

How Employers Need to Prepare for the End of the COVID Public Health Emergency and National Emergency

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On January 30, 2023, the Biden administration announced its intention to make final extensions of both the COVID-19 National Emergency (NE) and the COVID-19 Public Health Emergency (PHE) through May 11, 2023, at which point both will end. These emergency declarations have been in place for nearly three years and have enabled the government to modify certain coverage requirements by Medicare, Medicaid and private insurance plans, as well as benefits administration rules. The end of the PHE and NE may mean added costs for benefits plans and new questions regarding compliance. This series will explore the implications of the PHE and NE and what their impending end may mean for benefit plan sponsors with articles released periodically before May 11.

There are several important benefit coverage and administration requirements connected to the PHE and/or NE that may remain the same, remain for a temporary period or may need to be discontinued upon the end of these federal emergencies. Over the course of the upcoming weeks, we will cover the key topics that may be triggered by the end of the PHE and/or NE, including:

- [COVID-19 Testing \(Part 2 of 10\)](#)
- COVID-19 Vaccines (Part 3 of 10)
- Telehealth (Part 4 of 10)
- Mental Health Parity (Part 5 of 10)
- High Deductible Health Plans, Health Savings Accounts and Employee Assistance Plans (Part 6 of 10)
- Deadline Tolling Applied to Each of:

- COBRA (Part 7 of 10)
- Claims and Appeals + External Review (Part 8 of 10)
- HIPAA Special Enrollment (Part 9 of 10)
- Other Plan-Related Notices (Part 10 of 10)

Note that the items covered above are not an exhaustive list of all legislative and regulatory changes that could affect employee benefit plans. This series is meant to keep employers informed about some of the most important upcoming changes and the impending decisions and disclosures that need to be made.

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National Law Review, Volume XIII, Number 61

Source URL: <https://natlawreview.com/article/how-employers-need-to-prepare-end-covid-public-health-emergency-and-national>