**PHE still in place:** The COVID Public Health Emergency (PHE) has officially been extended for another 90 days, through mid-January. The Biden Administration has committed to giving the public 60 days’ notice if it will not extend the PHE; thus, we will know in mid-November if it will be extended again, through April 2023.

**You can get ready for the end of the PHE now. DHHS continues to release unwinding materials and information:** While the end of the PHE remains unclear, the Utah Department of Health and Human Services (DHHS) continues to prepare to restart Medicaid eligibility redeterminations and the end of some Medicaid flexibilities. Most recently, DHHS [released a document](https://medicaid.utah.gov/Documents/pdfs/unwinding/PHE%20Unwinding%20Policy%20Communication.pdf) outlining which flexibilities were taken at the beginning of the PHE, and what their status will be post-PHE. Two examples of upcoming changes include:

* Utah Medicaid will go back to following CMS guidelines regarding face-to-face requirements
* Utah Medicaid will continue to waive cost sharing requirements for COVID-19 testing, treatment, and vaccines for at least one year after the PHE. The American Rescue Plan cost sharing exemption will last until one year and one quarter after the end of the PHE.

### Federal funding for COVID-only Medicaid coverage will end entirely and immediately when then Public Health Emergency ends: Early in the pandemic, Congress offered states and territories the option of providing uninsured individuals who would not typically be Medicaid-eligible with Medicaid coverage for COVID testing, vaccine, and treatment, at a 100% FMAP rate. Utah Medicaid took advantage of this opportunity. In [guidance released Monday](https://www.medicaid.gov/resources-for-states/downloads/ending-covrg-optnl-covid-grp-guidance.pdf), CMS stated that Federal funding for this COVID-only optional group will end immediately – and entirely – on the first day after the COVID PHE ends, even if the patient is “in the middle of a course of treatment or receiving services for treatment of ‘long COVID’.”

**Kudos to UDHHS:** Georgetown University released an “[Unwinding Tracker](https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/),” which determines what unwinding information can be found publicly for each state. Utah ranked the highest, tied with Arizona, California, Michigan, and Nevada. This is another reassurance that Utah is poised to be one of the most well-prepared states post-PHE.  However, the Department of Workforce Services is very concerned about the volume of redeterminations they will be responsible for doing. AUCH will share the **Medicaid Constituent Services** slides from the last MCAC; there is a page of names and contact information for how to help Medicaid beneficiaries.

### COVID vaccines, tests, and treatments will soon be “commercialized”, with the private sector determining purchasing and distribution: Due to depleted funding, HHS stopped making free tests available by mail on August 31 and expects to stop purchasing and distributing COVID vaccines in January. As a result, responsibility for purchasing and distributing COVID countermeasures is shifting from the Federal government to the commercial market.

This “commercialization” of COVID-related items raises important questions around how people will access vaccines and treatments, how they will be priced, and to what extent they will be covered by insurance once the Federal government is no longer ordering or paying for them. Insured persons could face new or higher cost-sharing, and CHCs will incur greater costs when providing COVID services to uninsured individuals.

### COVID vaccines will be added to the Vaccines for Children program: The CDC voted unanimously to add COVID-10 vaccines to the Vaccines for Children (VFC) program. This means that CHCs will be able to obtain free COVID vaccines (both initial doses and boosters) to provide to uninsured and underinsured children through age 18. NOTE: This does not mean COVID vaccines are required for children, only that they are available under VFC.

**340B Advocacy request:** At last week’s 340B conference in Denver, presenters emphasized the need for health centers to be able to explain how they are using 340B revenue – whether that is to pay for additional staff, support additional services, etc. AUCH will send a set of posters from Salina Family CHC in Kansas that remind patients of the important of 340B revenue.

**Health Care Workforce Financial Assistance Program still accepting applications:** The Health Care Workforce Financial Assistance Program (HCWFAP) is still accepting applications until all funding is awarded. Any provider interested is encouraged to apply ASAP. As a reminder, the program has a host site match of 20% the total award amount. For more information and application, visit the [program website](https://ruralhealth.health.utah.gov/workforce-development/health-care-workforce-financial-assistance-program-hcwfap/) or reach out to Rachel ([rcraig@auch.org](mailto:rcraig@auch.org)).