Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

Association of American Medical Colleges: Updated 5/12/2023

COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities: Status Update Vaccines, Testing and Therapeutics

The Biden Administration ended the COVID-19 national emergency and public health emergency (PHE) declarations on May 11, 2023. During the PHE, the federal government purchased vaccines, treatments, and tests to provide free to the public. In addition, Congress enacted legislation requiring coverage of these vaccines and tests, and treatments by public and private insurers during the PHE. The chart below provides an overview of coverage for vaccines and administration, testing, and treatment, and the status after the PHE ends for Medicare, Medicaid, private insurers, and uninsured individuals. The existing COVID-19 emergency use authorizations for tests, devices, treatments, and vaccines will remain in effect until terminated by HHS.

For more information on the COVID-19 public health emergency waivers and flexibilities visit: https://www.aamc.org/media/66276/download?attachment

Payor	PHE Policy	Status after PHE
Vaccine Coverage and Administration		
Medicare	**Vaccine Coverage:** Federally purchased vaccines are free to all people. Providers of federally purchased vaccines may not charge patients for them. American Rescue Plan Act (ARPA); CDC COVID-19 vaccination provider requirements; Families First Coronavirus Act (FFCRA). Medicare covers COVID-19 vaccines for Medicare beneficiaries at no cost in Medicare FFS and Medicare Advantage Part B. The CARES Act provided specifically for Medicare coverage at no cost for COVID-19 vaccines licensed by the FDA. CMS issued regulations that require no-cost coverage COVID-19 vaccines under an emergency use authorization but are not yet licensed by the FDA.CARES Act; CMS IFC (November 6, 2020); https://www.govinfo.gov/content/pkg/FR-2020-11-06/pdf/2020-24332.pdf	**Vaccine Coverage** As long as the federally purchased vaccine supply is available, they remain free. Providers of federally purchased vaccines may not charge patients for them. American Rescue Plan Act (ARPA); Families First Coronavirus Act (FFCRA); CDC COVID-19 vaccination provider requirements. The policy in effect during the PHE for vaccine coverage remains the same post-PHE. Medicare covers COVID-19 vaccines for Medicare beneficiaries at no cost in Medicare FFS and Medicare Advantage under Part B. The CARES Act provided specifically for Medicare coverage at no cost for COVID-19 vaccines licensed by the FDA. CMS issued regulations that require no-cost coverage COVID-19 vaccines under an emergency use authorization but are not yet licensed by the FDA. When the federal supply runs out, Medicare will determine a payment rate for the vaccine to providers and pay providers for the vaccine and administration. CARES Act; CMS IFC (November 6, 2020); https://www.govinfo.gov/content/pkg/FR-2020-11-06/pdf/2020-24332.pdf
	Administration: Medicare pays providers for COVID-19 administration. The payment amount is approximately $40 per vaccine dose administered. For multiple doses it is $40 per dose in the series. This rate is geographically adjusted. (Note: these rates don't apply if administration is at reasonable cost (e.g., FQHCs and rural health clinics). Medicare does not pay providers for the vaccine since it is free to providers from the US inventory. https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment	**Administration:** Until the end of the calendar year in which the current emergency use authorization (EUA) declaration for COVID-19 drugs and biologicals ends, Medicare will continue to pay the $40 for administering the vaccines. Effective Jan. 1 of the year following the year in which the EUA declaration for COVID-19 drugs and biologicals ends, CMS will set the payment rate to align with the payment rate for administering other Part B preventive vaccines (currently, approximately $30 per dose). (The EUA declaration is distinct from, and not dependent on, the PHE for COVID-19.) https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

	Payment: Effective June 8, 2021, Medicare pays an additional $36 (in addition to the standard $40 administration amount) for a total of approximately $76 per dose for administration of a vaccine in the patient's home. The provider must document the patient's clinical status or barriers they face to getting the vaccine outside the home. https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment.	**Payment**: CMS will continue to pay approximately $76 per dose to administer COVID-19 vaccines in the home through calendar year 2023. CMS will continue to evaluate the needs of Medicare patients and these policies and will address them in the future. https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19
Medicaid And CHIP	**Vaccine Coverage**: Federally purchased vaccines are free to all people. American Rescue Plan Act (ARPA); Families First Coronavirus Act (FFCRA); CDC COVID-19 vaccination provider requirements Medicaid and CHIP cover vaccines (with no cost sharing). American Rescue Plan Act (ARPA); Families First Coronavirus Act (FFCRA). https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html#requirements	**Vaccine Coverage:** As long as the federally purchased vaccine supply is available, they remain free. American Rescue Plan Act (ARPA) Families First Coronavirus Act (FFCRA). CDC COVID-19 vaccination provider requirements When the PHE ends, Medicaid and CHIP programs are required to cover all ACIP-recommended vaccines (including COVID-19 vaccines/boosters) with no cost sharing. American Rescue Plan Act (ARPA) Inflation Reduction Act (IRA). *The Vaccines for Children Program (VFC)* will provide access to COVID-19 vaccines for children eligible for Medicaid by purchasing the vaccine and making it available to VFC-registered providers. (For other Medicaid and CHIP enrollees, states will pay providers for the vaccine plus an administration fee). https://www.cdc.gov/vaccines/covid-19/vfc-vs-covid19-vax-programs.html
	Vaccine Administration: States reimburse providers for the cost of administering the vaccine and receive 100% federal matching payments for the costs of administration. American Rescue Plan Act (ARPA)	**Vaccine Administration:** Providers can bill Medicaid for the administration of the vaccine. Through the end of the last day of the first quarter that begins one year after the PHE ends (i.e., September 30, 2024) States will receive 100% federal matching for the costs associated with administering the vaccine. Following that date, state costs will be matched at the state's regular federal matching percentage (FMAP) and enhanced FMAP for CHIP. American Rescue Plan Act (ARPA)
Private Insurers	**Vaccine Coverage**: Federally purchased vaccines are free to all people**.** American Rescue Plan Act (ARPA); Families First Coronavirus Act (FFCRA); CDC COVID-19 vaccination provider requirements For federally purchased COVID-19 vaccines, private payors may not collect payment for the vaccine or administration from their enrollees. This applies to in network and out of network providers. CMS IFC (November 6, 2020). American Rescue Plan Act (ARPA). Private insurers (but not grandfathered plans) must cover COVID-19 vaccinations (recommended by the Advisory Committee on Immunization Practices) and their administration without charging cost-sharing or requiring prior authorization. Insurers may not charge	**Vaccine Coverage**: As long as the federally purchased vaccine supply is available, they remain free. American Rescue Plan Act (ARPA); Families First Coronavirus Act (FFCRA); CDC COVID-19 vaccination provider requirements Once the federal supply runs out, enrollees in non-grandfathered plans under the ACA (most individuals in private plans), will have no payments required for COVID-19 vaccines and administration if the provider is in network. (ACA's preventive service coverage). When the federal supply runs out, payment could be required if the vaccine is administered by an out-of-network provider. Plans grandfathered under the ACA and Short-Term Limited Duration (STLD) plans may decide not to cover vaccines or require cost-sharing. When the federal vaccine supply runs out, providers of the vaccine may bill patients for any

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

	enrollees cost-sharing for the office visit if the main reason for the visit is for a vaccination. Federal guidance instructs insurers to pay in-network providers the negotiated rate and out-of-network providers "reasonable rates". Affordable Care Act (section 2713); CARES Act (section 3203); CMS IFC (November 6, 2020)	amount not covered by their health plan. Affordable Care Act (section 2713); CARES Act (section 3203); CMS IFC (November 6, 2020)
	Vaccine Administration: Private insurers (non-grandfathered) must cover without cost-sharing a COVID-vaccine and its administration, regardless of how the administration is billed, and regardless of whether a COVID-19 vaccine or any other immunization requires multiple doses. This includes covering the administration of a COVID-19 vaccine where the federal government pays for the vaccine. CMS IFC (November 6, 2020). Private insurers must reimburse out-of-network providers a reasonable amount for vaccine administration (Medicare reimbursement rate would be considered reasonable)	**Vaccine Administration:** Private insurers (non-grandfathered) must cover without cost-sharing a COVID-vaccine and its administration, regardless of how the administration is billed, and regardless of whether a COVID-19 vaccine or any other immunization requires multiple doses. This includes covering the administration of a COVID-19 vaccine where the federal government pays for the vaccine. CMS IFC (November 6, 2020).
Uninsured	Federally purchased vaccines are free to all people. American Rescue Plan Act (ARPA); Families First Coronavirus Act (FFCRA); CDC COVID-19 vaccination provider requirements Uninsured individuals can obtain vaccines from providers participating in the *CDC COVID-19 Vaccination program.* Until April 5, 2022, providers could submit claims for costs of administering vaccines to uninsured people to the HRSA COVID-19 uninsured program. After that date, providers need to absorb the costs. 18 states and U.S. territories adopted a temporary option that provides Medicaid coverage for COVID-19 vaccine, testing and treatment to uninsured individuals. Families First Coronavirus Act (FFCRA). CARES Act	As long as the federally purchased vaccine supply is available, they remain free. When the federal supply of vaccines runs out, uninsured children can obtain vaccine through the *Vaccines for Children (VFC) Program*. VFC providers cannot charge for the cost of the vaccine; however, they can charge a fee to administer the vaccine.https://www.cdc.gov/vaccines/imz-managers/guides-pubs/qa-317-funds.html. In this year's Budget, the Biden Administration has proposed a similar program for adults. (Referred to as Vaccines for Adults program). The Biden Administration established the "HHS Bridge Access Program for COVID-19 vaccines and treatments to maintain access for the uninsured. Funding will support the program through Dec. 2024. Under the program, CDC will purchase and distribute COVID-19 vaccines and allocate them through its network of 64 state and local health department immunization awardees who will distribute to local health departments (LHDs) and participating HRSA-supported health centers. The program will also create a funded partnership with pharmacy chains to offer free COVID-19 vaccines and treatments to uninsured at their retail locations. The program will provide a per-dose payment to pharmacies to administer vaccines (relaying of vaccine manufacturers commitment to provide vaccines for free for uninsured) HHS Bridge Access Program (April 18, 2023). The option in the 18 states and U.S. territories to have Medicaid coverage for COVID-19 vaccine, testing and treatment for uninsured ends.

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

Testing		
Medicare	**At-Home Tests:** Medicare will cover up to 8 free over-the counter (at-home) COVID-19 tests from any participating provider for each calendar month until the COVID-19 PHE ends for individuals with Part B coverage. Medicare Advantage beneficiaries will get the benefit through original Medicare (not their MA plan). https://www.medicare.gov/coverage/coronavirus-disease-2019-covid-19-diagnostic-laboratory-tests; Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19	**At-Home Tests:** After May 11, 2023, Medicare FFS beneficiaries will not receive free at- home tests. Medicare Advantage beneficiaries will not be guaranteed free at -home tests; however, the MA plan could choose to provide them for free. Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19
	PCR and Rapid Tests that are Ordered or Administered: Medicare beneficiaries have no cost for COVID-19 tests when the physician or health care professional orders the test, and they get it from a laboratory (including at a pharmacy, clinic, or doctor's office) or hospital. Coronavirus Test Coverage (medicare.gov). CMS will allow each beneficiary to receive coverage for one COVID-19 test, and certain related tests, without the order of a physician or other health care professional authorized under state law.	**PCR and Rapid Tests that are Ordered or Administered:** After May 11, 2023, for Medicare FFS beneficiaries there will be no cost for the test but there may be a cost for the visit with the physician or health care professional. To receive coverage for COVID-19 tests, an order from a physician or other health care professional (e.g. nurse practitioner, physician assistant) authorized under state law is required. MA plans beneficiaries will continue to receive coverage for the tests; however, there could be cost-sharing. (Coronavirus Test Coverage (medicare.gov).
Medicaid	**At home Tests**: Medicaid must cover at-home tests at no cost for full-benefit enrollees. American Rescue Plan Act (ARPA); https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-003.pdf	**At-home Tests:** Medicaid will cover at-home tests at no-cost through September 30, 2024. After September 30, 2024, coverage of home tests will be determined by the state. American Rescue Plan Act (ARPA); CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS
	PCR and Rapid Tests that are Ordered or Administered: Medicaid must cover at-home tests at no cost for full-benefit enrollees. American Rescue Plan Act (ARPA); https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-003.pdf	**PCR and Rapid Tests that are Ordered or Administered:** Medicaid will provide free tests through September 30, 2024. After that date, individuals with Medicaid could be subject to cost-sharing or limits on the number of tests (depending on the state Medicaid program). American Rescue Plan Act (ARPA); CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS
	States have discretion to condition coverage of a home test or a prescription as part of their utilization management or apply medical necessity criteria. American Rescue Plan Act (ARPA); https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-003.pdf	States have discretion to condition coverage of a home test or a prescription as part of their utilization management or apply medical necessity criteria. American Rescue Plan Act (ARPA); https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-003.pdf

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

Private Insurers	**At Home Tests**: Most private insurers (including grandfathered plans) must cover COVID-19 testing without charging enrollees cost sharing. Beginning Jan. 15, 2022, insurers are required to cover the cost of up to eight at-home over the counter COVID-19 tests per enrollee per month. Insurers may cover testing for public health surveillance or employment purposes, but they are not required to do so **DOL, HHS, Treasury FAQs (March 29, 2023);**	**At-Home Tests:** After May 11, 2023, individuals with private insurance will not be guaranteed free at-home tests. Private insurers may choose to cover them. Cost sharing, and prior authorization may apply. **DOL, HHS, Treasury FAQs (March 29, 2023) CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS**
	PCR and Rapid Tests that are Ordered or Administered: Private insurers (including grandfathered plans) must cover COVID-19 testing without charging enrollees cost sharing when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. Insurers cannot require prior authorization and cannot require an individual to have symptoms or suspected COVID-19 exposure as a condition of coverage. Families First Coronavirus Act (FFCRA)**, (section 6001);** CARES Act (section 3201). Private insurers are not required to provide coverage of testing for public health surveillance or employment purposes.	**PCR and Rapid Tests that are Ordered or Administered:** After May 11, 2023, private insurers (non-grandfathered ACA plans) are required to cover COVID-19 tests. Individuals with private insurance may be subject to cost-sharing for the test and the doctor's visit. Insurers may decide to limit the number of tests. Individuals in grandfathered ACA plans may have to pay the full price for tests. **DOL, HHS, Treasury FAQs (March 29, 2023).** Private insurers are not required to provide coverage of testing for public health surveillance or employment purposes.
	Reimbursement to Provider: If a provider of diagnostic testing has a negotiated rate with a private insurer for COVID-19 testing, the insurer must reimburse the provider the negotiated rate. If the insurer does not have a negotiated rate with the provider, the insurer must reimburse the provider the cash price for the service that is listed by the provider on a public website. CARES Act (section 3202(a)). Providers are required to make public the cash price of a COVID-19 diagnostic test on the provider's public internet website. **CARES Act, section 3202(b).**	**Reimbursement to Provider:** The reimbursement and cash price posting requirements under section 3202 of the CARES Act do not apply after the end of the PHE. However, providers are encouraged to make the cash prices of tests available on their internet websites for a sufficient period of time (e.g. at least 90 days) after the end of the PHE. **DOL, HHS, Treasury FAQs (March 29, 2023)**
Uninsured	**At-Home Tests:** Uninsured people will pay for at-home tests. They may be able to get free tests at a free clinic, community health center, public health department, or other local community organizations. They can receive a limited number of free at-home COVID-19 tests by mail from the federal government (at COVIDTests.gov)	**At-Home Tests:** Uninsured people will pay for at-home tests. They may be able to get free tests at a free clinic, community health center, public health department, or other local community organizations.
	PCR and Rapid Tests that are Ordered or Administered: States may opt to cover testing, vaccination, and treatment for uninsured people regardless of income under a Medicaid optional COVID-19 group. States receive 100% FMAP for services as well as administrative costs to support this optional group. Uninsured people pay for tests except	**PCR and Rapid Tests that are Ordered or Administered:** After May 11, 2023, uninsured people will no longer be able to obtain COVID-19 testing services for free in the 18 states and U.S. territories that adopted the temporary Medicaid coverage option. Families First Coronavirus Act (FFCRA). CARES Act

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

	in 18 states and U.S. territories (CA, CO, CT, IA, IL, LA, ME, MN, NC, NH, NM, NV, SC, UT, WV) that adopted the temporary Medicaid coverage option. Families First Coronavirus Act (FFCRA). CARES Act	
Treatment for COVID-19		
Medicare	**Monoclonal Antibodies:** Federally purchased pharmaceutical treatment doses are free to all people. Medicare beneficiaries have no cost-sharing. If the monoclonal antibody treatments are not received for free by the federal government, Medicare pays providers for the treatment and administration. (If the treatment was received for free, Medicare will pay for the administration.) Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19	**Monoclonal Antibodies:** As long as the federally purchased pharmaceutical treatment doses are available, they remain free. After May 11, Medicare beneficiaries may be subject to cost-sharing. Effective Jan. 1 of the year in which the Secretary ends the EUA declaration for drugs and biologicals with respect to COVID-19, CMS will pay for monoclonal antibodies used for post-exposure prophylaxis of COVID-19 as it pays for administration biologic products. (Under 1847A of the SSA). Monoclonal antibodies use for pre-exposure prophylaxis prevention of COVID-19 will continue to be paid under the Part B preventive vaccine benefit. Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19
	Oral Antiviral Medications (e.g. Paxlovid) Purchased by the federal government and provided directly to pharmacies. No direct payment to providers or cost to consumer for these medications. Physicians and Other Clinicians CMS Fact Sheet (Updated Feb. 24, 2023)	**Oral Antiviral Medications**: Part D plans must cover the cost of oral antivirals authorized for use by the FDA when the federal government purchased supply runs out. Cost-sharing amounts would apply. This applies to oral antivirals for COVID-19 with emergency use authorization (EUA) under section 564 of the Federal Food, Drug, and Cosmetic Act through Dec. 31, 2024, and any products that receive FDA approval. Consolidated Appropriations. Act, 2023; Physicians and Other Clinicians CMS Fact Sheet (Updated Feb. 24, 2023)
	Remdesivir: As of April 25, 2022, remdesivir is approved for the treatment of COVID-19. The federal government did not purchase a supply of remdesivir. Medicare Part B pays for the drug and its administration when a facility or practitioner provides it in the outpatient setting, according to FDA approval. The yearly Part B deductible and coinsurance apply. Physicians and Other Clinicians CMS Fact Sheet (Updated Feb. 24, 2023)	**Remdesivir**: As of April 25, 2022, remdesivir is approved for the treatment of COVID-19. The federal government did not purchase a supply of remdesivir. Medicare Part B pays for the drug and its administration when a facility or practitioner provides it in the outpatient setting, according to FDA approval. The yearly Part B deductible and coinsurance apply. Physicians and Other Clinicians CMS Fact Sheet (Updated Feb. 24, 2023).
Medicaid	Federally purchased pharmaceutical treatment doses are free to all people. Medicaid will cover COVID-19 treatments monoclonal antibodies and oral antiviral medications with no cost-sharing. American Rescue Plan Act (ARPA). When the provider does not receive monoclonal antibodies for free from the federal government, states will reimburse the providers for the monoclonal antibody treatments and the administration.	Any pharmaceutical treatment doses purchased by the federal government are free as long as supplies are available. Medicaid and CHIP will cover all pharmaceutical treatments with no cost-sharing through September 30, 2024. After then, pharmaceutical treatments Medicaid and CHIP coverage of COVID-19 treatments may vary by state.). American Rescue Plan Act (ARPA)

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

Private Insurers	Federally purchased pharmaceutical treatment doses are free to all people. American Rescue Plan Act (ARPA). Any pharmaceutical treatment doses purchased by the federal government are free. There is no federal law requiring private insurance coverage of COVID-19 treatments. Private insurers could choose to cover.	Any pharmaceutical treatment doses purchased by the federal government are free as long as supplies are available. American Rescue Plan Act (ARPA). There is no federal law requiring private insurance coverage of COVID-19 treatments. Private insurers could choose to cover.
Uninsured	Any pharmaceutical treatment doses purchased by the federal government are free. American Rescue Plan Act (ARPA). Uninsured may need to pay the costs of the visit to administer the monoclonal antibodies or obtain a prescription. Uninsured people can receive for free oral antivirals and monoclonal antibodies (including treatments and administration) in the 18 states and U.S. territories that adopted the temporary Medicaid coverage option. (CA, CO, CT, IA, IL, LA, ME, MN, NC, NH, NM, NV, SC, UT, WV) Families First Coronavirus Act (FFCRA). CARES Act	Any pharmaceutical treatment doses purchased by the federal government are free as long as supplies are available. American Rescue Plan Act (ARPA). When the federal government supply runs out, uninsured individuals must pay the cost of the treatments and physician visits (administration). The option in the 18 states and U.S. territories to have Medicaid coverage for COVID-19 vaccine, testing and treatment for uninsured ends. The Biden Administration established the "**HHS Bridge Access Program for COVID-19 Vaccines and Treatments"** to maintain access for the uninsured. Funding will support the program until Dec. 2024. The program will create a funded partnership with pharmacy chains to offer free COVID-19 vaccines and treatments to uninsured at their retail locations. These contracts will allow individuals to receive access to certain COVID-19 treatments, including Paxlovid and Lagevrio, from participating pharmacies with no out of pocket costs. HHS Bridge Access Program (April 18, 2023)

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

Mandatory Vaccination Requirements		
Medicare and Medicaid	By January 4, 2022, full COVID-19 vaccination required of covered staff (unless exempted under federal law) at health care facilities that participate in Medicare and Medicaid providers. This includes providers at ambulatory surgical centers, hospices, Programs of All-Inclusive Care for the Elderly, hospitals, long-term care facilities (including SNFs), psychiatric treatment facilities, intermediate care facilities for individuals with disabilities, home health agencies, comprehensive outpatient rehabilitation facilities, critical access hospitals, rehabilitation agencies, community mental health centers, home infusion therapy suppliers, rural health clinics/federally qualified health centers, and end-stage renal disease facilities. The rule applies to staff of these covered facilities, regardless of whether their positions are clinical or non-clinical, and includes employees, licensed practitioners, students, trainees and volunteers, and independent contractors. This requirement does not apply to other health care facilities or entities that participate in the Medicare and Medicaid program, such as physician offices. Medicare and Medicaid Programs: Omnibus COVID-19 Health Care Staff Vaccination (November 5, 2021)	On May 1, 2023, the Biden Administration announced it will start the process to end their vaccination requirements for CMS-certified health care facilities. The Biden-Harris Administration Will End COVID-19 Vaccination Requirements for Federal Employees, Contractors, International Travelers, Head Start Educators, and CMS-Certified Facilities | The White House

Red	Uninsured
Yellow	Medicare
Blue	Medicaid
Green	Private Insurers

Who Can Administer Vaccines	
Public Readiness and Emergency Preparedness (PREP) Act Declaration: This declaration provides liability immunity for activities related to COVID-19 medical countermeasures (including testing and vaccine administration for vaccines and tests purchased by the federal government for administration at pharmacies and other locations). All COVID-19 vaccines and treatments for which distribution is directed by the United States Government **(**USG) are covered by PREP Act protections and flexibilities. Additionally, COVID-19 tests that are administered through the USG Increased Community Access to Testing (ICATT) program are covered by PREP Act protections and flexibilities. The PREP Act and Declaration preempt state requirements, such as more limited licensing or scope of practice requirements, that effectively prohibit a qualified person from prescribing, dispensing, or administering vaccines. Requirements that do not effectively prohibit qualified persons, such as additional training, are not preempted. Ultimately, states and territories may choose which qualified persons to use for vaccinations in their jurisdiction. The following health care professionals and students may receive liability protection when providing vaccines under the PREP Act: **Health Care Professionals: Current and Previously Active in last 5 years** Dentists ♣ Emergency medical technicians (advanced or intermediate EMTs) ♣ Midwives ♣ Nurses ♣ Advanced practice registered nurses (APRN) ♣ Registered nurses (RN) ♣ Licensed practical nurses (LPN) ♣ Optometrists ♣ Paramedics ♣ Pharmacists, pharmacy interns, and pharmacy technicians ♣ Physicians ♣ Physician assistants ♣ Podiatrists ♣ Respiratory therapists ♣ Veterinarian **Health Care Students**: Dental ♣ Emergency medical technicians (advanced or intermediate EMTs) ♣ Medical ♣ Midwifery ♣ Nursing ♣ Optometry ♣ Paramedic ♣ Pharmacy and pharmacy intern ♣ Physician assistant ♣ Podiatry ♣ Respiratory therapy ♣ Veterinary **Other Qualified Persons:** Persons authorized to administer COVID-19 vaccines under the law of the state where they are administering such vaccines ♣ Persons who hold a license or certificate permitting them to administer vaccines under the law of another state ♣ Federal responders, including uniformed services or federal government employees, contractors, or volunteers PREP Act Fact Sheet: Expanding the COVID-19 Vaccination Workforce (phe.gov) 10 amendments	**Public Readiness and Emergency Preparedness (PREP) Act Declaration:** This declaration provides liability immunity for activities related to COVID-19 medical countermeasures. Intent to Amend Declaration Under Prep Act for Countermeasures (April 14, 2023) **Extending coverage for COVID-19 vaccines, seasonal influenza vaccines, and COVID-19 tests.** PREP Act immunity from liability will be extended through December 2024 to pharmacists, pharmacy interns, and pharmacy technicians to administer COVID-19 and seasonal influenza vaccines (to those individuals three and over), and COVID-19 tests, regardless of any USG agreement or emergency declaration. **Extending coverage through December 2024 for Federal agreements**. This includes all activities related to the provision of COVID-19 countermeasures that are 1) provided based on a federal agreement (including the vaccines and treatments purchased and provided by the USG), or 2) directly conducted by the USG, including by Federal employees, contractors or volunteers. **Ending of coverage for certain activities**. Once products are no longer distributed under a USG agreement, PREP Act coverage will no longer extend to the following activities: • COVID-19 vaccination by non-traditional providers (e.g., recently retired providers and students); and • COVID-19 vaccinations across state lines by licensed providers and pharmacists and pharmacy interns.