

End of the Public Health Emergency:

What Free and Charitable Clinics Need to Know

On May 11, 2023, the Biden Administration will end the public health emergency (PHE). Separately, but also significantly, the Administration does not have additional funding for COVID-19 testing, vaccination, or treatment unless authorized by Congress. Here's what this will mean for free and charitable clinics:

Changes to Expect

Testing

At-home and in-office tests will no longer be free for most people.



For those on Medicaid, tests are covered at no cost through Sept. 2024.

All tests are subject to cost-sharing for those with Medicare or private insurance.

As of now, free tests to uninsured will not be federally funded. This change will limit the availability of affordable COVID-19 testing for people without insurance.

Treatment

Any doses of treatment (i.e., Paxlovid) purchased by the federal government are still free until federal supply is depleted.



Uninsured patients can still access treatment at no cost at this time but will be subject to market rate prices once the federal supply is depleted.

Medicaid will cover COVID-19 treatment through Sept. 30, 2024.

Vaccination

As of now, free tests to uninsured will not be federally funded.



Providers of federally purchased vaccines CANNOT charge patients.

Vaccine supply remains plentiful at this time.

When the federal supply of vaccines runs out

Patients with Medicaid, Medicare, and most private insurance will have access to free vaccines.



Access for the uninsured remains questionable but may be available through already established federal programs supporting access to vaccines for the uninsured.

Moderna plans to continue to offer free COVID-19 vaccines to uninsured patients through their patient assistance program.

FDA emergency use authorizations are NOT tied to the public health emergency so vaccines can still be used.

Policy Changes

Some rules surrounding telemedicine will change.

- Prescriptions for controlled substances will require an in-person visit again.
- Some states with temporary waivers for out-of-state providers to provide telehealth will expire.
- Telemedicine will be restricted to HIPAA compliant technology and products.

Accurate COVID-19 data will be harder to acquire.

- DHHS will no longer have the authority to require labs to report COVID-19 testing results. This will decrease your ability to calculate percent positivity in your communities.
- CDC has been working to sign voluntary Data Use Agreements (DUAs), encouraging states and jurisdictions to continue sharing vaccine administration data beyond the PHE. Additionally, hospital data reporting will continue as required by the Centers for Medicare & Medicaid Services (CMS) conditions of participation through April 30, 2024, but reporting may be reduced from the current daily reporting to a lesser frequency.

Millions of people who gained access to Medicaid may lose it.

- The Families First Coronavirus Response Act required state Medicaid programs to keep people continuously enrolled in state Medicaid programs until PHE ends to receive enhanced federal funding.
- Since February 2020, Medicaid enrollment increased by 19.8 million (27.9%).
- States can begin disenrollment in April and a predicted 5-14 million are expected to lose Medicaid as a result.

What Can You Do to Prepare?

* Encourage patients to take advantage of options for free at-home tests now. Request and stock up while they can. They can order their free at-home tests at <https://www.covid.gov/tests>.

* Explore options for affordable in-office testing. Antigen tests kits have decreased in price and can be purchased through major medical supply vendors. Free and charitable clinics will become the primary source of testing for uninsured people.

* Encourage vaccination while vaccines are free and widely available.

* Continue to reach out to patients and to educate them about changes following the PHE. Be sure to provide:

Medicaid re-enrollment education and support for individuals still eligible for Medicaid who will need to re-enroll.

Resources for individuals no longer eligible for Medicaid. Educate newly uninsured community members that you can help.

* Consider data resources available and adjusting safety plans to account for limited percent positivity data.

Start having conversations NOW, not in May, with your community partners, especially hospitals, to understand how they plan to serve this influx of uninsured patients.

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