



STATE OPTIONS TO PROVIDE COVID-19 TESTING, TREATMENT & VACCINATION FOR UNINSURED IMMIGRANTS

WHAT'S INSIDE:

- Ensuring Free Access to COVID-19 Testing, Treatment and Vaccination
- Supporting Immigrants and their Families Beyond Health Care
- Additional Resources

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INTRODUCTION

In the United States, [over 3 million people](#) have tested positive for COVID-19, and more than 100,000 people have died from the virus. More specifically, COVID-19 has shown [disproportionate impacts](#) on low-income immigrants. They are more likely to be exposed to the virus as many continue to be on the [front lines](#) risking their lives as health care workers, delivery workers, harvesting our food, and caring for our loved ones. While the pandemic has exposed many flaws in the U.S. health care system, our country's long history of [restricting immigration based on race and ethnicity](#) has led to state and federal policies [denying](#) millions of low-income immigrants access to high-quality health care services. According to the Kaiser Family Foundation, [23 percent of immigrants who are lawfully in the country lack health insurance](#). Meanwhile, the majority of undocumented immigrants are barred from accessing federally funded public health insurance programs; and many cannot afford to buy private health coverage, thus remain uninsured.

To stem the virus' impacts, everyone must have a fair shot at getting through the crisis healthy and whole. It is more imperative than ever for policymakers to ensure that no-cost testing and treatment for the virus—and eventually, a no-cost vaccination—are universally available to all immigrants, regardless of their immigration status. Unfortunately, the federal relief packages passed into law in the past three months [have failed](#) to make COVID-19 testing and treatment available to millions of hard-working immigrants. To fill the gaps of federal relief efforts, states must create inclusive policies that ensure free health care services for COVID-19 testing, treatment and vaccination are available to everyone, no matter their immigration status.

This brief offers a list of policy ideas and strategies for state consumer health advocates to consider when working with state policymakers on supporting immigrants and their families throughout the COVID-19 pandemic.

ENSURING FREE ACCESS TO COVID-19 TESTING, TREATMENT AND VACCINATION

Since March 2020, Congress passed several packages to respond to the crisis:

- 1) The Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R.6074)** allocated \$8.3 billion in emergency funds to respond to the COVID-19 outbreak - [81 percent of these funds](#) are designated for the domestic response, including grants to federal, state and local agencies to improve health care for people who live in remote areas and are economically or medically vulnerable, and disaster loan programs for small businesses.
- 2) The Families First Coronavirus Response Act (FFCRA) (H.R.6201)** provides [\\$100 billion](#) in worker assistance (including emergency paid sick leave and unemployment insurance benefits), nutrition assistance, free COVID-19 testing and a Medicaid funding boost.
- 3) The Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R.748)** builds on the 2nd package, [adding a roughly \\$2 trillion to speed up the relief efforts](#) to individuals, families and businesses.
- 4) Congress approved to [replenish funds in the CARES Act \(CARES Act 3.5\)](#)** to the tune of a \$484 billion package.

Included in these packages are a number of provisions that provide resources and/or pathways to provide coverage and access to testing and treatment for uninsured individuals. However, there are limitations that impede states from extending access to these services to some immigrant groups. The following sections provide an overview of these limitations and discuss different pathways states can take to maximize federal resources to ensure immigrants can access testing, treatment and vaccination for COVID-19.

MEDICAID PATHWAY

Under the [FFCRA](#), states are allowed to use Medicaid—and receive 100% funding from the federal government—to provide COVID-19 testing services to the uninsured during a public health emergency period.¹ Specifically, if states take this option, they can submit a [Medicaid Disaster Relief State Plan Amendment](#) (SPA) to temporarily create a new Medicaid eligibility group during the COVID-19 pandemic period. According to CMS guidance, in addition to their SPA submission, states can request waivers under section 1135 to provide or increase beneficiary access to services related to COVID-19 (such as cost sharing waivers, payment rate increases, or amendments to Alternative Benefit Plans to add services or providers).²

To be included in the optional Medicaid eligibility group for COVID-19 testing, in addition to residency and immigration requirements under regular Medicaid rules, an individual must be uninsured—which is defined as someone who is not enrolled in another federal health care program or a commercial group or individual health plan. However, the [CARES Act](#) clarifies the definition of uninsured individuals to include those enrolled in health plans with a limited benefit package – for example, people who are enrolled in short-term, limited-duration plans; and [current Medicaid enrollees who receive a limited benefit package](#) based on tuberculosis, family planning only services, or medically needy eligibility.³ The CARES Act also ensures that low-income individuals who are in the “coverage gap” resulting from state decisions not to expand Medicaid are included in the definition of uninsured individuals. Nationally, [more than two million low-income uninsured adults](#) fall into this category.⁴

STATE SOLUTIONS:

Because of the residency and immigration status requirements in Medicaid, a [large number of immigrants](#) are left out of this optional Medicaid eligibility group for COVID-19 testing. Excluded individuals include undocumented immigrants and low-income immigrants with a green card who have resided in the U.S. for under 5 years. To fill the gaps in coverage under the federal relief efforts, states have two options under their Medicaid program to make COVID-19 testing and treatment available to those who are excluded.

1) LEVERAGE THE EMERGENCY MEDICAID PROGRAM

In general, all states can leverage the emergency Medicaid program to provide emergency services for immigrants regardless of their status. According to the federal law, states have the [administrative authority](#) to clarify the definition of emergency Medicaid to include COVID-19 services (including testing, treatment and vaccination). In terms of funding, states will receive a regular Federal Medical Assistance Percentages (FMAP) plus an increase of 6.2% enhanced match provided through FFCRA. A number of states have taken this path, but with differences in their interpretation regarding scope of services. The Center on Budget and Public Priorities has developed this [tracker](#) to help advocates working on this effort review how certain states are interpreting this authority.

Advocacy opportunity for states with Medicaid expansion: Federal law requires that emergency Medicaid cover qualifying individuals regardless of their immigration status.⁵ However, not all states are eagerly taking up this option to support immigrant populations in part because some state officials are unclear about whether they will ultimately receive federal reimbursement. Therefore, consumer health advocates have a critical role to play in initiating the conversation.

For instance, advocates in New York initiated the conversation with their state policymakers in a letter discussing the concept of extending the emergency Medicaid program to provide COVID-19 testing and treatment to low-income immigrants without status in the state. Similarly, [advocates in Michigan](#) sent a letter to the director of the Michigan Department of Health and Human Services and the lieutenant governor urging them to include COVID-19 related testing, evaluation and treatment in the emergency services of the Emergency Services Only program.

¹FFCRA (section 6004, 6008, 1902)

²CMS: Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment Instructions <https://www.medicaid.gov/state-resource-center/downloads/medicaid-disaster-relief-spa-instructions.pdf>

³CARES Act (section 3716)

⁴ See [CMS's Frequently Asked Questions](#) for additional information

⁵ 42 CFR 440.255 - Limited services available to certain aliens.

Advocacy opportunity for non-expansion states: Because of the income eligibility requirement under emergency Medicaid rules, even if a non-expansion state opts to leverage emergency Medicaid to provide COVID-19 related services to low-income uninsured individuals, many immigrants are still left out. To effectively respond to COVID-19 and protect their state residents, non-expansion states should immediately expand Medicaid through a SPA for full benefits while leveraging emergency Medicaid funds to provide health care services related to COVID-19 to the remaining uninsured immigrants.

[Studies](#) show expanding Medicaid has both [health](#) and [economic benefits](#) – including [better access to care](#) and less bad debt for enrollees and health care systems. Community Catalyst created this set of COVID-19 state specific Medicaid expansion [graphics](#) and [messaging](#) to help advocates communicate with policymakers, stakeholders and grassroots supporters about the values of Medicaid.

For specific state immigration data profiles, advocates can visit the [Migration Policy Institute](#).

2) USE STATE FUNDS TO EXPAND MEDICAID COVERAGE TO LOW-INCOME UNDOCUMENTED IMMIGRANTS

Over the past few years, a number of states have taken this [option](#) by moving incrementally to cover specific subsets of their immigrant population.

- Six states (California, Illinois, Massachusetts, New York, Oregon and Washington) and the District of Columbia have expanded Medicaid coverage to low-income children up to the age of 18 and to pregnant people regardless of immigration status, and they continue to look for additional ways to expand coverage to adults.
- In 2019, California expanded MediCal coverage to approximately 90,000 low-income immigrants through age 25.
- Recently, Illinois successfully [passed legislation](#) allocating funding in the FY 2021 state budget to create a pathway to health coverage for low-income uninsured seniors aged 65 and older, regardless of their immigration status.

Advocacy opportunity: Coverage expansion for undocumented immigrants requires state resources. Funding coverage expansion initiatives is a persistent challenge, especially now that states are increasingly facing [budget shortfalls](#) because of the COVID-19 pandemic. To build policymakers' confidence in championing coverage expansion efforts, advocates should carefully quantify the costs and benefits of expansion for this new population and secure accurate fiscal notes. It is helpful to collect and analyze data on how undocumented immigrants currently access health care services at the local and state level and how much these services cost over time.

In addition, advocates should work closely with policymakers to identify all types of available funds to finance such initiatives. Those may include federal emergency Medicaid funds, provider assessments, insurer assessments, raising additional revenue through tax increases (such as a tobacco tax and a sugar-sweetened beverage tax), though each of these approaches has advantages and disadvantages that each state will need to weigh.

FEDERAL PROVIDER RELIEF FUNDS PATHWAY

Congress has established various funding programs to reimburse providers who provide COVID-19 related services to uninsured individuals. While some programs pay only for testing and testing-related services, others pay for both testing and treatment.

	FFCRA	CARES Act	CARES Act 3.5
Program	FFCA relief fund	Provider relief fund	COVID testing & treatment fund
Amount dedicated	\$1B	Unspecified based on claims	Up to \$1B
Services covered	No-cost testing	No-cost testing & treatment	No-cost testing
Oversight agency	HRSA	HRSA	HRSA
Guidance released	Yes	Yes	Yes

Source: *State Health and Value Strategies (May 2020)*. [Recent COVID-19 Stimulus Legislation and Guidance: Opportunities and Considerations for States](#)

Under [HRSA guidance](#), participating providers can request reimbursements for their services through these relief fund programs and uninsured patients can receive COVID-19 services at no cost. Providers will be reimbursed at Medicare rates, and they are prohibited from balance billing patients. However, reimbursements are subject to available funding. Because the statute does not impose any requirements on income eligibility and immigration status, these provider relief fund programs have the potential to cover all uninsured individuals across the country (including those in the coverage gap).

STATE SOLUTION:

According to [CMS operational guidance](#), uninsured patients are not required to meet citizenship or immigration requirements for providers to receive reimbursement for testing or treatment services under the HRSA-administered program. However, HRSA’s claim portal include a question on [social security number \(SSN\) or driver’s license numbers](#)—information that some immigrants do not have. Though it is an optional question, this might create unnecessary fear especially for undocumented immigrants. States should issue notices to providers to encourage them to participate in these federal funding programs and clearly explain that the SSN question can be left blank if patients do not have the information.

Advocacy opportunity: State consumer health advocates can work with relevant agencies to develop provider notices that explain different federal funding sources that are available for them to provide services related to COVID-19. See an example of provider notice from Illinois [here](#).

SUPPORTING IMMIGRANTS AND THEIR FAMILIES BEYOND HEALTH CARE

The COVID-19 pandemic is not affecting everyone in the same way. Across the country, low-income immigrants are not only at risk for experiencing serious illness if they become infected with the virus, but many—especially undocumented immigrants— [are struggling to put food on the table or pay rent or other essential utilities](#). According to a [survey](#) conducted by Make the Road New York, almost all survey respondents (most of them are Latinx) said they had lost their job or income and now are worried about paying rent and being exposed to landlord harassment. In order to fully support immigrants and their families, state policymakers should take actions that go beyond health care coverage and access.

CONDUCTING ROBUST OUTREACH AND EDUCATION CAMPAIGNS

In March, the U.S. Citizenship and Immigration Services announced that immigrants who access health care services for COVID-19 would not be denied visa or green cards under the new public charge. Nevertheless, such an assurance is unlikely to persuade immigrants from seeking help as the Trump administration continues to scapegoat immigrants and promote their racist and xenophobic anti-immigrant agenda. Additionally, due to increased immigration enforcement around the country, fear extends into clinical spaces, where immigrants worry about ICE presence or about staff sharing patients' legal status.

STATE SOLUTIONS:

To ensure immigrants have access to accurate information about COVID-19 and where to access health care services, states should partner with community-based organizations or community health workers who have deep connections with immigrant communities to conduct outreach and education campaigns and contact tracing, as well as invest in quality translation and interpretation services.

1) PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO SPREAD INFORMATION ABOUT AVAILABLE SERVICES SAFE FROM ICE HARASSMENT

Many of these organizations have built trust within communities and are in a good position to dispel misinformation about accessing health care coverage for immigrants as well as how to access testing and treatment for COVID-19

Advocacy opportunity: In many states, consumer health advocacy organizations have been leading the outreach and education efforts in immigrant communities. For example, [Health Care For All \(HCFA\)](#), a consumer health advocacy organization in Massachusetts, has developed and implemented an educational campaign on radio, [newspaper](#), TV and [social media](#) in [Spanish](#) and [Portuguese](#). One of the goals of the campaign is to highlight the importance of COVID-19 prevention measures (like social distancing, handwashing, disinfecting surfaces, and wearing masks) and the importance of having health coverage during the pandemic. HCFA's campaign has also focused on clarifying that hospitals and community health centers are "sensitive locations" where immigration authorities avoid enforcement. Finally, HCFA's messaging makes clear that federal authorities will not count the use of health services and health coverage related to COVID-19 towards the "public charge" test, meaning that using COVID-19-related coverage and services will not affect one's ability to adjust immigration status.

2) LEVERAGE MEDICAID AND CHIP FUNDING FOR ADMINISTRATIVE SERVICES SUCH A TRANSLATION AND INTERPRETATION OF INFORMATION ON COVID-19

Language barriers also make it difficult for many immigrants to access information on the COVID-19 pandemic, prevention, testing and treatment as well as to understand their rights. Growing evidence shows many people with limited English proficiency have been misinformed about the COVID-19 pandemic and what they should do. The delayed response in getting multi-lingual COVID-19 resources puts as many as 25 million non-English speaking Americans more at risk of contracting the virus than their English-speaking neighbors. States should ensure all state response to the COVID-19 pandemic adequately meets the language access needs of people with limited English proficiency (LEP).

Advocacy opportunity: Consumer health advocates can work with relevant agencies to ensure COVID-19 written resources are accurately translated into different languages and that interpretation services are available at health care service sites so providers have resources they need to effectively communicate with LEP families and communities. For example, the [Ohio Department of Health](#) has frequently asked questions in five languages (Arabic, Chinese, English, Somali and Spanish). Asian Pacific Islander American Health Forum has created a [community library of COVID-19 resources](#) in a wide variety of languages that advocates can utilize and contribute to. The Harvard COVID-19 Health Literacy Project also has [flyers in multiple languages](#) available.

3) DEPLOY A WORKFORCE WITH DEEP CONNECTIONS TO IMMIGRANT COMMUNITIES TO CONDUCT CONTACT TRACING

Contact tracing is vital to track the spread of COVID-19 and fight the pandemic. However, this approach sparks concerns about how confidential information is being used and shared. Especially in immigrant communities—giving the Trump administration’s hardline stand against immigration—many are worried that their information would be misused or forwarded to federal immigration authorities.

To [build trust](#) in immigrant communities, state government officials must ensure that contact tracing is conducted in a safe and private manner. It must be solely used as a tool to curb the spread of COVID-19—identifying individuals who are infected by or potentially exposed to the virus and helping them access needed testing and treatment. All contact tracers should be required to undergo a racial bias training and comply with state privacy and security protections that prohibit the sharing of personal information to other government agencies (including immigration enforcement). States must prohibit the collection of SSN or information regarding citizenship or immigration status from any individuals whom they contact or trace. Violation must be subject to a civil penalty.

Advocacy opportunity: Consumer health advocates should work with relevant agencies and leverage federal public health funding to promote the hiring of [diverse](#) community health workers and other community workers (such as doulas, peer supports and others). See [here](#) for recommendations advocates in California sent to Governor Newsom on COVID-19 contact tracing.

PROVIDING ADDITIONAL RELIEF PROGRAMS

While advocacy efforts continue at the federal level push for an effective federal COVID-19 response package that is inclusive of all immigrants, states should work to remove all requirements that create barriers for immigrants to have access to public benefits—those include, but are not limited to, requirements on immigration status, work permits, social security number and driver’s licenses.

Advocacy opportunity: Consumer health advocates can partner with groups working on immigrant rights to advocate for immediate relief to immigrant workers excluded from the federal relief package. See [here](#) for an example of a letter advocates in New Jersey wrote to Governor Murphy and legislature leadership urging them to provide disaster relief to immigrant workers and families excluded from federal relief efforts.

Advocates should also work with state officials to implement other measures that impact immigrants’ economic security and wellbeing, such as: suspending all police can ICE enforcement; leveraging unspent Temporary Assistance for Needy Families funds to provide cash benefits and supportive services; leveraging the federal [Pandemic Electronic Benefit Transfer](#) (P-EBT) program to help immigrant families put food on the table; and issuing an eviction moratorium during the pandemic. For more in-depth information on these policies, check out [this report from Make The Road New York](#) and this blog on [Five Ways to Ensure P-EBT Reaches Immigrant Families from the Center for Law and Social Policy](#)

The COVID-19 pandemic highlights our interdependence—we are all at risk when anyone is left behind. Immigrants will continue to be vital in our recovery as a nation, and this crisis has created an opening and urgency for fundamental changes in how we care for one another as a society. Policymakers at all levels must ensure that everyone, regardless of where they were born, has access to economic support, health care, and other supports they need to thrive.

ADDITIONAL RESOURCES

- Community Catalyst (June 2020). [Talking Points to Support Advocacy for Immigrant Communities](#)
- Community Catalyst (June 2020). [Racial Equity in State and Local COVID-19 Responses Checklist](#)
- Community Catalyst's [COVID-19 Resource Hub](#)
- National Health Law Program (May 2020). [Top Ten List: Coverage of COVID Testing and Treatment for Immigrants](#)
- Manatt Health (April 2020). [Pathways to Coverage for COVID-19 Testing and Treatment for Adults in Medicaid Expansion and Non-Expansion States](#)
- National Immigration Law Center (April 2020). [Shared Crisis, Shared Solutions: State and Local Advocacy for an Immigrant-Inclusive Response to the COVID-19 Crisis](#)
- Protecting Immigrant Families (April 2020). [COVID-19 Relief Messaging Guidance](#)
- Health Affairs Blog (April 2020). [Serious Challenges And Potential Solutions For Immigrant Health During COVID-19](#)
- Immigrant Legal Resource Center (June 2020). [State and Local COVID-19 Emergency Funds and Public Charge](#)