



## Expand Emergency Medicaid to Cover Comprehensive COVID-19 Treatment

**Sarah Bronwen Horton**, University of Colorado Denver  
**Whitney L. Duncan**, University of Northern Colorado

U.S. Latinos have higher rates of coronavirus infection and death than non-Hispanic whites, and officials suggest immigrant communities are particularly affected. Immigrants are far less likely than U.S.-born citizens to have health insurance, and federal law excludes undocumented immigrants and some legal permanent residents from federally funded healthcare programs such as Medicaid and Medicare. Recent legislation does not ensure that uninsured immigrants have adequate access to coronavirus testing and treatment. While the Coronavirus Aid, Relief, and Economic Security (CARES) Act provides \$100 billion to treat the uninsured, it does not exempt patients from cost-sharing or physician bills. Alarmed about possible out-of-pocket charges, many immigrants may delay care until their symptoms are life-threatening. Based on our extensive research on Latino immigrant health and healthcare seeking, we believe that state Medicaid agencies can play a vital role in preventing a health crisis in immigrant communities and curbing the pandemic. **To ensure widespread access to care and prevention, states can also use their own funds to include undocumented immigrants in regular Medicaid or expand the services covered under Emergency Medicaid.**

All individuals who meet federal income guidelines are eligible for coverage through Emergency Medicaid, regardless of legal status. Although federal law restricts the use of federal Emergency Medicaid funds for the uninsured to conditions that may cause “serious impairment,” bodily harm, or death, states themselves can define the diagnoses and services covered by Emergency Medicaid. New York and Washington have recently expanded their Emergency Medicaid benefits to include coronavirus testing and treatment delivered outside emergency settings. To improve access and decongest Emergency Rooms, other states must follow suit.

Similarly, state agencies must act to include take-home oxygen treatments and telehealth as covered benefits under Emergency Medicaid. When COVID-19 patients no longer require hospitalization, it is best practice for physicians to send them home with oxygen if they require it and monitor them via telehealth. However, these treatments are not covered by Emergency Medicaid benefits. Including oxygen and telehealth as covered benefits is essential to provide effective care to immigrants and to free up much-needed hospital beds.