

QUICK TAKE

PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

COVID-19 FORCED THE RAPID SHUTDOWN of many health care services and caused numerous disruptions to our everyday lives. This led to new guidance and short-term financial support offered to state, local, and tribal governments via legislative and administrative actions. In January 2020, a federal public health emergency (PHE) was declared, enabling

temporary flexibilities in federal programs and stimulating other actions. Since then, the PHE has been extended eleven times, most recently from October 13th, 2022 until January 11th, 2023. The COVID-19 PHE has facilitated the rapid adaptation of services delivery, better access to care, and improved outcomes and quality of life for many communities most impacted by HIV.

Vaccination, the availability of rapid tests, and antiviral treatments are helping to mitigate the spread of COVID-19. At various points, large disparities have been observed with Black, Latinx, American Indian/Alaska Native, and other racial/ethnic minorities when compared to white Americans, including lower vaccination rates and higher case rates,

hospitalizations, and deaths. COVID-19's impact on racial/ethnic minorities follows patterns observed with HIV and now MPX (i.e., monkeypox). New initiatives implemented by the PHE improved many lives, but when it ends, the disappearance of these initiatives' impacts will be deeply felt.

MAINTAINING BENEFICIAL POLICIES AND PROTECTING COMMUNITIES

The loss of COVID-19 programs may exacerbate inequities in health. As we move further away from the initial crisis, HIV stakeholders should work to preserve beneficial policies and prepare for future health threats.

SUMMARY OF COVID-19 EMERGENCY RESPONSES

IMPACTED AREA

RESPONSES THROUGHOUT THE PUBLIC HEALTH EMERGENCY

HEALTHCARE IN FEDERAL PROGRAMS

- State use of Section 1135 waivers of the Social Security Act ensures individuals enrolled in federal healthcare programs **still have access to health care and ensures reimbursement of healthcare providers**, regardless of compliance with otherwise applicable requirements
- The American Rescue Plan Act (ARPA) **provided enhanced premium subsidies** for individuals buying their own health care (these have been extended through 2025 as part of the Inflation Reduction Act)
- The Families First Coronavirus Response Act (FFCRA) **increased the federal government's share of Medicaid payments** to all states since they have all agreed to both maintain continuous coverage for Medicaid beneficiaries and not impose eligibility limits or new administrative enrollment barriers
- The CARES Act appropriated \$90 million to **help Ryan White HIV/AIDS Program (RWHAP) recipients offer COVID-19 related health service needs** and strategically support RWHAP national technical assistance programs
- The Public Health and Social Services Emergency Fund **allocated \$100 million to HRSA's Health Center Program's grants**, aiming to improve health care for geographically isolated and economically or medically vulnerable individuals

COVID-19 TESTS, TREATMENTS, AND VACCINES

- Medicare, Medicaid, and CHIP **offered COVID-19 testing (including over-the-counter COVID-19 tests), testing-related services, and vaccinations without any cost-sharing**
- Private insurance covered the same COVID-19 testing, services, and vaccinations without cost-sharing, and **providers were reimbursed at pre-negotiated or reasonable rates**
- The ARPA provided states **funding for COVID-19 testing and diagnostics for the uninsured**, regardless of income, and **emergency care for low-income and undocumented individuals**

TELEHEALTH

- Medicare, Medicaid, CHIP, and states **instituted waivers so that providers could treat patients located in other states or in rural areas via telehealth** (i.e., distant site providers)
- HHS waived **penalties for HIPAA violations** when using communications technologies for telemedicine
- DEA-registered providers could **issue Rx's for controlled-substances without an in-person evaluation**

CONTINUED FROM PREVIOUS PAGE

SUMMARY OF COVID-19 EMERGENCY RESPONSES

IMPACTED AREA	RESPONSES THROUGHOUT THE PUBLIC HEALTH EMERGENCY
HOUSING	<ul style="list-style-type: none"> The ARP provided \$22 billion in rental assistance, including \$5 billion to support the unstably housed The CARES Act provided \$65 million in Housing Opportunities for Persons With AIDS (HOPWA) funding for grants to respond to COVID-19 and made it easier for these funds to be used by grantees HUD-issued waivers allowed for public housing rent adjustments due to lost jobs and income, home inspections to be conducted remotely, delayed annual reexaminations of family incomes, the self-certification of income, and housing voucher usability extensions Over 43 states, D.C., and many cities instituted an eviction moratorium within their locale; the CDC also issued a federal eviction moratorium to help curb the spread of COVID-19
FUNDING FOR COMMUNITY BASED ORGANIZATIONS (CBOs)	<ul style="list-style-type: none"> The ARPA provided \$7.6 billion to supplement the one-time funding offered to community health centers to enhance services and infrastructure The Paycheck Protection Program offered SBA-backed loans to help businesses retain employees The FFCRA and the ARPA offered paid leave tax credits to employers and child and dependent tax credits to individuals and families

FEDERAL HEALTHCARE PROGRAMS

Guaranteeing that Medicaid coverage could not be dropped during the PHE was pivotal. When the PHE ends, many individuals and families will need to recertify their eligibility, which could lead to significant coverage disruptions and losses. Maintaining Medicaid coverage among people living with HIV is critical and will also minimize cost shifts onto the Ryan White HIV/AIDS Program. Current proposals to strengthen the stability of individuals' coverage include providing guaranteed Medicaid eligibility for longer periods (e.g., 12 full months); enabling eligibility determinations from other federal programs to simplify applying for and verifying eligibility for Medicaid and CHIP; and funding culturally appropriate and geographically oriented educational campaigns regarding other marketplace coverage options and navigation services for those who will lose Medicaid eligibility.

FUNDING FOR COMMUNITY BASED ORGANIZATIONS

Although challenged by COVID-19, many frontline HIV CBOs provided essential services in response to community needs. Staff and resources at these organizations are often stretched thin, and the barriers to successfully applying for funding and utilizing federal funds in a flexible and strategic manner can be overwhelming, especially for smaller and less resource-equipped organizations. New consideration should be given to ways to blend funding streams across federal HIV programs, streamline grant applications to reduce administrative burdens, and provide CBOs with funding to improve their technical capacity and services offered to staff to combat trauma and burnout.

COVID-19 TESTS, TREATMENTS, AND VACCINES

It is critical that vaccines, boosters, treatments, and antivirals remain available without regard to cost and that

Congress authorizes the pivotal funding necessary to acquire additional amounts of these pandemic-suppression tools.

TELEHEALTH

The relaxation of federal and state policies allowed health systems to swiftly adopt telehealth services in the face of COVID-19. Telehealth has proven its utility; several (but not necessarily all) program flexibilities should be made permanent. Consideration should be given to retaining licensure requirement waivers as well as the ability to be reimbursed for telephonic and video telehealth visits.

HOUSING

The pandemic spotlighted a housing crisis that has been inadequately addressed. HIV stakeholders should continue pushing for increased funding for HOPWA and other low-income assistance programs. Modifications to housing policies that address affordability challenges and the lack of adequate housing supply must be prioritized as well.

LONGSTANDING INEQUITIES have exacerbated difficulties caused by the pandemic, especially for people living with HIV. Emergency responses to COVID-19 should motivate community stakeholders and policymakers to use experiences of this pandemic to enact enduring programs and policies that bolster community health and well-being.

TO LEARN MORE

The **Kaiser Family Foundation** offers numerous resources detailing responses to COVID-19 that have been implemented throughout the U.S., including one on the widespread impacts that the ending of the COVID-19 emergency declaration will have on people, which is available at <https://bit.ly/3PeI8OV>.