The Path Forward: Florida’s 2020 Policy Blueprint
# Table of Contents

OVERVIEW & STRUCTURE.................................................................................................................................................. 3  
HEALTHCARE POLICY UPDATES & RECOMMENDATIONS ................................................................................................. 4  
  HEALTHCARE POLICY UPDATES: .................................................................................................................................. 5  
  HEALTH POLICY RECOMMENDATIONS: ........................................................................................................................... 7  
HOUSING POLICY UPDATES & RECOMMENDATIONS ........................................................................................................... 8  
  HOUSING UPDATES: ......................................................................................................................................................... 9  
  HOUSING RECOMMENDATIONS: .................................................................................................................................... 9  
FOOD SECURITY POLICY UPDATES & RECOMMENDATIONS ............................................................................................... 10  
  FOOD SECURITY UPDATES: ............................................................................................................................................ 10  
  FOOD SECURITY RECOMMENDATIONS: ........................................................................................................................... 11  
EMPLOYMENT/WORKER PROTECTION POLICIES & RECOMMENDATIONS ................................................................. 12  
  EMPLOYMENT POLICY UPDATES: .................................................................................................................................... 12  
  EMPLOYMENT POLICY RECOMMENDATIONS: ................................................................................................................... 13  
GLOSSARY ............................................................................................................................................................................ 15
OVERVIEW & STRUCTURE

To date, four major pieces of federal legislation have been signed into law to address the twin health and economic crises: 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; the Coronavirus Aid, Relief, and Economic Security Act (“CARES”, H.R. 748) signed into law on March 27, 2020, and on April 24, The Paycheck Protection Program and Health Care Enhancement Act was passed.

Federal legislation has impacted administrative policy, and the U.S. Centers for Medicare & Medicaid Services has made numerous changes. Further, and in tandem with 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 select policy responses, both federal and state, to COVID-19 in the areas of healthcare, housing, food security, and employment measures, as well as recommendations for further policy action. Subsequent to the release of our publication: COVID-19 Federal and State Actions March 18-April 10, 2020: Policy Digest & Recommendations, we have narrowed our focus to offer a refined set of proposals aimed at ensuring 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.

The policy recommendations in each of the four focus areas includes a matrix assessing feasibility alongside the anticipated impact on health and economic stability. Yet, it should be noted that the crisis’ impact on the state budget makes any proposals requiring state funding highly infeasible. (Indeed, the Medicaid program, even in its present form, is at risk of state cuts. Avoiding this possibility is critical.) To the extent the policies recommended already include significant federal match funding, feasibility will hinge on increasing the level of federal matching funds. Thus, an overarching recommendation is that Congress increase federal funding for core safety net programs.

Finally, we note that both our updates and our slate of recommendations drew heavily from the work of our allied organizations. The twin health and economic crises has led to a groundswell of advocacy and organizing across the state and the country, and coordination of priorities is critical to making change. We thank the organizations, including Center for Law and Social Policy, Center for Budget and Policy Priorities, Community Justice Project, Florida Housing Justice Alliance, Florida Policy Institute, Food Resource Action Center, Kaiser Family Foundation, National Employment Law Project, National Health Law Program, and National Immigration Law Center, whose work we relied upon, and in many cases, whose recommendations we drew upon and seek to amplify.
HEALTHCARE POLICY UPDATES & RECOMMENDATIONS

BACKGROUND:

By numerous metrics, Florida is ill prepared for a pandemic. Well before COVID-19 shut down the economy, 2.7 million Floridians were uninsured.¹ Since mid-March, as jobs have been lost at historic rates, it is estimated approximately 870,000 state residents are at high-risk of losing or have already lost their employer-sponsored health insurance.² These newly uninsured have few, if any, coverage options available, in no small part because Florida is one of just 14 states that has not expanded Medicaid under the Affordable Care Act.³ Florida’s failure to expand Medicaid also helps to explain why Florida, and particularly South Florida, have higher rates of uninsured among those under 65 years old (FL: 16% vs. Palm Beach: 18% vs. Broward: 17% vs. Miami-Dade: 20%) than the country overall (10%).⁴ Uninsured Floridians are more likely to face increased barriers to care. It is estimated that 28% of Floridians do not have a usual source of care,⁵ and 30% have delayed seeking care.⁶ 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 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-19.⁷ Florida’s rate of seniors (20.5%) is far higher than the national rate (16%).⁸ Thus far, among seniors with confirmed COVID-19, significant numbers have required hospitalization and ICU admission, and high rates of those admitted have died.⁹ In addition, Black and Hispanic Floridians are at especial risk of poor outcomes. While Black

Olympia and Oscar

Olympia and Oscar are in their eighties, wheelchair bound, struggling with serious health issues, and desperate to stay in their own home and out of a nursing home. To stay home, however, they need assistance. Oscar is diabetic and has mild dementia. Olympia suffers from cancer, asthma and COPD, and requires oxygen.

Until recently, Oscar did the grocery shopping and made simple meals, serving the afternoon cafecito with love. They got by with a home health aide who visited a few hours a day, provided through Olympia’s Medicaid long-term managed care plan. In February, however, Oscar was diagnosed with mesothelioma, a lung cancer contracted from exposure to asbestos in the shipyards where he once worked. He is no longer able to care for his wife.

Their son, Oscar, Jr. left his job in Mexico to help his parents navigate the healthcare system. “My parents really need full-time care at this point,” he said. But, bounced around in an utterly confusing system, he managed to secure just two additional hours of daily care.

Oscar fears his parents will need to be hospitalized or put in a nursing home. “This is a terrible fate any time, but it is now unthinkable with the deadly coronavirus in the community.”

Additional flexibilities for Medicaid’s long-term care enrollees are critical at this time, as are more slots in this program, to ensure seniors and severely disabled individuals are able to receive the care they need at home, and out of potentially dangerous institutions.
and Hispanic residents make up a combined 43% of Florida’s population\textsuperscript{10}, they account for a full 56% of the total nonelderly uninsured population.\textsuperscript{11} This reflects the higher uninsured rates experienced by Florida’s Hispanic and Black nonelderly residents (21% and 17%, respectively) as compared to White residents (13%).\textsuperscript{12} At the same time, people of color also have higher rates of underlying conditions,\textsuperscript{13} and are more likely to work as essential workers, increasing risk of exposure\textsuperscript{14}. Already, COVID-19-related disparities are emerging. In Miami-Dade County, over 23% of Black residents with COVID were hospitalized, compared to almost 18% of White residents, while death rates among Black residents with COVID-19 are 6%, compared to 4% among Whites.\textsuperscript{15}

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)\textsuperscript{16} is a marker of unique vulnerabilities. Given the recent change to the Public Charge Rule, some immigrants may fear accessing health care, as well health coverage and other assistance programs.\textsuperscript{17}

Given this array of challenges, urgent policy action is needed to mitigate the impact of the dual crises on vulnerable Floridians.

Florida’s Hispanic and Black residents are uninsured at higher rates (21% and 17%, respectively) than White residents (13%).

HEALTHCARE POLICY UPDATES:

Coverage of COVID Testing & Treatment (Public Health Insurances):

- 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.\textsuperscript{18}

- States have the option to provide Medicaid coverage of COVID-19 testing for uninsured residents with 100% federal financing,\textsuperscript{19} and to provide temporary Medicaid coverage for COVID-related diagnoses for uninsured individuals. Florida has not exercised either of these options.\textsuperscript{20}

- States are prohibited from imposing cost-sharing on COVID-19 testing or testing-related services in Medicaid and CHIP (Children’s Health Insurance Program), beginning on March 18.\textsuperscript{21}
Florida has opted to receive expanded federal funding made available under the FFCRA (retroactive to January 1, 2020, and lasting through the last day of the calendar quarter in which the emergency ends) which is contingent upon the state providing Medicaid coverage without cost sharing for testing and treatment of COVID-19, including vaccines, equipment and therapies for its Medicaid beneficiaries.22

**Home and Community Based Services (HCBS) for Seniors & the Disabled (Medicaid):**

- State Medicaid programs have the option in an emergency to make a variety of amendments to current Home and Community Based Services waivers under a provision known as “Appendix K”23. Changes could include, e.g. extend the range of services, raise provider rates, and lift service and enrollment limits. Florida has received approval of submissions for important provider flexibilities, but in contrast to other states, Florida has not (yet) asked for supplemental pay for front-line workers or increased waiver slots so that more people could enroll in the Long-Term Care program.

**Sandra**, a 54-year-old Floridian, struggles with an auto-immune disease, as well as high blood pressure. She used to live in New York, where she was covered by Medicaid and received the care she needed. She moved to Florida to take full-time care of her mother, who suffers from Alzheimer’s disease, and her brother, who is blind and autistic. Sandra is caught in the “coverage gap”: she earns too little to qualify for subsidized insurance on the “Marketplace”, yet she is ineligible for Florida’s narrow Medicaid program. As a result, Sandra has been unable to see any of the medical specialists she should be seeing routinely. Where will this disconnect from the healthcare system leave her if she needs to be tested or treated for COVID-19? **Florida must expand Medicaid under the Affordable Care Act to cover Sandra and the hundreds of thousands like her in the midst of twin health and economic crises.**

**Coverage of Telehealth:**

- 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.24
HEALTH POLICY RECOMMENDATIONS:

*Expanding Access to Coverage for the Uninsured:*
  - Florida should **expand Medicaid** under the Affordable Care Act for uninsured adults under 138% of the federal poverty level. The current federal match rate for funding the costs of coverage for this population is 96.2% through the last quarter of the crisis. After that time, it would be no less than 90%.

  - Florida should provide **temporary expansion** for uninsured low-income residents for **treatment of COVID-19** related diagnoses.

  - Florida should **extend Medicaid coverage of pregnant women** from 60 days post-partum to 12 months.

*Expanding Access to Testing for the Uninsured:*
  - Florida should take advantage of the new opportunity to **pay for COVID-19 testing and testing-related services for uninsured** individuals. (This 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.)

> Olympia and Oscar. Olympia receives home-based services.

*Improving Medicaid’s Home and Community Based Services (HCBS) Program for Seniors & People with Disabilities:*

  - Florida should request: 1) an increased number of Long Term Care waiver enrollment “slots” to provide HCBS to more frail and disabled seniors at risk of institutionalization so they may remain safely at home, and 2) supplemental pay for front-line workers providing home and community based services.
**Expanding Coverage for Kids:**

- Florida should **suspend monthly premiums** for Florida's CHIP programs, MediKids, Healthy Kids, and Children's Medical Services MCO.

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<tr>
<th>Recommendation</th>
<th>Feasibility</th>
<th>Impact, Health</th>
<th>Impact, Economic Stability</th>
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<tbody>
<tr>
<td>Expand Medicaid under ACA.</td>
<td>Low</td>
<td>High</td>
<td>High</td>
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<tr>
<td>Temporary Medicaid expansion for COVID treatment.</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Extend coverage of pregnant women to 12 months post-partum.</td>
<td>Medium</td>
<td>Medium/High</td>
<td>Medium</td>
</tr>
<tr>
<td>Cover costs of testing for the uninsured.</td>
<td>Medium/High</td>
<td>Medium/High</td>
<td>Low</td>
</tr>
<tr>
<td>Expand services under Medicaid’s Home and Community Based Services program.</td>
<td>Low/Medium</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Suspend monthly premiums for all children’s public health insurance.</td>
<td>Low</td>
<td>Medium/High</td>
<td>Low/Medium</td>
</tr>
</tbody>
</table>

**HOUSING POLICY UPDATES & RECOMMENDATIONS**

**BACKGROUND:**

As is now well understood, housing is healthcare. In myriad ways, housing improves health outcomes. Yet for all we know about this, housing insecurity and homelessness cast a long shadow over South Florida. Over 28,000 Floridians experience homelessness, including members of over 2,000 households. Further, close to two-thirds of renter households in Miami-Dade, Broward and Palm Beach are cost-burdened, meaning they paid more than 30% of their income on rent. This financial pinch is partly to blame for adverse health outcomes. In fact, in 2015, low-income, severely cost-
burdened households (who pay more than 50% of their income on housing) spent half as much on food, healthcare, and transportation combined than households without cost burdens.\textsuperscript{28}

Investing in housing stability can and does improve health outcomes, while also reducing healthcare costs. A study of nearly 10,000 people with unstable housing in Oregon found that providing affordable housing decreased Medicaid expenditures by 12%. Simultaneously, the use of outpatient primary care increased by one-fifth, while the use of the emergency department declined by nearly the same share.\textsuperscript{29} A comprehensive response to the twin crises we currently face cannot ignore the critical role of supporting those whose housing stability is under direct threat, as well as those who already lacked any such stability.

**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.\textsuperscript{30}

- Florida has issued a 45 day \textit{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.)\textsuperscript{31}

- 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 \textit{county moratoriums} or court closures.\textsuperscript{32}

**HOUSING RECOMMENDATIONS:**

- Governor DeSantis should order that residential landlords offer \textit{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.\textsuperscript{33}

- Governor DeSantis should place a \textit{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 \textit{direct assistance to homeowners and renters} to address basic needs and local governments should utilize State Housing Initiative Partnership (SHIP) funds for this purpose

- Governor DeSantis should make bold efforts to \textit{house the homeless}.\textsuperscript{34}

- \textit{Small businesses} with commercial leases should be included in eviction moratoriums and rent relief efforts
<table>
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<th>Impact, Health</th>
<th>Impact, Economic Stability</th>
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<tbody>
<tr>
<td>Rent forgiveness</td>
<td>Low</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Moratorium on evictions, foreclosures, cutoffs</td>
<td>Medium</td>
<td>High</td>
<td>Medium/High</td>
</tr>
<tr>
<td>Direct assistance to homeowners/renters</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>House the homeless</td>
<td>Low</td>
<td>High</td>
<td>Low</td>
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<tr>
<td>Include small businesses in relief</td>
<td>Medium</td>
<td>Medium/High</td>
<td>High</td>
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### FOOD SECURITY POLICY UPDATES & RECOMMENDATIONS

#### BACKGROUND:

Prior to the current economic crisis, a million households in Florida (12%) experienced food insecurity. More than 3.3 million state residents depend on the Supplemental Nutrition Assistance Program (SNAP, often known as food stamps) to purchase healthy food, and nearly 1.5 million students depend on at least one cooked meal a day at school via the free or reduced price school lunch. As the accounts of impossibly long lines at food pantry sites reveal, these numbers have skyrocketed. In fact, Feeding South Florida has seen a 600% increase in the number of people seeking food since the pandemic struck. Food insecurity can lead to serious health complications, particularly as individuals are forced to choose between purchasing food and medicine/healthcare.

The federal response has included various flexibilities in program rules for SNAP, WIC, and food lunches. Florida has taken action to leverage most of these flexibilities. More must now be done at the federal level to ensure that the new latitude lasts not just for the duration of the declared public health emergency, but also for the duration of the economic crisis. The Florida Congressional delegation should push for these protections.

#### FOOD SECURITY UPDATES:

- 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.
• 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.\(^{39}\)
  o Florida’s Department of Children and Families (DCF) temporarily increased all SNAP recipients’ benefit amounts to the maximum monthly allotment based on household size.\(^{40}\)

*Cars lined up for a foodbank in Sunrise, Florida. Joe Raedle for Getty Images, as published in Mother Jones, April 13, 2020.*

**FOOD SECURITY RECOMMENDATIONS:**

• Congress should raise the basic SNAP benefit for the duration of the economic downturn, not of the health crisis.
• 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.
<table>
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<th>Feasibility</th>
<th>Impact, Health</th>
<th>Impact, Economic Stability</th>
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</thead>
<tbody>
<tr>
<td>Raise SNAP benefit</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Suspend time limit</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Halt new regulations</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
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</table>

**EMPLEYMENT/WORKER PROTECTION POLICIES & RECOMMENDATIONS**

**BACKGROUND:**

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. Now, Florida is expected to lose over 1.3 million jobs by July, amounting to a 15.5% unemployment rate. 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.
- 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.
  - 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.
  - 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.  
• Many employees are now eligible for paid sick leave, with employers to be compensated via payroll tax credits.  
• 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.

**EMPLOYMENT POLICY RECOMMENDATIONS:**

• Florida should extend the base period for unemployment insurance (UI)/re-employment assistance (RA) benefits from 12 weeks to 26 weeks. Florida is one of only 8 states that provide less than 26 weeks of UI.
• Florida should issue a statewide order like the Miami-Dade County ordinance prohibiting retaliation against certain workers following public health orders during an emergency.
• Governor DeSantis should suspend that state law that preempts mandatory paid sick leave, and the legislature should repeal the law. In the wake of these changes, local governments should pass paid sick leave laws.
• As a long-term, state-wide solution, 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 (ITIN), 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. Should this fail at the federal level, local governments should do so.

<table>
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<th>Recommendation</th>
<th>Feasibility</th>
<th>Impact, Health</th>
<th>Impact, Economic Stability</th>
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<tbody>
<tr>
<td>Extend pay period for unemployment insurance</td>
<td>Low/Medium</td>
<td>Medium/High</td>
<td>High</td>
</tr>
<tr>
<td>Prohibit retaliation against workers</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Repeal preemption of local employment benefits, and implement local paid sick leave.</td>
<td>Low</td>
<td>High</td>
<td>Medium/High</td>
</tr>
<tr>
<td>Implement statewide paid sick leave.</td>
<td>Low</td>
<td>High</td>
<td>Medium/High</td>
</tr>
<tr>
<td>Provide cash payments to ITIN holders, and all children with SSN.</td>
<td>Medium</td>
<td>Medium/High</td>
<td>Medium/High</td>
</tr>
</tbody>
</table>
GLOSSARY

AHCA: Florida’s Agency for Healthcare Administration
CARES: Coronavirus Aid, Relief, and Economic Security Act
CDC: Centers for Disease Control and Prevention
CHIP: Children’s Health Insurance Program
DCF: Florida’s Department of Children and Families
FFCRA: Families First Coronavirus Response Act
HCBS: Home and Community Based Services
ITIN: Individual Taxpayer Identification Number
RA: Florida’s Re-employment Assistance
TANF: Temporary Assistance to Needy Families
SHIP: State Housing Initiative Partnership
SSN: Social Security Number
UI: Unemployment Insurance

ENDNOTES:

1 Kaiser Family Foundation, “Health Insurance Coverage of the Total Population”, 2018. https://www.kff.org/other/state-indicator/total-population/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
2 Economic Policy Institute, “16.2 Million Workers Have Likely Lost Employer-Provided Health Insurance Since the Coronavirus Shock Began”, https://www.epi.org/blog/16-2-million-workers-have-likely-lost-employer-provided-health-insurance-since-the-coronavirus-shock-began/
Miami Matters, “Adults with a Usual Source of Healthcare”,
http://www.miamidematters.org/indicators/index/view?indicatorId=76&localeId=414


Kaiser Family Foundation, “Distribution of the Nonelderly Uninsured by Race/Ethnicity”, 2018, available at https://www.kff.org/uninsured/state-indicator/distribution-by-raceethnicity-2/?currentTimeframe=0&selectedRows=%7B%22%20states%3A%22%7B%22florida%22%3A%7B%7D%7D%7D&sortModel=%7B%22colId%3A%22%20Location%22%2C%22sort%3A%22%20asc%22%2C%22%7D


Kaiser Family Foundation, “Communities of Color at Higher Risk”.

Families First Coronavirus Response Act (FFCRA), §§ 6001-4

FFCRA § 6004(a)(3). The Florida Medicaid Agency’s 4.10.20 F.A.Q. stated that COVID-19 testing for uninsured “who have been determined to need testing outside of a hospital setting can receive it from their county health department or a federally qualified health center for free.” It is unclear if the cost of these tests is being covered through state, local or federal funding, or a mix. The authors have asked AHCA for clarification. As the state has not requested the state option under the FFCRA for full federal funding of testing for uninsured individuals, it can be presumed that this cost is being borne by the state. https://ahca.myflorida.com/docs/COVID-19_Medicaid_FAQs.pdf

FFCRA § 6004(a)(2); FFCRA § 6004(b).


25 FFCRA § 6004(a)(3). On April 10, AHCA published an updated FAQ that stated that uninsured who meet certain criteria and cannot get tested in a hospital, testing will be free in FQHCs and Department of Health. 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.
30 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
32 This tool offers a comprehensive assessment of eviction protections by county: https://florida.evictionprotection.org/.
45 CARES Act § 2104(b)(1)
46 CARES Act § 2104(h).
50 Miami-Dade County, Code of Ordinances, Sec. 8B-11.1. - Unlawful Retaliation Against Employees During Emergency Disasters”. https://library.municode.com/fl/miami_dade_county/codes/code_of_ordinances?nodeId=PTIICOOR_CH8BEMMA_S8B-11.1UNREAGEMDUEMDI