



FLORIDA HEALTH
JUSTICE PROJECT

**COVID-19
Federal and State Actions
March 18-April 10, 2020:
Policy Digest & Recommendations**

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Correction: Please note, we have made a correction to a previous version of this Policy Digest.

The introduction previously, and erroneously, stated: “Data shows that 56% of non-elderly Floridians of color are uninsured and as such, are more likely to report barriers to care.”

That information has been replaced with the following, accurate statements:

“...while Blacks and Hispanics make up a combined 43% of Florida’s population, they account for a full 56% of the total nonelderly uninsured population. This reflects the higher uninsured rates experienced by Florida’s Hispanics and Blacks (22% and 17%, respectively) as compared to Whites (13%).”

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INTRODUCTION

Florida's diverse population presents a unique challenge as it exacerbates the manner in which COVID-19 will impact Floridians and the state's healthcare system. On most metrics of vulnerability, as it relates to COVID-19 (rates of uninsured, proportion of senior citizens, proportion of minorities, etc.), Florida estimates are higher than national estimates. Florida is one of just 14 states that has not expanded Medicaid. Consequently, 2.7 million Floridians are uninsured.¹ Florida, and particularly South Florida, have higher rates of uninsured (FL: 16.0% vs. Palm Beach: 17.9% vs. Broward: 16.8% vs. Miami-Dade: 19.5%) compared to national uninsured rates of 10.0%.²

With high rates of uninsured, Floridians are more likely to face increased barriers of access to care. It is estimated that 27% of Floridians do not have a usual source of care,³ and 30% have delayed seeking care.⁴ Barriers to care in the face of COVID-19 pose a risk not just to the individual, but also to the public's health as uninsured individuals facing challenges in accessing treatment and/or covering the cost of treatment may forego testing and treatment, potentially contributing to the spread of COVID-19.

Adults aged 65 years and older are at an increased risk of severe complications from COVID-19.⁵ Florida's rate of seniors (20.5%) is far higher than the national rate (16%).⁶ Thus far, among confirmed cases of adults in the US, 31% to 70% of adults 65 years and older required hospitalization; 6% to 31% required ICU admission, and 4% to 27% have died.⁷

In addition, emerging research shows that minorities are also at an increased risk of death from COVID-19.⁸ The State of Florida has a higher proportion of Blacks and Hispanics compared to national estimates (US: 31.5% vs. FL: 43.0% vs. Palm Beach: 42.6% vs. Broward: 60.5% vs. Miami-Dade: 87.0%).⁹ This increased risk of death among people of color stems, in large part, from increased health and financial risks often faced by this population.¹⁰ Further, while Blacks and Hispanics make up a combined 43% of Florida's population¹¹, they account for a full 56% of the total nonelderly uninsured population.¹² This reflects the higher uninsured rates experienced by Florida's Hispanics and Blacks (22% and 17%, respectively) as compared to Whites (13%).¹³

Compared to their White counterparts, people of color also have higher rates of underlying conditions, such as asthma, diabetes, heart disease and HIV/AIDS, which puts this group at an increased risk of severe illness from COVID-19.¹⁴ Furthermore, almost a quarter of Blacks and Hispanics (24%) work in the service industry compared to 16% of Whites; therefore, increasing their risk for job loss, loss of income or exposure if their jobs are maintained.¹⁵

Florida's high proportions of senior citizens and minorities, with their increased risks of severe complications and death from COVID-19, presents a great concern for Florida's healthcare system. As of April 9, 2020, Florida's Agency of Healthcare Administration (AHCA) reported ICU beds' occupancy rates well over 50% (Palm Beach county: 61.6%, Broward county: 64.7%, Miami-Dade county: 60.0%).¹⁶ Needless to say, with ICU beds

already occupied at well above 50%, it is imperative that policies are put in place to mitigate the negative impact on Florida's healthcare system.

Lastly, the high proportion of foreign-born individuals in South Florida (Palm Beach: 25.0%, Broward: 33.7%, Miami-Dade: 53.3%, versus 13.5% nationally)¹⁷ puts Floridians in a uniquely vulnerable position. Immigrants who lack a social security number will not benefit from the stimulus packages and relief efforts coming out of Washington.¹⁸ Furthermore, given pervasive anti-immigrant rhetoric, and the recent change to the Public Charge Rule, some immigrants may fear accessing health care, as well health coverage and other assistance programs. Such fear may further drive immigrant Floridians to delay care and/or seek relief amid the COVID-19 crisis.¹⁹

In sum, Florida's unique demographic and socio-economic composition, in conjunction with the acute access challenges that flow from state-level policy choices, present significant challenges in the fight against COVID-19. As such, policy initiatives targeting the state's health, economic and social risk factors are needed to mitigate the negative impact of COVID-19 on the state's population and its healthcare system.

OVERVIEW & STRUCTURE

To date, three major pieces of federal legislation have been signed into law: the Coronavirus Preparedness and Response Act (H.R. 6074), signed into law March 6, 2020; the Families First Coronavirus Response Act ("FFCRA", H.R. 6201) signed into law on March 18; and the Coronavirus Aid, Relief, and Economic Security Act ("CARES", H.R. 748) signed into law on March 27, 2020. A fourth federal bill is being debated. Federal legislation has impacted federal administrative policy, and the Centers for Medicare & Medicaid Services has made numerous changes. Meanwhile, in response to the federal legislative and administrative moves, multiple state agencies in Florida have issued policy changes of their own.

The purpose of this document is to outline the policy responses, both federal and state, to COVID-19. Updates are focused principally on healthcare policy, while also covering, somewhat less comprehensively, housing, food security, and employment measures. Within each substantive area, policy changes are grouped thematically, and are cited to the underlying policy source. We supplement the digest of adopted policies with recommendations for further policy actions necessary to ensure access to healthcare for the most marginalized and vulnerable Floridians, and to address core social determinants of health in the midst of Florida's COVID-19 crisis.

HEALTHCARE POLICY UPDATES & RECOMMENDATIONS

HEALTHCARE POLICY UPDATES:

Covered services, ban on cost sharing:

- Medicare, Medicaid, all group health plans, and individual health insurance policies must **cover testing and associated visits** related to the diagnosis of COVID-19 during the federally-declared emergency period.²⁰
- States are **prohibited from imposing cost-sharing on COVID-19 testing** or testing-related services in Medicaid and CHIP, beginning on March 18.²¹
- TRICARE and the Department of Veterans Affairs **cannot impose cost sharing for testing**.²²
- Indian Health Service **cannot impose cost sharing for testing**.²³
- Medicare beneficiaries will not be responsible for any cost sharing for a **COVID-19 vaccine**, once developed.²⁴
- Medicare and Florida Medicaid have both expanded **coverage of telehealth** to allow more beneficiaries to receive care (and for Medicare patients, dialysis treatment) at home.²⁵

State Options (Continuity of Coverage, Extensions of Coverage, New Coverage Groups):

- States have the option to provide Medicaid coverage of COVID-19 **testing for uninsured residents** with 100% federal financing.²⁶ Florida has not yet done so.
- States have the option to continue to provide **home and community-based services**, including attendant care, to individuals who are admitted to an acute care hospital. These services must not be duplicative of hospital services. The services should be designed to ensure smooth transitions between acute care settings and the community, and to preserve an individual's functional abilities.²⁷

Continuity of Coverage/Extension of Eligibility:

- The FFCRA includes a temporary 6.2 percentage point increase in the regular (e.g., non-expansion) Medicaid matching rate for states, retroactive to January 1, 2020, and lasting through the last day of the calendar quarter in which the emergency ends. To qualify, states have to: 1) **provide Medicaid coverage without cost sharing for testing and treatment of COVID-19**, including vaccines, equipment and therapies for its Medicaid beneficiaries; 2) states cannot impose more restrictive eligibility standards, methodologies or procedures, or charge higher premiums than those in effect on January 1, 2020; 3) **states may not disenroll individuals from Medicaid through the end of the emergency period** unless an individual voluntarily terminates his or her eligibility or ceases to be a resident of the state. (This means that individuals receiving Medicaid pursuant to a time limited coverage category, e.g. 60 days of postpartum coverage under pregnancy-related Medicaid, will remain

enrolled through the end of the emergency period, if eligibility would otherwise end earlier.)²⁸ **NOTE: Florida has opted to receive the increased FMAP funding, and is thus bound by the above conditions.**

- Florida Medicaid is suspending all recertifications for people due to recertify in April and May, and providing a 6 month extension.²⁹

Lifting Barriers (Limits, Pre-Authorizations):

- Florida Medicaid will **waive limits on services** (e.g. frequency, duration, and scope) in order to maintain the health and safety of recipients diagnosed with COVID-19 or to maintain a recipient safely in their home. *Note:* Changes to Florida Medicaid are pursuant to the state's 1135 Waiver.³⁰
- Florida **Medicaid** will lift all limits on **early prescription refills** for maintenance medications, except for controlled substances, during the state of emergency, and will reimburse for a **90-day supply** of maintenance prescriptions when available at the pharmacy or via mail order.³¹
- **Medicare Part D** plans are required to provide up to a **90-day supply** of a prescription medication if requested during the emergency period.³²
- Florida Medicaid is **waiving copayment requirements** for all services.³³
- Florida Medicaid is **waiving prior authorization requirements** for medically necessary hospital services, physician services, advanced practice registered nursing services, physician assistant services, home health services, and durable medical equipment and supplies for all recipients.³⁴
- Florida Medicaid is **waiving prior authorization requirements** for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19.³⁵

Procedural Extensions:

- FL Medicaid recipients impacted by COVID-19 may be given **more time to submit an appeal** through their health plan, or request a fair hearing.
- FL Medicaid has allowed that all Pre-admission Screening and Resident Review (**PASRR**) **processes may be postponed** until further notice by the Agency.

Expanding Workforce:

- Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located **in-state or out-of-state**.
- In the event of workforce shortages in the State, practitioners that are not already enrolled as Medicaid providers in Florida can seek enrollment.³⁶
- AHCA has **expanded the range of providers** considered qualified to provide various long-term care services.³⁷

Long-Term Care Recipients:

- AHCA is offering **advanced payments** (“retention payments”) for certain long-term care providers (adult day training, life skills development, person supports, and residential habilitation).³⁸

Home and Community Based Services (HCBS) in the Medicaid Long-Term Care Waiver:

- State Medicaid programs have the option in an emergency to use Appendix K under 1915(c) (the Medicaid Long-Term Care Waiver) to make a variety of amendments to current HCBS waivers. Appendix K allows the state flexibility to, e.g. extend the range of services, raise provider rates, and lift service and enrollment limits. Florida has requested amendments that should **improve access to services** needed by current waiver enrollees (low-income, frail and disabled seniors and persons with disabilities requiring a nursing home level of care). We anticipate CMS will grant the request.
- HCBS services, which include critical support services for the most at-risk populations for COVID-19, can now be **provided in the hospital**, pursuant to the CARES Act.

Medicare Part A Changes to Skilled Nursing Facilities (SNF) and Hospital Coverage Limit:

- CMS has waived certain rules for Medicare Part A **coverage of SNF stays**, including that individuals can be admitted to a SNF without a prior 3 day hospital stay or an observation, and may even be admitted to a SNF directly from the community. Additionally, beneficiaries may be able to extend their Medicare Part A coverage beyond the 100 day benefit limit.³⁹

Appropriations:

- \$1 billion allocated to the Public Health and Social Services Emergency Fund, specifically for the National Disaster Medical System (NDMS). The funding is directed to be used to pay claims for providers for reimbursement of testing and testing-related visits for uninsured individuals. This appears to cover uninsured individuals in states that do not elect the Medicaid option to cover uninsured populations. The funding is available until September 30, 2020.⁴⁰
- \$64 million for the Indian Health Service for health services related to SARS-CoV-2 or COVID-19 (available until September 30, 2022).⁴¹
- \$250 million for Aging and Disability Services Programs provided by the HHS Administration for Community Living, including Home-Delivered Nutrition Services, Congregate Nutrition Services and Nutrition Services for Native Americans (available until September 30, 2021). \$64 million for the IHS for health services related to SARS-CoV-2 or COVID-19 (available until September 30, 2022).⁴²

HEALTH POLICY RECOMMENDATIONS:

Expanding/Ensuring Access to Services:

- Florida should ensure interpretation services are available for telehealth. While professional interpretation services are always important for quality care, this is even more vital now as people with limited English proficiency may not be able to rely on family or others for translation.
- Florida should allow managed care enrollees in both Medicaid and CHIP to see providers outside of their managed care network.

Expanding Coverage for Children, Parents, Pregnant Women, and Other Adults:

- Florida should take advantage of the FFCRA's state plan option to pay for COVID-19 testing and testing-related services for uninsured individuals. (The option is entirely federally financed. States will additionally be reimbursed for administrative costs. The option runs from March 18 to the end of the coronavirus national emergency.)⁴³ The CARES Act clarified that the definition of "uninsured" for the purposes of this state plan option includes individuals enrolled in limited-scope Medicaid programs, as well as individuals who are in the "Medicaid gap" in states that did not expand Medicaid.⁴⁴
- The Florida legislature should convene a special session to expand Medicaid for a time-limited period to individuals with COVID diagnosis through a fast-tracked 1115 waiver.⁴⁵
- The Florida legislature should expand Medicaid, as per the Affordable Care Act, to low-income adults under 138% of FPL, and receive a 90% federal match (96.2 % match under FFCRA) for services provided to newly eligible adults.⁴⁶
- Florida legislature should immediately reverse the elimination of retroactive coverage to provide financial stability for health care providers and beneficiaries.⁴⁷
- Florida should extend coverage of pregnancy Medicaid from 60 days post-partum to one year.
- Florida should adopt the Immigrant Children's Health Improvement Act ("ICHIA") option to provide Medicaid and CHIP coverage to lawfully residing pregnant women, and lift the five year bar, as has been done for children.⁴⁸
- Florida should extend emergency Medicaid coverage to all individuals with COVID symptoms, regardless of immigration status. **Under federal law, hospitals are required to screen and stabilize every patient who seeks emergency care.** Medicaid helps offset costs borne by hospitals in providing emergency care to undocumented immigrants by providing payments to hospitals for emergency care provided to individuals who are eligible for Medicaid, but for their immigration status.⁴⁹

Expanding Coverage for Seniors and People with Disabilities:

- Florida should submit a SPA to increase the eligibility limits for seniors and people with disabilities, benefiting from the 6.2 percentage point bump.

- Florida should eliminate or decrease asset tests for seniors and people with disabilities, and where resource tests apply, allow self-attestation with electronic verification.
- Florida should amend our state plan to disregard certain amounts of income over the medically needy income levels for seniors and people with disabilities, so more people can get immediate coverage.⁵⁰
- Florida should modify 1915(c) home and community based waivers to increase the number of participants and other flexibilities that would expand coverage for these populations under Appendix K.

Expanding Medicaid Coverage & Healthcare Access for Immigrants:

- Florida should adopt ICHIA for lawfully present pregnant women still subject to 5 year bar (as FL did for children).
- Florida should adopt CHIP’s “unborn” option to provide coverage to pregnant women.
- Florida should extend the reasonable opportunity period beyond 90 days for citizenship status verification.
- Florida should define Emergency Medicaid Assistance (EMA) to include any individuals receiving treatment for symptoms related to COVID-19.
- Florida’s FQHCs, among the only healthcare sources that do not limit benefits based on immigration status, should eliminate all co-pays for individuals under 100% FPL seeking diagnosis or treatment for COVID-19-related conditions.

Making it Easier to Enroll:

- Florida should maximize our use of presumptive eligibility.⁵¹
- Florida should minimize requirements for applicants to verify their income by relying on self-attestation and electronic data sources to the maximum extent possible.⁵²
- Florida should consider allowing the federal marketplace to determine Medicaid eligibility for people who apply through healthcare.gov.
- Florida should provide a reasonable opportunity period of at least 90 days to individuals who attest they are citizens or have an immigration status that would make them eligible for benefits as well as to those who don’t have a Social Security number (SSN). The state should enroll these people and assist them in providing any documents they need after exhausting attempts to verify citizenship or status through electronic verification.⁵³
- Florida should take advantage of the overlapping eligibility for Supplemental Nutrition Assistance Program (SNAP) and Medicaid by using SNAP income data in determining and renewing Medicaid eligibility. Florida can also implement express lane eligibility (ELE) for children, by relying on findings from other programs such as SNAP, school lunch and Temporary Assistance for Needy Families (TANF) in determining eligibility at application and renewal.
- Suspend monthly premiums (for Florida’s CHIP programs, MediKids, Healthy Kids, and Children’s Medical Services MCO).

- Drop or suspend beneficiary cost-sharing (FL has done so for Medicaid, but not yet for all of FL’s CHIP programs).

Monitor Policy Changes for Compliance:

- AHCA and DCF need to monitor that suspension of terminations is fully implemented as per acceptance of increased FMAP funding. In spite of best efforts, this may be difficult, particularly for special coverage populations whose eligibility is time-limited, i.e.: pregnant women beyond the current 60 day postpartum period, youth aging out of children's coverage, and others. Thus, we recommend: regular policy transmittals to local staff and providers underscoring the moratorium on disenrollments and redeterminations as well as widely shared information on how to automatically re-enroll for anyone inappropriately terminated. This will require outreach, education and monitoring by providers and advocates.

Expanding Healthcare Workforce:

- FL should make allowances for temporary licensure of healthcare workers with foreign licensure.

Ensuring Adequate Fiscal Support for Providers:

- Florida “influencers” should advocate for withdrawal of the proposed Medicaid Fiscal Accountability Rule,⁵⁴ which would place a limit on the financing sources states can use to pay their share of Medicaid costs. Were the rule to be implemented, this would inevitably lead to state cuts to Medicaid. The bases for opposition are now of even greater urgency.

Medicare Savings Programs (MSP):

- Florida Medicaid, which administers the MSP program that covers out-of-pocket costs, should increase outreach (the program is under enrolled); increase income and asset limits; or suspend the asset test.

HOUSING POLICY UPDATES & RECOMMENDATIONS

HOUSING UPDATES:

- A federal **moratorium on certain evictions** began on March 27, 2020 and will remain in effect for 120 days. Under the law, landlords of covered properties are prohibited from filing an eviction proceeding for non-payment of rent, or

charging late fees during this period. A non-exhaustive list of covered properties includes: those with a federally backed mortgage or receiving low-income housing tax credits or support from other federal programs; Section 8; and HUD public housing.⁵⁵

- Florida has issued a 45 day **statewide moratorium**, effective April 2, halting residential evictions for non-payment related to the COVID-19 crisis and all mortgage foreclosures. (This does not forgive rent owed.)⁵⁶
- Those not protected by the state or federal moratorium, such as small businesses, evictions for cause, and non-payment cases unrelated to the Covid-19 crisis, may be covered by **county moratoriums** or court closures.⁵⁷

HOUSING RECOMMENDATIONS:

- Governor DeSantis should order that residential landlords offer rent forgiveness and/or deferred payment plans for the 18 months following the end of the emergency period, and suspend evictions for non-payment through this period.⁵⁸
- Governor DeSantis should place a moratorium on all evictions, foreclosures, and utility cutoffs for the period of the emergency, plus 30 days
- Governor DeSantis should use government funds to provide direct assistance to homeowners and renters to address basic needs and local governments should utilize SHIP funds for this purpose
- Governor DeSantis should make bold efforts to house the homeless.⁵⁹
- Small businesses with commercial leases should be included in eviction moratoriums and rent relief efforts

FOOD SECURITY POLICY UPDATES & RECOMMENDATIONS

FOOD SECURITY UPDATES:

Extending and Increasing SNAP Benefits:

- Florida has implemented a 6 month **extension on redeterminations** for people due to recertify in April and May for Supplemental Needs Assistance Program (SNAP, known as Food Stamps), as well as Temporary Assistance to Needy Families (TANF) benefits.⁶⁰
- The federal government may now issue **emergency allotments** to SNAP households to address temporary food needs not greater than the applicable maximum monthly allotment for the household size, if requested by a state.⁶¹
 - Florida's Department of Children and Families (DCF) has submitted a federal waiver to temporarily increase all SNAP recipients' benefit amounts to the **maximum monthly allotment** based on household size.⁶²

- FFCRA allows states to submit plans for temporary emergency standards of eligibility and levels of benefits for SNAP benefits under the Food and Nutrition Act of 2008. Children who would receive free or reduced price meals if not for the school closure pursuant to a public health emergency are eligible under this provision.⁶³
 - DCF has submitted a plan to the U.S. Department of Agriculture and Consumer Services to allow families whose children are eligible for free and reduced-price school lunch to receive SNAP benefits.⁶⁴

Removing Barriers to Accessing SNAP Benefits:

- Florida’s DCF has waived the work requirements for recipients of SNAP and TANF benefits.⁶⁵

Increasing Access to School Lunch & WIC Benefits:

- The federal government has allowed for new flexibilities, pursuant to state request, in the distribution of food under the school lunch program⁶⁶
 - Florida’s Department of Agriculture and Consumer Services (FDACS) requested a waiver allowing FDACS authority to offer local school districts flexibility in providing school meals to students during current school closures.⁶⁷
- FFCRA allows the Secretary of Agriculture to grant a request by a state agency to waive the physical presence requirement under WIC during recertification and defer testing requirements necessary to determine nutritional risk.
 - Florida requested both waivers, and both have been granted.⁶⁸

Federal Appropriations:⁶⁹

- \$160,000,000 for Home-Delivered Nutrition Services
- \$80,000,000 for Congregate Nutrition Services
- \$10,000,000 is for Nutrition Services for Native Americans
- \$500,000,000 in new WIC funding

FOOD SECURITY RECOMMENDATIONS:

- Congress should raise the basic SNAP benefit for the duration not of the health crisis, but of the economic downturn.
- Congress should suspend the 3 month time limit on SNAP benefits for unemployed adults not raising minor children for the duration of the recession.
- Congress should halt implementation of new federal regulations that would cut SNAP benefits and take away SNAP benefits from 4 million people.

EMPLOYMENT/WORKER PROTECTION POLICIES & RECOMMENDATIONS

Nearly half of Florida's population was facing crippling financial hardship before the present pandemic turned life upside down. Statewide, nearly 3.5 million households (46%) could not afford basic needs such as housing, child care, food, transportation, health care, and technology in 2016.⁷⁰ Now, Florida is expected to lose over 1.3 million jobs by July, amounting to a 15.5% unemployment rate.⁷¹ Virtually no amount of aid will be enough to stanch the economic damage to Floridians.

The federal response has included a series of new programs and program enhancements to support workers as jobs are being lost at historic rates. Florida has taken steps necessary to maximize the federal benefits. Note, while Florida's unemployment insurance program is known as Reemployment Assistance (RA), we also refer to this program as unemployment insurance, or UI, as it is known around the country.

EMPLOYMENT POLICY UPDATES:

- Some individuals may be eligible for expanded, paid **emergency family and medical leave** to care for a child where regular child care or school is unavailable because of the public health emergency.⁷²
- States will receive emergency grants to provide and process **unemployment benefits**. To be fully eligible for all funds, a state must follow certain notice and accessibility requirements, must experience a 10% rise in claims, and must commit to maintaining and strengthening access to the unemployment compensation system, including via waiving work search requirements and waiting periods.⁷³
 - Florida has modified its unemployment insurance application process, and is not presently requiring applicants to register online or show they're available for work (retroactive to March 15; in effect until May 2).⁷⁴
 - Florida has issued an emergency order waiving the one week waiting period to receive UI.⁷⁵
 - The federal government's Pandemic Unemployment Compensation will supplement Florida's **unemployment insurance benefits** with an additional \$600 per week from March 27 through July 31, 2020.⁷⁶
 - Benefits will also be provided for an additional 13 weeks, beyond the usual benefit period. Florida's usual benefit period is 12 weeks.
- People who exhaust both regular and extended UI benefits, and many others who have lost their jobs for reasons arising from the pandemic but who are not normally eligible for UI, are eligible for **Pandemic Unemployment Assistance**, which sunsets at the end of 2020.
- The supplemental benefits do not count as income for the purposes of Medicaid and CHIP, although an individual's base unemployment payment still counts as income.⁷⁷
- Many employees are now eligible for **paid sick leave**, with employers to be compensated via payroll tax credits.⁷⁸
- Most individuals with a Social Security number are eligible for **direct federal cash payments** of \$1,200 per adult and \$500 per child up to age 17.⁷⁹

EMPLOYMENT POLICY RECOMMENDATIONS:

- Florida should extend the base period for unemployment insurance (RA) benefits from 12 weeks to 26 weeks. Florida is one of only 8 states that provide less than 26 weeks of UI.⁸⁰
- Florida should issue a statewide order like the Miami-Dade County ordinance prohibiting retaliation against certain workers following orders during an emergency.⁸¹
- Governor DeSantis should pause collection of medical and student debt owed to the state, as well the accrual of interest on debt, as has been done in New York.⁸²
- Florida’s legislature should pass permanent, statewide paid sick leave that applies to all employees, addressing the gaps in coverage and continuity of the federal law, and should allow time off to care for a sick adult family member, as well as a sick or homebound child.
- Congress should issue cash payments to individuals who file taxes using an Individual Taxpayer ID, as well as those who file with a Social Security number (SSN), and for all children with Social Security numbers, regardless of whether the head of household has an SSN.

ENDNOTES:

¹ Kaiser Family Foundation, “Health Insurance Coverage of the Total Population”, 2018.

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⁴ Altarum Healthcare Value Hub, “Data Brief No. 52, Floridians Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines”, September 2019.

<https://www.healthcarevaluehub.org/advocate-resources/publications/floridians-struggle-afford-high-healthcare-costs-support-range-government-solutions-across-party-lines>

⁵ Centers for Disease Control and Prevention, “Coronavirus Disease: Older Adults”, 2019.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

⁶ U.S. Census, “Quick Facts”, 2019.

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⁷ Centers for Disease Control and Prevention, “Coronavirus Disease: Older Adults”.

⁸ Kaiser Family Foundation, “Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19”, April 7, 2020.

<https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

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- ¹¹ United States Census Bureau, Quick Facts: Florida, July 1, 2018, available at: <https://www.census.gov/quickfacts/FL>
- ¹² Florida: Health Coverage & Uninsured.
- ¹³ *Ibid.*
- ¹⁴ Kaiser, “Communities of Color at Higher Risk”.
- ¹⁵ U.S. Bureau of Labor Statistics, “Labor Force Characteristics by Race and Ethnicity”, 2018.
<https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>
- ¹⁶ Florida Agency for Healthcare Administration, “Hospital ICU Beds Census and Staffed Availability as Reported in ESS”, Updated April 11, 2020.
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- ¹⁷ U.S. Census, “Quick Facts”.
- ¹⁸ American Civil Liberties Union, “COVID-19 Doesn’t Discriminate — Neither Should Congress’ Response”, April 2, 2020.
<https://www.aclu.org/news/immigrants-rights/covid-19-doesnt-discriminate-neither-should-congress-response/>
- ¹⁹ Kaiser, “Communities of Color at Higher Risk”.
- ²⁰ Families First Coronavirus Response Act (FFCRA), §§ 6001-4
- ²¹ FFCRA § 6004(a)(2); FFCRA § 6004(b).
- ²² FFCRA § 6006.
- ²³ FFCRA § 6007.
- ²⁴ The Coronavirus Aid, Relief, and Economic Security (CARES) Act § 3713.
- ²⁵ CARES Act §§ 3703-6. A Medicare summary is in this FAQ:
<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>. See also AHCA, “Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers”, March 18, 2020.
https://ahca.myflorida.com/Medicaid/pdf/files/provider_alerts/2020_03/Medicaid_Telemedicine_Guidance_20200318.pdf.
- ²⁶ FFCRA § 6004(a)(3).
- ²⁷ CARES Act § 3715.
- ²⁸ Centers for Medicare & Medicaid Services, “Families First Coronavirus Response Act – Increased FMAP FAQs”, Updated April 13, 2020. <https://www.medicare.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>
- ²⁹ FL Department of Children and Families, COVID-19 Information, “Economic Self-Sufficiency (ACCESS)”. <https://myflfamilies.com/covid19/access.shtml>
- ³⁰ FL Agency for Healthcare Administration, “Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-15, Re COVID-19 State of Emergency: Medicaid Coverage of Services”.
https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/2018-23_plan_comm/PT_2020-15_COVID-19_State-of-Emergency_Coverage_of_Services_03.18.2020.pdf
- ³¹ *Id.*
- ³² *Id.*
- ³³ *Id.*
- ³⁴ *Id.*
- ³⁵ Note: there is a conflict between the Agency’s FAQ stating that prior authorization is waived for all services for patients with COVID, <https://ahca.myflorida.com/docs/COVID->

[19 Medicaid FAQs.pdf](https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Coverage_During_SOE_COVID-19_20200316.pdfhtmlfile/Shell/Open/Command), and the less expansive March 16 Agency Alert, https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Coverage_During_SOE_COVID-19_20200316.pdfhtmlfile/Shell/Open/Command, and March 18, 2020 Policy Transmittal stating that pharmacy services are still subject to prior authorization for COVID-19 patients, https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/2018-23_plan_comm/PT_2020-15_COVID-19_State-of-Emergency_Coverage_of_Services_03.18.2020.pdfhtmlfile/Shell/Open/Command. FHJP has requested clarification and is awaiting Agency response as of 4.12.20.

³⁶ FL Agency for Health Care Administration, “Florida Medicaid Health Care Alert, Provider Type(s): All, Medicaid Coverage of Services During the State of Emergency Related to COVID-19”, March 16, 2020.

https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Coverage_During_SOE_COVID-19_20200316.pdf

³⁷ FL Agency for Health Care Administration, “Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-16 Re: COVID-19 State of Emergency: Temporary Expansion of Long-Term Care Provider Qualifications”, March 20, 2020.

https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/2018-23_plan_comm/PT_2020-16_COVID-19_State-of-Emergency_LTC-Provider-Quals_03-20-2020.pdf

³⁸ FL Agency for Health Care Administration, “Florida Medicaid Health Care Alert: iBudget Provider Payment Flexibility”, March 18, 2020.

https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/iBudget_Provider_Payment_Flexibility_20200318.pdf

³⁹ Centers for Medicare & Medicaid Services, “COVID-19 Emergency Declaration Health Care Providers Fact Sheet,” <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

⁴⁰ FFCRA, Division A, Title V. Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Department of Health & Human Services.

⁴¹ FFCRA, Division A, Title V. Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Department of Health & Human Services.

⁴² *Id.*

⁴³ FFCRA § 6004(a)(3). On April 10, AHCA published an updated FAQ that stated that for uninsured who meet certain criteria and cannot get tested in a hospital, testing will be free in FQHCs and Department of Health clinics. FHJP is in the process of clarifying the standards and funding source. As DOH funds are generally state revenue, it would be preferable to exercise the FFCRA option for 100% federal option. AHCA, COVID-19 Florida Medicaid FAQ:

[https://ahca.myflorida.com/docs/COVID-19 Medicaid FAQs.pdf](https://ahca.myflorida.com/docs/COVID-19_Medicaid_FAQs.pdf)

⁴⁴ CARES Act § 3716.

⁴⁵ The Commonwealth Fund, “Medicaid and the Coronavirus: Putting the Nation’s Largest Health Care First Responder to Work”, March 9, 2020.

<https://www.commonwealthfund.org/blog/2020/medicaid-and-coronavirus-putting-nations-largest-health-care-first-responder-work>

<https://www.commonwealthfund.org/blog/2020/medicaid-and-coronavirus-putting-nations-largest-health-care-first-responder-work>

⁴⁶ A recent New England Journal of Medicine article provided updated data highly relevant to the current challenges in Florida. After analyzing budget data from all 50 states, the authors concluded that while the expansion states saw a substantial increase in their Medicaid spending since implementation of expansion, the increase “was subsidized entirely by increased federal funding.” This offset was due to Medicaid’s financing structure with guaranteed federal match funding, and the state’s ability to use federal Medicaid expansion dollars to offset other funding needs supported with state only funds, e.g. subsidies to mental health centers, health care costs for people in the justice system. Expansion also provided an influx of federal dollars with higher

match rate for current coverage groups. The authors found no evidence that expansion states had been forced to cut back on any other priorities, such as education. See <https://www.nejm.org/doi/full/10.1056/NEJMp2007124>.

⁴⁷ Florida Health Justice Project, “Repeal of Retroactive Medicaid”, June 14, 2019.

<https://www.floridahealthjustice.org/publications--media/repeal-of-retroactive-medicaid-eligibility>

⁴⁸ See Kaiser Family Foundation, “Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women”, January 1, 2020.

<https://www.kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁴⁹ See Kaiser Family Foundation, “Health Coverage and Care of Undocumented Immigrants”, July 15, 2019. <https://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>

⁵⁰ See 42 CFR §435.831.

⁵¹ See 42 CFR §§435.1100-1110.

⁵² See 42 CFR §435.945(a) and <https://www.cbpp.org/research/reasonable-compatibility-policy-presents-an-opportunity-to-streamline-medicaid>.

⁵³ See 42 CFR §435.956 and the SPA template.

⁵⁴ U.S. Federal Register, “Medicaid Fiscal Accountability Regulation”, November 18, 2019.

<https://www.federalregister.gov/documents/2019/11/18/2019-24763/medicaid-program-medicaid-fiscal-accountability-regulation>. See also: Kaiser Family Foundation, What You Need to Know About the Medicaid Fiscal Accountability Rule, January 27, 2020.

<https://www.kff.org/medicaid/issue-brief/what-you-need-to-know-about-the-medicaid-fiscal-accountability-rule-mfar/>

⁵⁵ CARES §4024. A list of locally covered entities can be found here:

<http://flhousingdata.shimberg.ufl.edu/covid-19/results?nid=1&nid=100000#assisted-housing-inventory-property-list>

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https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-94.pdf

⁵⁷ This tool offers a comprehensive assessment of eviction protections by county:

<https://florida.evictionprotection.org/>

⁵⁸ See letter from Advocates: <https://www.nhlp.org/wp-content/uploads/2020.03.19-NHLP-NLIHC-COVID-Letter-to-HUD-FINAL-2.pdf>

⁵⁹ Organize Florida, et al, “Press Release: Community Leaders Ask Gov. DeSantis #CancelRent Amid COVID-19 Crisis, March 23, 2020.

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⁶¹ FFCRA, Division B, Child Nutrition Response Act.

⁶² See DCF, “COVID-19 Information”, <https://myflfamilies.com/covid19/access.shtml>

⁶³ <https://www.fns.usda.gov/snap/state-guidance-coronavirus-pandemic-ebt-pebt>

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