

Congress Should Add Funding for COVID-19-Related Services for the Uninsured to COVID Legislation

As of March 16, 2022, the Health Resources Services Administration (HRSA) announced that due to a lack of federal funding, HRSA's Uninsured Program will no longer be available for testing, treatment, and vaccine services related to COVID-19 for uninsured individuals. Claims for testing and treatment received after March 22 will not be processed or reimbursed; claims for vaccine administration received after April 5 will not be processed or reimbursed.

WHY MORE FUNDING IS NEEDED



High Number of Uninsured Texans



Ongoing booster efforts and new potential vaccine eligible populations



New variant



Low vaccination rates

HRSA's Uninsured Program has proven to be a critical resource for ensuring access to COVID-19 services for uninsured individuals. Texas leads the nation in number of uninsured residents, with more than 18 percent of residents lacking coverage. Statewide, less than two-thirds of residents are fully vaccinated, and only 22 percent have received a booster shot.

Funding for HRSA's Uninsured Program had been available through various Congressionally authorized COVID aid, relief, and funding programs. Health care providers who conducted COVID-19 testing or provided treatment for uninsured individuals with a COVID-19 primary diagnosis on or after February 4, 2020 could request claims reimbursement through the program electronically and have been reimbursed generally at Medicare rates, subject to available funding.



The ongoing need for funding comes as a new strain of the coronavirus, the BA.2 Omicron subvariant, is rapidly spreading across Europe and already accounts for 30 percent of new COVID cases in Texas. Public health officials expect the number of new COVID infections to grow as the BA.2 subvariant spreads domestically. Hospitals that provide essential community health services have disproportionately treated uninsured COVID patients during previous surges of the virus and will be on the front lines not only of any BA.2 and future spikes in cases and hospitalizations, but also for community testing since most communities have shut down their testing sites. Without HRSA funding, providers serving uninsured communities will take on more unfunded burdens. Already in Texas, hospitals report an increased trend in COVID cases related to the new variant. In addition, with the FDA’s recent approval of a second booster, it is likely that hospitals will have to administer that and vaccines for children under age 5 in the immediate future.

The Administration in its latest request for COVID funding, included additional funds for the HRSA Uninsured Program. Lawmakers chose not to include funds for the program in their proposed COVID funding package; however, that decision was made before HRSA’s March 16 announcement.

Given HRSA’s abrupt withdrawal of funding for COVID services for uninsured individuals, the threats of the BA.2 subvariant, and the ongoing need to vaccinate more Texans, Congress should include funding for the HRSA Uninsured Program in its next COVID funding bill and direct HRSA to reimburse eligible claims received after the March 16 and April 5 deadlines.

Specific covered services included:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or telehealth.
- Treatment: office visit (including telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), rehabilitation care, home health, durable medical equipment (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA-licensed, authorized, or approved treatments as they become available for COVID-19 treatment.
- Dispensing fees for FDA-licensed or authorized outpatient antiviral drugs for treatment of COVID-19.
- Administration fees related to FDA-licensed or authorized vaccines.



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