

End of COVID-19 PHE Implications

COVID-19 Public Health Emergency ends May 11, 2023

Testing

- Emergency Use Authorizations (EUA) for test kits are not connected to the federal PHE and will still be enacted.
- On-going supply may be impacted due to Congressional budget, not necessarily the federal PHE.

Surveillance

- Surveillance in Utah largely unaffected
- Hospitals are required to report COVID occupancy to the National Healthcare Safety Network (NHSN) through the federal PHE.
- Currently unclear how this reporting will be affected with the ending of the federal PHE.

Treatment

- EUAs for current therapeutics will remain in place.
- Current guidance suggested that commercialization will not be tied to the ending of the federal PHE.
- We expect to continue receiving federally supplied therapeutics past the federal PHE.

Vaccine

- The federal PHE does not affect the EUA for COVID-19 immunization. Vaccines will remain available with no out of pocket expense until government-purchased supply is exhausted.
- Commercialization is expected to cause barriers to access for those who are uninsured.
 - Expect private purchase of vaccine to become active in Fall 2023.
 - Moderna will create a patient assistance program for uninsured and underinsured to cover the cost of Moderna vaccinations.
- COVID-19 vaccination was added to the list of routinely recommended immunizations for adults and children ages 6 months and older on February 9, 2023.
 - Allows for COVID-19 vaccines to be provided under the Vaccines for Children (VFC) Program.
 - Provides coverage for those who qualify for VFC vaccine with no out of pocket costs to those through the age of 18.

RISE (Case Investigation/Contact Tracing)

- No impacts to RISE with the end of the federal PHE.
- Anticipating increase in Care Navigation services being offered.

Long Term Care Facilities

- Testing for staff in assisted living facilities may become difficult if the facility decides to no longer provide the tests.

Health Systems

- Facility requirements and care location exemptions designed to increase capacity will expire with federal PHE.
 - Examples include temporary expansion sites and offsite screening flexibilities will end with PHE.
- Flexibilities to reduce administrative burden on hospitals will end with federal PHE.
 - Examples include elements of quality assessment and performance improvement program flexibilities and utilization reviews for medical records completion and staffing flexibilities.

Medicaid

Medicaid Continuous Enrollment

- Congress uncoupled Medicaid continuous enrollment and the federal PHE through the Consolidated Appropriations Act in December 2023. The Act established April 1, 2023 as the end of continuous enrollment requirements.
 - March 1, 2023, the Utah DWS will begin reviewing eligibility of Medicaid recipients, and will complete the review in December 2023.
 - Medicaid members will be assigned an eligibility review date and their case will stay open until the review is complete.
 - Medicaid members should continue to use their benefits as normal until the review is finished.
 - Medicaid will coordinate connections to the federal marketplace and provide resources from state and non-profit partners when the member is no longer eligible.

Medicaid

- The federal PHE will end the COVID-19 Uninsured Coverage Medicaid program which covered COVID-19 testing, testing-related services, treatment, and vaccines for uninsured Utahns regardless of income.

Finance

- DHHS RFP contracts for uninsured testing, treatment, and vaccination for COVID-19 planned to go into effect by the end of the federal PHE.
- FEMA Public Assistance may not be made available for any expenditures that occur after the end of the federal PHE.