans of preparedness to manage the risk of disruption to operations and the financial risk arising from COVID-19 by April 10, 2020.
Wisconsin	OIC Notice 03-20-2020: The Department is encouraging insurance companies to offer flexibility to insureds who are incurring economic hardship. This flexibility can include offering non-cancellation periods, deferred premium payments, premium holidays and acceleration or waiver of underwriting requirements. OCI will not view any accommodations made to insureds incurring economic hardship during the COVID-19 public health emergency as violating insurance laws such as unfair inducement prohibitions. However, OCI is reminds insurers that any accommodations made should not be applied in an unfairly discriminatory manner.
Wyoming	N/A.

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