

# The End of the COVID-19 Public Health Emergency: No Cost Access to COVID-19 Testing, Vaccines, and Treatments



To counter the COVID-19 pandemic, the federal government took action and spent billions of dollars in emergency funds to purchase vaccines, boosters, treatments, and tests and provided them free of charge to the public. Additionally, Congress enacted several bills that required public and private insurers to cover these medical countermeasures. The [Families First Coronavirus Response Act](#) (signed March 18, 2020) required most insurers to eliminate cost-sharing for COVID-19 testing and health care visits during which testing is ordered, and gives states the option to fully cover these costs for uninsured individuals at a 100% federal match. The [Coronavirus Aid, Relief, and Economic Security Act](#) (signed March 27, 2020) broadened the testing and services covered.

Both bills also funded the Health Resources and Services Administration's [COVID-19 Uninsured Claims Reimbursement](#),\* which reimbursed providers for testing and treatment for uninsured individuals. Many but not all of these requirements are tied to the public health emergency (PHE) and will either end right away or one year after the PHE ends.

## Impact

- ★ COVID-19 vaccination efforts in the U.S. [prevented over 2 million deaths](#) and 17 million hospitalizations through March 2022
- ★ Recovery legislation waived cost-sharing for COVID-19 testing and treatment, and had a [positive effect on increasing COVID-19 testing and reducing COVID-19 related deaths](#) in Michigan from April 2020 to March 2021
- ★ No cost access to COVID-19 testing, vaccines, and treatments is necessary because:
  - Cost is a barrier to care, even for people with health coverage: 1 in 11 adults delay or go without medical care due to cost reasons but nearly [1 in 3 adults who are uninsured delay or go without medical care due to cost reasons](#)
  - [Adults, low income individuals, and people of color are at a higher risk of being uninsured](#), making them less likely than people with insurance to receive preventive care and services
  - Many adults who are uninsured work in jobs that [increase their exposure to COVID-19](#)

## Implications at the End of the PHE

- ★ [Commercialization](#): The procurement and distribution of COVID-19 vaccines, testing, and treatments will transition from the federal government to the commercial marketplace
- ★ People may have to navigate a [complicated patchwork of COVID-19 coverage and cost-sharing](#) depending on their health care coverage:
  - People with Medicare will have access to COVID-19 tests and vaccines with no cost-sharing, but [may face out-of-pocket costs for treatments](#) and testing-related office visits
  - People with full-benefit Medicaid will have access to COVID-19 tests, vaccines, and treatments [without cost-sharing](#) for at least a year after the PHE ends. Nearly all Medicaid enrollees will have access to vaccines and vaccine administration without cost-sharing for more than a year after the PHE ends
  - People with private health insurance will have access to COVID-19 vaccines, but may [face cost-sharing for tests and treatments](#)
  - Uninsured adults may get access to COVID-19 vaccines through the [Section 317 Immunization Program](#), but supply is limited because the program is discretionary
  - Uninsured children may get access to COVID-19 vaccines through the federal [Vaccines For Children \(VFC\) program](#), but may be charged an administration fee
- ★ The cost of the clinical visit and vaccine is a [common structural barrier](#) that limits people's ability to access vaccinations
- ★ As a result of historical injustices, Black and Latino people face [structural barriers like cost and less access to care](#), which results in lower vaccine uptake
- ★ People who are uninsured have a [lower uptake of COVID-19 vaccinations and boosters](#), even when free, likely because lack of health care access affects use of preventive services

\*Federal funds for HRSA's COVID-19 Uninsured Program has run out of federal funding and stopped accepting claims for administering vaccines in March 2022.



# Initiatives

## Federal Initiatives

- ★ The House of Representatives passed the [Health and Economic Recovery Omnibus Emergency Solutions Act \(or the Heroes Act\)](#) on May 15, 2020, which would have provided \$75 billion for coronavirus testing, contact tracing, and isolation measures with special attention to disparities facing communities of color
- ★ The Biden Administration requested [\\$22.5 billion in FY22 supplemental funding for COVID-19 efforts](#), but Congress has declined to provide additional funding as of publication date
- ★ The Biden Administration requested [\\$25 billion over 10 years in the FY23 budget](#) to establish a new mandatory Vaccines For Adults (VFA) program to provide uninsured adults access to vaccines at no cost (similarly to the [VFC](#) program for children)

## State Initiatives

- ★ Many states passed [policies](#) that required insurers to provide the COVID-19 vaccine for free or waive cost-sharing for COVID-19 treatment during the PHE
- ★ Eighteen states\* used their Medicaid program to cover the cost of COVID-19 testing, treatment, and vaccines [for people who are uninsured](#), regardless of their income, with 100% federal matching funds to cover costs\*\*

\*As of August 27, 2021

\*\*This option will end when the PHE ends



# Recommendations

## Federal Policy Recommendations

### IMMEDIATE OPPORTUNITIES

- ★ Create sustainable funding streams to continue the COVID-19 response and ensure people have access to COVID-19 testing, vaccines, and treatments regardless of insurance status
- ★ Coordinate with health insurers to make COVID-19 testing, vaccines, and treatments available with no cost sharing and no utilization review

## State Policy Recommendations

### IMMEDIATE OPPORTUNITIES

- ★ See recommendations on Medicaid redetermination to ensure people do not lose coverage and access to health care services due to procedural reasons
- ★ Require insurers on the fully insured market to [cover COVID-19 testing, vaccines, and treatments](#) without cost-sharing and utilization review beyond the end of the PHE
- ★ Encourage employers providing employer-sponsored insurance to [cover COVID-19 testing, vaccines, and treatments](#) without cost-sharing and utilization review
- ★ Increase funding and support to safety-net providers like federally qualified health centers and rural health centers to sustain the provision of no-cost COVID-19 prevention and treatment services to people who are underinsured and uninsured

### LONGER-TERM SOLUTIONS

- ★ [Expand Medicaid](#) to decrease the number of people who are uninsured and improve people's access to health care services like COVID-19 vaccines and treatments

“ My family getting sick and me not having the funds to get them the care they need.”

-[COVID-19 National Survey](#) participant on his worries and concerns. Male. 24-34. Very Conservative. High School Education. Black.



NEARLY 1 IN 3 ADULTS WHO HAVE NOT BEEN VACCINATED (AS OF APRIL 2021) EXPRESSED OUT-OF-POCKET COSTS AS A CONCERN

Source: [Kaiser Family Foundation COVID-19 Vaccine Monitor: April 2021](#)

## UNITED STATES OF CARE

United States of Care (USofCare) is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. By putting the needs of people at the forefront of our research and policy solutions, we can create a health care system that works for people.

This one-pager is part of USofCare's playbook, "The End of the COVID-19 Public Health Emergency: Lessons Learned from the Pandemic and Implications for People."

