Members of the Illinois General Assembly –

It’s the priority of my administration to ensure every level of government is working in collaboration to keep our residents informed, aware, and safe as we prepare for and respond to novel coronavirus, now known as COVID-19. Our state agencies are working together with public health and emergency management officials across the state, coordinating a robust and forward-looking response, even as the situation is evolving. I am committed to full transparency on these efforts as are the leaders of our agencies on the front lines. Included in this briefing book are some of our proactive external communications on COVID-19 to date.

We are fortunate that Illinois has one of the nation’s leading public health systems. As a result of our requests to our counterparts at the federal level, we were the first state – and remain one of just a few states nationally – currently able to test for COVID-19. As of this week, we have three active labs statewide: in Chicago, Springfield, and Carbondale. Statewide, we have performed more than 200 tests. With recent announcements from the CDC and White House, we hope to substantially expand the number of test kits available to us in the coming weeks.

Illinois Department of Public Health Director Dr. Ngozi Ezike and I are regularly participating personally on calls and in meetings with most of the nation’s governors, Vice President Mike Pence, the CDC, and other national health officials to pursue updates on the state, national, and global status of COVID-19. For more than a year, my agency directors and I have been coordinating preparedness throughout the state for potential emergency situations. Last August, our Illinois state, local and county officials, partnered with the U.S. Department of Health and Human Services and the Federal Emergency Management Agency to run a contagious disease simulation exercise for potential outbreak situations. This critical exercise tested our plan and response and involved a scenario that looks substantially like what we are dealing with today: a new virus, originating overseas with more questions than answers. IEMA and IDPH have been working hand-in-hand since the earliest days of COVID-19 to keep our residents safe and healthy by executing regular tabletop exercises, revising our emergency plans, monitoring emerging threats and coordinating with our local, state and federal partners.

Although the risk to the general public from COVID-19 at this moment remains low, we must encourage Illinoisans to be vigilant about the best public health practices under the current situation. It’s also crucial that we, as public servants, emphasize that COVID-19 isn’t specific to any one ethnicity, nationality, or population. Nothing fuels xenophobic hysteria faster than fear. I remain committed to keeping the public, all of you, and the press informed as this situation evolves. We will continue providing you with regular updates. If you have any concerns or questions, I can be reached by contacting my Chief of Staff, Anne Caprara, at (312) 533-8389. Please do not hesitate to reach out. We are all in this together.

Sincerely,

[Signature]
COVID-19

Q: What is COVID-19 (Coronavirus)?
- This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus has expanded from person-to-person.
- COVID-19 causes minor illness in otherwise healthy people, but serious illness in elderly and immunocompromised people.

Q: How is Coronavirus/COVID-19 transmitted?
- COVID-19 is most commonly spread from an infected person to others through:
  - the air by coughing and sneezing.
  - close personal contact, such as touching or shaking hands.
  - touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

Q: What are the Symptoms of Coronavirus/COVID-19?
- Mild to severe respiratory illness with fever, cough, shortness of breath or difficulty breathing.

Q: How can you reduce the risk of infection?
- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a flexed elbow or tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Q: What is being done in Illinois?
- IL successfully contained the virus in two patients who made a full recovery. Two additional cases, a husband and wife in suburban Cook County, have been identified and both are complying with health officials and are reported to be in good condition.
- The risk to infection to Illinoisans is low; the Pritzker administration will communicate any change in risk level immediately.
- Governor Pritzker has requested that hospitals statewide implement additional testing to improve our understanding of COVID-19. Already, seven hospitals in the Chicago area have volunteered to participate and IDPH is in the process of confirming other hospitals throughout the state.
IDPH’s testing capacity has expanded to two additional testing labs beyond Cook County: in Springfield and in Carbondale.

Currently no vaccine or medical treatment is available, but treatments are in development.

IDPH has set up a COVID-19 hotline for any related questions. Please dial 1-800-889-3931 or email DPH.SICK@ILLINOIS.GOV for assistance.

Q: How can people help stop stigma related to Coronavirus/COVID-19?

- People can fight stigma and help others by providing social support.
- Counter stigma by learning and sharing facts.
- Communicating the facts that viruses do not target specific racial or ethnic groups and how COVID-19 spreads can help stop stigma.
To: All State of Illinois Employees and Members of the Public
From: Illinois Department of Central Management Services
Date: March 4, 2020
RE: 2019 Novel Coronavirus (2019-nCoV)

Coronavirus
The immediate health risk to Illinoisans remains low. While the latest available information suggests that person-to-person spread will continue to occur and additional cases are likely to be identified in the United States, most cases of COVID-19 cause a mild illness. Additionally, to date, data shows that children are less likely to become ill.

State Response
The Illinois Department of Public Health and Illinois Emergency Management Agency, as well as other state agencies, are experienced at responding to infectious disease outbreaks and continue to work in partnership with the federal government and local organizations to put systems in place to respond to this new virus. Current efforts include:

- Airport screening and monitoring health of travelers returning from affected areas.
- Investigating confirmed cases of COVID-19 and monitoring close contacts who may have been exposed.
- Planning community measures that can help limit the spread of disease, such as having individuals who are ill stay home.
- Providing regular guidance to hospitals and healthcare professionals, including information on infection control, personal protective equipment (PPE) supply planning, and clinical evaluation.
- Enabling three State laboratories to test for COVID-19 - one in Chicago, one in Central Illinois, and the other in Southern Illinois.
- Developing and distributing guidance for childcare facilities, schools, universities, businesses, community and faith-based organizations, among many others.

Symptoms
Common human coronaviruses usually causes mild to moderate upper-respiratory tract illnesses, like the common cold. Symptoms may include fever, cough, and shortness of breath.

Transmission
The virus most commonly spreads from an infected person to others through the air by coughing or sneezing, or by touching an object or person with the virus (ie, touching a door knob or shaking hands), then touching your mouth, nose or eyes before washing your hands.
Prevention
The Center for Disease Control and Prevention recommends everyday preventive actions to help stop the spread of respiratory viruses, including:

- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a flexed elbow or tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Questions regarding COVID-19 can be directed to the IDPH hotline, 1-800-889-3931. For additional information and Situation Summary updates regarding COVID-19, please refer to the Center for Disease Control and Prevention (CDC) and IL Department of Public Heath (IDPH) website links below:

IDPH:  http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus
OSHA:  https://www.osha.gov/SLTC/covid-19/controlprevention.html
Long Term Care Facility Guidance for Coronavirus (COVID19)

Coronavirus Disease 2019 (COVID-19)
With federal, state and local partners, the Illinois public health system is currently responding to an outbreak of SARS-CoV-19. SARS-CoV-19 is a new virus that has emerged, and the disease it causes has been named coronavirus disease, or COVID-19.

Symptoms
Clinical features are fever or sign/symptoms of lower respiratory illnesses. Symptoms may include:
- Fever
- Cough
- Shortness of breath
- Human coronaviruses can sometimes cause lower-respiratory tract illnesses, such as pneumonia or bronchitis.

Transmission
Human coronaviruses most commonly spread from an infected person to others through:
- the air by coughing and sneezing;
- close personal contact, such as touching or shaking hands;
- touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands; and
- rarely, fecal contamination.

Prevention
The following can help prevent the spread of coronaviruses and protect yourself from becoming infected:
- wash your hands often with soap and water for at least 20 seconds;
- avoid touching your eyes, nose, or mouth with unwashed hands; and
- avoid close contact with people who are sick.

There are currently no vaccines to protect against human coronavirus infection.

The general strategies CDC recommends to prevent the spread of COVID-19 in LTCF are the same strategies LTCF use every day to detect and prevent the spread of other respiratory viruses like influenza.

Prevent the introduction of respiratory germs INTO your facility
- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
• Assess residents’ symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents

**Prevent the spread of respiratory germs WITHIN your facility**
• Monitor residents at least once per shift and employees at least once prior to starting their shift for fever or respiratory symptoms.
• Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
• In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
• Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.
• Support hand and respiratory hygiene as well as cough etiquette by residents, visitors, and employees.
• Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
• Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
• Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
• Identify dedicated employees to care for COVID-19 patients and provide infection control training.
• Provide the right supplies to ensure easy and correct use of PPE.
• Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
• Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room when it’s determined PPE is needed for the resident.
• Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
• Perform hand hygiene upon exiting patient rooms.

**Prevent the spread of respiratory germs BETWEEN facilities**
• Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
• Report any possible COVID-19 illness in residents and employees to the local health department, including your state Healthcare-associated Infections and Antimicrobial Resistance (HAI/AR) coordinator.

Emergency Preparedness Plans
• Facilities should develop or review current emergency preparedness plans.
• One part of an overall emergency plan is preparedness. Preparedness includes organizing, training, gathering resources, exercising and evaluating plans.
• Contact local public health and emergency planning partners to understand current community response plans.

Inform
In an effort to reduce fear and anxiety about the COVID-19, facilities should describe what actions the facility is taking to protect staff and residents.
• Communicate about COVID-19 with your staff. Share information about what is currently known about COVID-19 and your facility’s preparedness plans.
• Communicate about COVID-19 with your patients and family members. Provide updates about any changes to your policies regarding appointments and visitors and any guidance to patients about providing non-urgent patient care by telephone. Consider using your facility’s website or social media pages to share updates.
• Communicate about COVID-19 with service providers (e.g., vendors, doctors, service organizations and government contacts) about what is currently known about COVID-19 and your facility’s preparedness plans.

Training for Facilities and Staff
• Facilities should provide education and training on proper hand hygiene and donning and doffing of personal protective equipment.
• Training should include information on cleaning and disinfection practices.

Resources
• Facilities should evaluate their supply chain and ensure availability of PPE and cleaning and disinfection products. If facilities are unable to obtain necessary resources, contact your local health department.
• It is critical that facilities not stockpile supplies.
• If vendors are unable to supply facility orders for PPE, facilities should reach out to other vendors to obtain necessary PPE.
• Other options may include the use of reusable isolation gowns.
• To conserve PPE, staff should attempt to perform more than one task when they enter the resident’s room (e.g., medication administration, vital signs, bathing, toileting).
• Review of current CDC guidance, “Healthcare Supply of Personal Protective Equipment.” This guidance is specific to Coronavirus and PPE availability and includes recommendations for: a) Who needs PPE; b) Who doesn’t need PPE; c) Manufacturers and distributors; d) Strategies for optimizing supply of N95 respirators; and e) Frequently asked questions about respirators and their use. Following is the link for this guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
- Follow-up with your local health department and local emergency management for resource needs, such as PPE.

**Exercise/Evaluate**
- For technical assistance, facilities should contact local/regional emergency preparedness members or healthcare coalitions (i.e., members of your local emergency planning committee, like local health department, local emergency management, hospitals, transportation, community groups).
- Consider scenarios of potentials events to ensure emergency plans are effective.
- Determine the gaps and take corrective actions to address them.

**Resources:**

Strategies to Prevent the Spread of COVID-19 in Long Term Care Facilities.

Healthcare Supply of Personal Protective Equipment.

Stop the Spread of Germs COVID-19.

ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)
[https://asprtracie.hhs.gov/](https://asprtracie.hhs.gov/)

COVID-19 hotline 1-800-889-3931

COVID-19 email [dph.sick@illinois.gov](mailto:dph.sick@illinois.gov)
STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Avoid touching your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19
Visitor Screening Questionnaire
(Post at building entrances)

In an effort to protect our residents, clients, and patients, from illness we are screening visitors and volunteers: Thank you for your patience and understanding.

Please answer the following questions based on CDC’s Travel Guidance (Levels 2 and 3):

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have recently travelled to a country where COVID19 is spreading within the past 14 days</td>
<td></td>
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<tr>
<td>I have been in close contact with people who have traveled to countries where COVID19 is spreading within the past 14 days</td>
<td></td>
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<tr>
<td>I have been around people who are sick with colds or flu</td>
<td></td>
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<tr>
<td>I have symptoms of a cold</td>
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<tr>
<td>I have a fever, or have had a fever within the past week</td>
<td></td>
<td></td>
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<tr>
<td>I have been nauseated or have vomited or had diarrhea within the past week</td>
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</tbody>
</table>

IF YOU HAVE MARKED YES TO ANY QUESTION; PLEASE POSTPONE YOUR VISIT FOR AT LEAST 14 DAYS AFTER THE START OF YOUR SYMPTOMS.
Contact your healthcare provider if your symptoms get worse.

Thank you for your understanding.
Checklist for Long Term Care Facilities and COVID-19

Prevent the introduction of respiratory germs INTO your facility

☐ Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.

☐ Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.

☐ Assess residents’ symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Prevent the spread of respiratory germs WITHIN your facility

☐ Monitor residents and employees for fever or respiratory symptoms.

☐ Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).

☐ In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).

☐ Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.

☐ Post signs throughout the facility of ways to prevent the spread of germs.


☐ Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).

Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).

Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.

Identify dedicated employees to care for COVID-19 patients and provide infection control training.

Provide the right supplies to ensure easy and correct use of PPE.

Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.

Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room.

Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.

Prevent the spread of respiratory germs BETWEEN facilities

Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

Report any possible COVID-19 illness in residents and employees to the local health department, including your state HAI/AR coordinator.

Facilities should develop or review current emergency preparedness plans.

One part of an overall emergency plan is preparedness. Preparedness includes organizing, training, gathering resources, exercising and evaluating plans.

Contact local public health and emergency planning partners to understand current community response plans.
Frequently Asked Questions about Insurance Coverage and the Coronavirus COVID-19

In the midst of the ongoing COVID-19 outbreak, the Illinois Department of Insurance (Department) is issuing a consumer FAQ recognizing the critical role that health insurance coverage plays in the public’s ability to access health care services.

This consumer FAQ does not apply to excepted benefit policies or short-term, limited-duration health insurance coverage.

1. **Who pays for COVID-19 diagnostic testing if needed?**
   The federal Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health (IDPH) are currently covering the cost of the lab test for the presence of COVID-19. Yet, hospitals might still charge their own fees for collecting the specimens, which then could be billed to the patient or to the patient’s health insurance issuer. Call your insurance provider to discuss available coverage.

2. **Will I be subject to higher cost-sharing if I unintentionally receive care from out-of-network specialists in an in-network hospital?**
   No. The Illinois Insurance Code prohibits health insurance issuers from charging higher out-of-pocket expenses to an enrollee who sees an out-of-network provider at an in-network facility if there are no in-network providers available. However, if you willfully choose a non-network provider when an in-network provider is readily available, you might be subject to higher out-of-pocket expenses.

3. **What if I have health concerns that require emergency medical services?**
   Insurance carriers must cover emergency services for an emergency medical condition at in-network levels regardless of which provider performs the services. Emergency services include transportation services, such as ambulance services, as well as inpatient and outpatient hospital services that are needed to evaluate or stabilize the patient. Many individuals who have contracted COVID-19 have not required emergency services. Still, exceptional circumstances may arise.

4. **Should I fill or refill my current prescription drugs in anticipation of an emergency?**
   The CDC and American Red Cross recommend that households maintain at least a 30-day supply of any prescription drugs used by household members at all times to prepare for unexpected events. The Department has encouraged health insurance carriers to do all that they can to allow people to get more than a 30-day supply of a prescription drug at one time, subject to the limits of the prescription written by the treating healthcare provider. The Department does not recommend stockpiling prescriptions that are highly susceptible to abuse, such as opioids that may be restricted to 7-day prescriptions.
5. Can my insurance carrier cancel or refuse to renew my insurance policy if I am diagnosed with COVID-19 or a preexisting respiratory illness?
   No. The Illinois Insurance Code prohibits individual or group accident and health insurance carriers from imposing any pre-existing condition exclusions, including in connection with COVID-19. Federal law and state regulations provide protections against preexisting condition exclusions in health insurance coverage, as well. However, preexisting condition consumer protections do not apply to short-term, limited-duration health insurance coverage or excepted benefit policies.

6. Does my travel insurance cover risks related to COVID-19 if I get sick while travelling?
   It depends. Unless a travel insurance policy contains an exception applicable to COVID-19, a policy of travel insurance that covers the risks of sickness, accident, or death incidental to travel presumptively would cover such risks relating to COVID-19 if experienced while travelling. The extent of coverage for health care services, including emergency transportation within a foreign country, as well as the costs of returning to the United States for further treatment, may depend on the terms of the policy so be sure to check with your insurance carrier.

7. Does my travel insurance cover cancelation or interruption risks related to COVID-19?
   If you purchased a Trip Cancelation or Trip Interruption policy after January 21 or 22, 2020, it is unlikely that you will be covered if your trip is canceled due to a COVID-19 event—such as an coronavirus outbreak at your destination, or a quarantine that prevents you from traveling. Again, you should check with your insurance carrier for coverage and policy details.

8. Where can I find more information about COVID-19?
   View up to date information on how Illinois is handling COVID-19 from the Illinois Department of Public Health.

9. Is there a number to call for health insurance and HMO inquiries?
   Yes. If you have questions regarding health insurance and HMO inquiries, please call the Illinois Department of Insurance at (877) 527-9431.

10. Is there a number to call for Medicare Beneficiaries and Caregiver Inquiries?
    Yes. If you have questions regarding Medicare beneficiaries and caregiver inquiries, please call CMS at (800) 548-9034.
MEMORANDUM

TO: All Issuers of Health Insurance Coverage and Travel Insurance

FROM: Robert H. Muriel, Director of Insurance

DATE: March 2, 2020

RE: Company Bulletin 2020-2

Re: Insurance Coverage for Coronavirus COVID-19

In the midst of the ongoing COVID-19 outbreak, the Illinois Department of Insurance (Department) is issuing this bulletin in recognition of the critical role that health insurance coverage plays in the public’s actual and perceived access to and affordability of health care services. This bulletin does not apply to excepted benefit policies or short-term, limited-duration health insurance coverage.

Balance Billing and Surprise Bills
Members of the public may seek a variety of forms of health care in connection with COVID-19, including physician office visits, laboratory testing, urgent care services, and emergency services, among others. The federal Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health (IDPH) have agreed to bear the cost of the lab test for the presence of COVID-19. However, it is possible that hospitals will still charge their own fees for collecting the specimens, which then could be billed to the patient or to the patient’s health insurance issuer. The federal government also may stop covering the cost of CDC lab test at some point. Press coverage of the outbreak has revealed uncertainty for the moment about who will bear the costs arising from quarantines imposed upon individuals returning from overseas, including the hospital stay and ambulance transportation.

Given this uncertainty, it bears a reminder that Section 356z.3a of the Illinois Insurance Code requires health insurance issuers to impose no greater cost-sharing on an enrollee than their coverage provides at the in-network level when the enrollee receives care from certain specialists at participating network hospital or participating ambulatory surgical center, even if the specialists themselves are not participating providers. This requirement does not apply if the enrollee has willfully chosen a non-participating provider specialist when a participating provider was available. These specializations include radiology, anesthesiology, pathology, emergency physicians, and neonatology, some of which
could be called upon to address testing or treatment in connection with COVID 19. The enrollee must be held harmless from any of these providers’ charges that exceed the applicable cost-sharing for an in-network provider, regardless of whether the issuer and provider have agreed upon the overall charges.

Additionally, emergency services for an emergency medical condition must be covered at the in-network level regardless of which provider performs the services. 215 ILCS 5/3700, 124/10(b)(7), and 134/65. Emergency services include transportation services, such as ambulance services, as well as inpatient and outpatient hospital services from a qualified provider that are needed to evaluate or stabilize the patient. Many individuals who have contracted COVID 19 are only mildly ill and do not have an emergency medical condition that triggers this consumer protection, but exceptional circumstances may arise.

**Barriers from Cost-Sharing**

Individuals enrolled in health insurance coverage with a high deductible could be reluctant to seek testing or treatment because of the anticipated cost. The Department encourages health insurance issuers to consider all feasible and prudent options to reduce the barriers of cost-sharing for testing and treatment of COVID 19 during the outbreak.

**Prescription Drug Supply**

The CDC and American Red Cross have general guidance for disaster preparedness that households should maintain at least a 30-day supply of any prescription drugs used by household members. In the event that individuals are subject to quarantine at home for COVID 19, they could be reliant on their existing supplies. To the extent consistent with clinical guidelines, and in a manner prudently calculated to ensure an enrollee’s ability to maintain a 30-day supply at home during the outbreak, the Department encourages issuers to cover enrollees for prescription drug refills even when the enrollee has not yet reached their scheduled refill date, provided that the prescription itself would remain valid beyond the refill date. This recommendation does not apply to prescription drugs with a high likelihood of abuse, such as opioids that are restricted to 7-day prescriptions.

In the same vein, the Department encourages issuers to consider allowing enrollees the temporary use of out-of-network pharmacies at the in-network benefit level of coverage in the event a shortage of medications occurs at network pharmacies.

Health insurance issuers are also reminded that Illinois law requires that any form of third-party payments for prescription drugs, such as drug manufacturers’ coupons or financial assistance from not-for-profit or government organizations, be counted toward a policy’s applicable cost-sharing limitations, including any copay, coinsurance, deductible, or out-of-pocket maximum. 215 ILCS 5/155.36 and 134/30(d).

**Denial or Termination of Coverage**

Section 356z.27 of the Illinois Insurance Code prohibits individual or group accident and health insurance from imposing any pre-existing condition exclusions, including in connection with COVID 19. Federal law and state regulations provide protections against preexisting condition exclusions in health insurance coverage, as well. 42 U.S.C. 300gg-3; 50 Ill. Adm. Code 2001.5.
A health insurance issuer may not cancel or nonrenew coverage based on an enrollee’s receipt of, or attempt to obtain, treatment or testing for COVID 19. An issuer also may not deny enrollment in new coverage based on testing for or treatment of COVID 19. See 50 Ill. Adm. Code 2001.4.

**Travel Insurance**

Unless a travel insurance policy contains an exception applicable to COVID 19, a policy of travel insurance that covers the risks sickness, accident, or death incident to travel presumptively must cover such risks relating to COVID 19. The extent of coverage for health care services, including emergency transportation within a foreign country, as well as the costs of returning to the United States for further treatment, may depend on the terms and conditions of the policy.

**Public Education**

Issuers have an opportunity to magnify public health education efforts to relay guidance about mitigating the risk for contracting or spreading COVID 19 and to explain options available for covered health care services. Informative communications received from an issuer could reassure enrollees that medically necessary testing and treatment will be covered, and thereby reduce the risk of the virus spreading untracked and untreated. The Department encourages informative engagement with enrollees subject to the guidance of public health officials.
Interim Guidance¹ for State of Illinois Agencies
to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
March 2020

Background: The Illinois Department of Public Health is closely monitoring the emergence of Coronavirus Disease 2019 (COVID-19). The immediate risk to the general public from the virus remains low both in the United States and Illinois; however, the number of confirmed cases in the United States, as well as the number of countries with confirmed cases, continues to rise. Widespread or sustained community transmission has been confirmed in China, Japan, South Korea, Iran and Italy with some evidence of community transmission in several other countries. IDPH continues to work aggressively in its response efforts with local, state and federal partners to reduce the impact of COVID-19. Please visit the IDPH Coronavirus Disease 2019 (COVID-19) website for up-to-date situational awareness of cases, persons under investigation (PUI) and general outbreak information.

Purpose: The purpose of this interim guidance is to help prevent workplace exposure to acute respiratory illnesses, including COVID-19. CMS and DPH recommend that agencies adopt the following practices and policies.

- Ensure employees are receiving sufficient information about preventive measures and any necessary updates to agency policies:
  - Send an email to employees to review effective workplace prevention practices, including guidance on cleaning and disinfectant recommendations, respiratory etiquette and hygiene procedures, and emphasizing the importance of staying home while sick. DPH and CMS have provided a sample email in Appendix A.
  - Ensure employees understand steps that the agency is taking to reduce the potential for transmission, while maintaining business operations. These steps would include limiting visitor and/or vendor access to agency workplaces.

- Ensure employees are aware of the agency’s policies regarding sick leave, including policies allowing sick leave to be advanced to employees. If needed and consistent with agency policies, be prepared to advance sick leave to employees subject to a quarantine or isolation order.
  - Employees who have tested positive for COVID-19 or employees who are well but have a sick family member at home with COVID-19 will not be able to report to work for 14 days following their last negative test or last exposure to the virus.
  - Employees who have symptoms of acute respiratory illness will need to stay home and not come to work until they have been free of fever, signs of a fever or any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines, like cough suppressants
  - Agencies should review their current sick leave policies and be prepared to advance sick leave to an employee who has received a quarantine or isolation order or diagnosis of

COVID-19, as needed and as permitted by CMS’ personnel rules. If you have questions or concerns about how to handle specific situations, please contact Mark Mahoney at (217) 785-7342 or Mark.Mahoney@illinois.gov, for assistance from CMS.

- Human Resources should remind staff of sick leave policies and use of sick leave benefit time, including the policies allowing advancing sick leave time.
- Employees who are experiencing lower respiratory symptoms and a fever upon arrival at work or become sick during the day, and have recently travelled to an area with widespread community transmission, should be separated from other employees and sent home immediately and advised to contact a healthcare provider.
- This is initial guidance and CMS will work, in coordination with agencies and labor partners, on any additional or revised guidance.

**Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**

- Place posters around the workplace that encourage infection control practices.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60% alcohol, or wash their hands with soap and water for at least 20 seconds.
- Provide tissues and alcohol-based hand sanitizer around the workplace (e.g., entrances and exits to workplaces, and conference rooms). Agencies should take immediate steps to procure these products. Many of these products may be procured through a master contract available from CMS. For guidance on procuring these products or if agencies cannot procure the products, contact Ron Wilson at (217) 557-2412 or Ron.Wilson@illinois.gov, or Krysti Rinaldi at (217) 558-3363 or Krysti.Rinaldi@illinois.gov for assistance from CMS.

**Perform routine environmental cleaning of workspaces and public access areas:**

- Agency management should work with CMS (if the workplace is located in a CMS-managed building) or with other building management as appropriate to ensure repeatedly touched surfaces in the workplace, such as workstations, countertops, and doorknobs, are cleaned thoroughly and frequently.
- For employees’ personal workspaces (including items such as telephones, keyboards, etc.), agency management should take steps to provide employees with cleaning products and encourage routine cleaning.
- Appropriate cleaning or disinfectant products should be used. These will often be the normal cleaning agents used in these areas. The CDC’s guidance on Cleaning & Disinfecting Schools provides information on proper cleaning and disinfecting products, available here.
- Provide disposable wipes so that commonly used surfaces can be wiped down by employees in between other cleanings.
- As noted above, agencies should seek to procure these products immediately. If assistance from CMS is needed, please contact Ron Wilson at (217) 557-2412 or Ron.Wilson@illinois.gov, or Krysti Rinaldi at (217) 558-3363 or Krysti.Rinaldi@illinois.gov

**Evaluate planned state employee travel and provide employees with information to consider regarding personal travel:**

- Before authorizing state employee travel, consult the CDC’s Traveler’s Health Notices for the latest guidance. Specific information for travelers regarding countries at risk levels can be found on the CDC website.
- Advise employees to avoid state travel if symptomatic and to notify their supervisor.
Ensure employees know that if they are on state travel status and they become sick while traveling, they should notify their supervisor immediately and promptly call a healthcare provider.

- If employees have traveled to an area that is not identified on the CDC’s travel level 2 or 3, then the employees may report to work. Employees do not need a negative test result before returning to work after travelling.

Additional Resources for State Agencies with Public Interface:
- Post the Sample Visitor Screening Questionnaire (Appendix C) at all building entrances. Agencies that provide critical services to the public should also include, if possible, information about how individuals can access such services without entering an agency facility.

Additional Resources for State Agencies Serving Housed Populations:
- Consult CDC resources, including the Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States for additional guidance as you update plans to take appropriate actions in your facilities.
- DPH’s COVID-19 Long Term Care Facility Guidance provides additional guidance for long term care facilities.

Questions: Employees and agencies may call the COVID-19 Hotline at 1 (800) 889-3931 or email dph.sick@illinois.gov.

Note: This guidance may be updated as necessary and appropriate.

References:
- IDPH Coronavirus-2019 (COVID-19) Website
- CDC Coronavirus-2019 (COVID-19) Website
- CDC COVID Fact Sheet
- CDC What to do if you are sick with COVID-19
- CDC Nonpharmaceutical Interventions (NPIs)
Appendix A: Sample Email to Employees

Dear Colleagues,

Your health, safety, and well-being are among our highest priorities at [AGENCY]. With recent developments regarding COVID-19 (the 2019 novel Coronavirus), we want to take a moment to reinforce best-practice preventative safety measures and reference our process and procedures to keep [AGENCY] staff healthy.

First, it is important to remember that at this time, according to the Centers for Disease Control, there are fewer than 70 confirmed cases of the Coronavirus in the United States. As an agency, we are closely monitoring the situation and are taking guidance from the Illinois Department of Public Health (IDPH). The immediate health risk to the public in Illinois and the United States remains low. There is currently no recommendation to disrupt normal activities at work or at home.

We encourage staff, residents and our partner organizations to be mindful of preventative measures that can be taken. The CDC offers some tips on its website that can be useful in preventing many types of illnesses, including the flu. In addition, please remember that if you are sick, you should not be at work. Anyone should be fever-free for 24 hours before returning to work after an illness. Staying home when staff are sick is one of the critical pieces of workplace illness prevention. Please do not hesitate to contact [INSERT HUMAN RESOURCES CONTACT] if you have questions regarding sick leave.

Proactive Steps to Stay Healthy

The 2019 novel Coronavirus is believed to be spread through the air when an infected person coughs or sneezes, much in the way influenza, and other respiratory viruses spread. Because of this, individuals are encouraged to follow these common-sense practices:

- Wash hands regularly for at least 20 seconds using soap and water.
- Avoid the touching of eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Staff are asked to stay home if they exhibit cold or flu-like symptoms.
- Cover mouth and nose with the inside of the arm or with a tissue when coughing or sneezing. Throw the tissue away immediately. Wash hands as soon as possible afterward.

Additional information is available from the Illinois Department of Public Health at their Coronavirus-2019 (COVID-2019) website, the COVID-19 Hotline at 1 (800) 889-3931 or by email at dph.sick@illinois.gov.
We will continue to monitor this situation closely in the days and weeks to come. Be assured that additional communications will be forthcoming, if and when situations change. We will continue to take guidance from the IDPH and communicate with all staff, as appropriate. If you have any questions, please do not hesitate to contact [INSERT AGENCY POINT OF CONTACT], your office supervisor or [DIRECTOR’S OFFICE].

Thank you,
Appendix B: FAQ

How does it spread?
How easily a virus spreads from person-to-person can vary. COVID-19 spreads mainly between people who are in close contact with one another (within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes. People are thought to be most contagious when they are most symptomatic (the sickest).

How is it treated?
There is no specific medicine to treat COVID-19 infection at this time, though studies are underway. People sick with COVID-19 should receive supportive care from a health care professional to relieve symptoms. Supportive care might include medicine to bring down fevers, or oxygen if a patient’s oxygen level is low.

How is COVID-19 diagnosed?
Diagnosis occurs through laboratory testing of respiratory specimens and serum (blood). While some coronavirus strains cause the common cold and patients tested by their health care provider may test positive for these types, the COVID-19 strain can only be detected at a public health laboratory.

Do I need to wear a mask?
IDPH does not recommend that people who are well wear a face mask to protect themselves from respiratory diseases, including COVID-19. Face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone diagnosed with COVID-19 in close settings (at home or in a health care facility).
Appendix C: Sample Visitor Screening Questionnaire

Sample Visitor Screening Questionnaire  
(Post at building entrances)

In an effort to protect everyone from illness, [AGENCY] is taking measures to prevent the spread of exposure COVID-19 in this facility. Thank you for your patience and understanding.

Please answer the following questions:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have recently traveled to a country where COVID19 (coronavirus) is spreading within the past 14 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have been in close contact with people who have traveled to countries where COVID19 (coronavirus) is spreading within the past 14 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have been around people who are sick with colds or flu.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms of a cold.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a fever, or have had a fever within the past week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have been nauseated or have vomited or had diarrhea within the past week.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF YOU HAVE MARKED YES TO ANY QUESTION; PLEASE POSTPONE YOUR VISIT FOR AT LEAST 14 DAYS AFTER THE START OF YOUR SYMPTOMS. Contact your healthcare provider if your symptoms get worse. Thank you for your understanding.

[AGENCY SHOULD PROVIDE ADDITIONAL INFORMATION ABOUT HOW THE INDIVIDUAL CAN RECEIVE NECESSARY SERVICES REMOTELY IF THEY ARE UNABLE TO ENTER THE FACILITY]
2019 NOVEL CORONAVIRUS (COVID-19)

GOVERNOR JB PRITZKER
THURSDAY, MARCH 5, 2020
CURRENT PUI DEFINITION

- Traveled to Level 2 or 3 country in last 14 days
- Have been in close contact with a person known to have COVID-19
- Hospitalized with severe respiratory disease and no other known diagnosis
- Person known to have COVID-19
IDPH EFFORTS

- Working with our state, local, and federal partners
- Identified quarantine locations
- Conducting hospital assessments
- Working with health care providers, local public health officials, CDC, and other State agencies
COMMUNICATIONS

Monitor Global Situation
State Preparedness and Response Activities
Clinical Guidance
Local Health Department Guidance
Sharing Information with State Partners and Health System
Resources
State Preparedness and Response Activities
Monitoring Global Situation
WELL ESTABLISHED METHODS TO PREVENT TRANSMISSION OF RESPIRATORY PATHOGENS (E.G. INFLUENZA, CORONAVIRUSES)

• Hand hygiene
• Respiratory etiquette
• Avoid touching eyes, nose, and mouth
• Avoid close contact with people who are sick
• Stay home when you are sick
• Clean and disinfect frequently touched objects and surfaces

RESPIRATORY PATHOGENS WELL ESTABLISHED METHODS TO PREVENT TRANSMISSION OF
ILLINOIS EMERGENCY MANAGEMENT AGENCY

23 State agencies participating

Thursday, 12 March 2020

Three topics

Cabinet Level Tabletop Exercise

School and Campus

Legal Authorities

State Government Operations

Social Distancing/Infection Control

Risk Communications/Public Information

Five Planning Initiatives

State COVID-19 Task Force Development

Priorities
ILLINOIS EMERGENCY MANAGEMENT AGENCY

Draft COVID-19 Appendix to Illinois Emergency Operations Plan

Emphasis: Quarantine, Sheltering, Resourcing, Social Distancing, and Work Force Reduction

Interagency Planning Cell Brief to State Emergency Operations Center Liaisons

Housing Survey out to Counties and Local Jurisdictions

So far, 100 of 127 responses received

Operations Plan


P:\Planning
DCEO/IDES preparing analysis of possible impacts to Illinois economy broken down by economic sectors.

County emergency managers throughout state sending news of any large scale event cancellations to be incorporated into our tracking of total economic impacts.

Economic Impacts
Alicia Tate-Nadeau
Director, Illinois Emergency Management Agency

Email: Alicia.Tate-Nadeau@illinois.gov
Website: www.dph.illinois.gov

Contact Information:
Hotline: 1-800-889-3931
C: 217-441-1099
E: Alicia.Tate-Nadeau@illinois.gov