Resources for the Uninsured

Connecting Uninsured Consumers to Health Care Resources

November 2022

CSG-202211

Overview of Presentation

- Part 1: Comprehensive Coverage Options and Protections through CMS Programs Including Coverage Expansion Under the American Rescue Plan Act of 2021

- Part 2: Less Comprehensive Coverage Options

- Part 3: Free or Low-cost Health Care for the Uninsured

The Uninsured

- The nation's uninsured rate declined significantly in 2021 and early 2022, reaching an all-time low of 8.0 percent for U.S. residents of all ages in the first quarter (January-March) of 2022, based on new data from the National Health Interview Survey.

- Approximately 5.2 million people – including 4.1 million adults ages 18-64 and 1 million children ages 0-17 – have gained health coverage since 2020.

- Uninsured rates among adults ages 18-64 declined from 14.5 percent in late 2020 to 11.8 percent in early 2022. The uninsured rate among children ages 0-17, which had increased during 2019 and 2020, fell from 6.4 percent in late 2020 to 3.7 percent in early 2022.

- Reasons that consumers may remain uninsured or underinsured include:

  - Known coverage options available to them are unaffordable.

  - They are not aware of the no- or low- cost coverage options available.

  - The cost of utilizing health care under their health insurance plan leads them to forgo care.

- For more information, visit Aspe.HHS.gov/sites/default/files/documents/d4b795f54948bad96140e8c596634204/Uninsured-Q1-2022-Data-Point-HP-2022-23-08.pdf.

PART 1: Comprehensive Coverage Options and Protections Through CMS Programs

Assisters should be aware of the quality, affordable coverage options, free or low-cost healthcare options, and additional consumer protections that are available to uninsured consumers through CMS and other programs. Uninsured consumers may be able to benefit from one or more of these options.

Coverage Options: The Health Insurance Marketplace®

- The Affordable Care Act (ACA) created health insurance Marketplaces where consumers can apply for and, as applicable, enroll in health insurance, including coverage through Medicaid, the Children's Health Insurance Program (CHIP), and private plans offered by the Marketplaces.

- Under the ACA, individuals and families with household incomes between 100 percent and 400 percent of the federal poverty level (FPL) may be eligible for premium tax credits (PTC), and individuals and families with household incomes between 100 percent and 250 percent of the FPL may be eligible for cost-sharing reductions (CSRs) to lower the cost of coverage through the Marketplace.

- Individuals with projected annual household incomes above 400 percent of the FPL, as well as those who have an offer of other qualifying minimum essential coverage (e.g., Medicare or job-based coverage) are generally ineligible for financial assistance [advanced payments of the premium tax credit (APTC) or CSRs] to lower the cost of coverage through the Marketplace.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services

Coverage Options: The Health Insurance Marketplace® (Cont.)

- Under the American Rescue Plan Act (ARP) of 2021, PTC is available to consumers with household income above 400 percent of the FPL, and the amount of a family's household income the family will pay towards the premiums for a benchmark plan is capped at 8.5 percent. Currently, consumers with household incomes between 100-150 percent of the FPL may be eligible for coverage options with $0 premiums after APTC.

- The Inflation Reduction Act includes a provision which extended PTC until the end of 2025.

- Individuals who are enrolled in Medicaid or CHIP that's considered minimum essential coverage are not eligible for financial assistance to lower the cost of coverage through the Marketplace.

Coverage Options: The Health Insurance Marketplace® (Cont.)

- Certain lawfully present non-citizens whose income is below 100 percent of the FPL may be eligible for PTC and CSRs if they are ineligible for Medicaid due to their immigration status, including those who have not yet satisfied the five-year waiting period requirement.

- Certain non-citizens, including individuals without satisfactory immigration status, are not eligible to purchase coverage through the Marketplace. For more information regarding the Marketplace and immigration status, visit HealthCare.gov/immigrants/immigration-status.

- The IRS issued new regulations that apply starting in Plan Year (PY) 2023. If a consumer has an offer of employer coverage that extends to their family members, the affordability of employer coverage for those family members will be based on the family premium amount, not the self-only employee premium cost. This will help more consumers qualify for APTC and CSRs through the Marketplace.

- For more information, visit Marketplace.cms.gov/technical-assistance-resources/afford-employer-coverage-fixing-family-glitch.pdf and Federalregister.gov/documents/2022/10/13/2022-22184/affordability-of-employer-coverage-for-family-members-of-employees.

Coverage Options: The Health Insurance Marketplace® (Cont.)

- CMS has established a new monthly special enrollment period (150 percent SEP) for certain low-income individuals, which is an available option of the Marketplace, and will be available in Marketplaces on the Federal platform.

  ➢ Under this new 150 percent SEP, APTC-eligible individuals with expected household incomes at or below 150 percent of the FPL, which is approximately $20,385 for an individual and $41,625 for a family of four in 2023, may newly enroll in Marketplace coverage or change plans once a month.

  ➢ Consumers can apply for this new SEP by submitting a new application or updating an existing application themselves online at HealthCare.gov, or with the help of an assister, enhanced direct enrollment (EDE) partner, agent or broker, traditional direct enrollment (DE) partner that supports SEPs, or the Marketplace Call Center.

Coverage Options: Financial Assistance on the Health Insurance Marketplace®

- **Zero cost-sharing plans** are available to American Indians and Alaska Natives (AI/ANs) who are members of a Federally Recognized Tribe or are Alaska Native Claims Settlement Corporation shareholders whose projected annual household income is between 100 percent and 300 percent of the FPL and who qualify for PTC.

- Consumers enrolled in a zero cost-sharing plan:

  - Don't pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider or when getting essential health benefits through a Marketplace plan.

  - Don't need a referral from an Indian health care provider when getting essential health benefits through a Marketplace plan.

  - Can get zero cost-sharing with a plan at any metal level on the Marketplace.

  - Must agree to have their income verified in order to enroll.

Coverage Options: Financial Assistance on the Health Insurance Marketplace® (Cont.)

- **Limited cost-sharing plans** are available to AI/ANs who are members of a Federally Recognized Tribe or are Alaska Native Claims Settlement Corporation shareholders.

- Consumers enrolled in limited cost-sharing plans:

  - ➤ Do not have to pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider.

  - ➤ Do need a referral from an Indian health care provider when getting essential health benefits from another provider to avoid paying copayments, deductibles, or coinsurance.

For more information on zero and limited cost-sharing plans for AI/ANs, visit Healthcare.gov/american-indians-alaska-natives/coverage.

Enrollment and Coverage Options: Medicaid and CHIP

- Medicaid and CHIP provide free or low-cost health coverage to millions of Americans, including (in some states) low-income adults; families and children; pregnant individuals; the elderly; and people with disabilities.

- Consumers can apply for Medicaid and CHIP coverage by filling out a Marketplace application or by contacting their state Medicaid or CHIP agency. For more information about how to apply, contact your state Medicaid/CHIP agency (they can also provide information about Medicaid or CHIP renewal), call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325), or visit HealthCare.gov/medicaid-chip/getting-medicaid-chip.

- For consumers who apply at the Marketplace, if it looks like anyone applying for coverage qualifies for Medicaid or CHIP, the Marketplace will send the applicant's information to their state Medicaid/CHIP agency. The state agency will contact the applicant about eligibility or any next steps.

Enrollment and Coverage Options: Medicaid and CHIP (Cont.)

- Federal law authorizes states to expand their Medicaid programs to cover certain non-pregnant adults younger than 65 with income up to 133 percent (effectively 138 percent) of the FPL (the "adult group"). Thirty-nine states (including DC) have elected to expand Medicaid to the adult group.

- Generally, in order to be eligible for Medicaid and CHIP, non-citizens must have an immigration status that is considered "qualified." Many qualified non-citizens are also subject to a five-year waiting period, unless they meet certain exceptions (e.g., refugees, asylees).

- Additionally, Medicaid's Connecting Kids to Coverage program provides enrollment and renewal assistance for Medicaid and CHIP to children and their families, and — for the first time ever — to expectant parents to promote improved maternal and infant health outcomes.

Enrollment and Coverage Options: Medicaid and CHIP (Cont.)

- States also have the option to cover certain "not qualified" immigrants, specifically lawfully residing children and/or pregnant individuals in Medicaid or CHIP.

  - A child or pregnant individual is "lawfully residing" if they're "lawfully present" and otherwise eligible for Medicaid or CHIP in the state. Learn how someone is defined as lawfully present at HealthCare.gov/immigrants/lawfully-present-immigrants.

  - Under this option, children under age 21 and pregnant women who would otherwise be subject to the five-year waiting period would not have to wait five years in order to become eligible for Medicaid or CHIP, as long as they meet all other eligibility requirements in the state.

- In general, a consumer must be a "qualified non-citizen" who has met the five-year bar or to whom the five-year bar does not apply to be eligible for full Medicaid or CHIP coverage.

13

Enrollment and Coverage Options: Medicaid and CHIP (Cont.)

- Certain types of limited Medicaid coverage are not recognized as minimum essential coverage (MEC), including coverage that only pays for family planning, the treatment of an emergency medical condition only, tuberculosis services, or outpatient hospital services.

- The ARP Act of 2021 includes a number of provisions expanding and strengthening the Medicaid and CHIP programs. These include financial incentives to encourage more states to adopt the adult group and a state option to provide coverage of COVID-19 vaccines and treatments for uninsured people. There is also a new state option to extend Medicaid and CHIP coverage for pregnant beneficiaries beyond the required 60-day postpartum period through the end of the month in which a 12-month postpartum period ends.

Enrollment and Coverage Options: CHIP

- CHIP provides free or low-cost health coverage to eligible children in families that earn too much money to qualify for Medicaid. Each state offers CHIP coverage and works closely with its state Medicaid program.

- Individuals can determine if they may qualify for CHIP by directly applying at the state Medicaid or CHIP agency, filling out a Marketplace application, or calling 1-800-318-2596 (TTY: 1-855-889-4325).

- For consumers applying at the Marketplace, if it seems like anyone applying for coverage qualifies for Medicaid or CHIP, the Marketplace will send the applicant's information to their state Medicaid/CHIP agency. The state agency will contact the applicant about eligibility or any next steps.

- Each state program has its own eligibility rules about who qualifies for CHIP.

- States also have the option to provide coverage, such as prenatal, delivery, and postpartum care, to uninsured "targeted low-income pregnant women" under the CHIP state plan.

Coverage Options: Non-citizen Eligibility for Medicaid and CHIP

- Some consumers may be ineligible for MEC Medicaid coverage because they do not have a qualifying immigration status.

- If non-citizens are not eligible for Medicaid because of their immigration status (i.e., they are not "qualified non-citizens" or they are qualified non-citizens but have not met the five-year waiting period, if applicable) and their projected annual household income is under 100 percent of the FPL, they may be eligible for APTC through the Marketplace, provided they satisfy all other requirements for APTC .

- Medicaid provides payment for the treatment of an emergency medical condition if the individual meets all other Medicaid eligibility rules in the state (e.g., income and state residency) but does not have a qualifying immigration status. For more information, visit Medicaid.gov/medicaid/eligibility/index.html.

- In addition, in states that have elected the CHIP unborn coverage option, some pregnant individuals may be able to receive health coverage during pregnancy regardless of immigration status if the unborn child meets CHIP eligibility criteria.

Coverage Options: Non-citizen Eligibility for Medicaid and CHIP (Cont.)

- Thirty-nine states, including the District of Columbia, have expanded coverage for Medicaid and CHIP to lawfully residing children and/or pregnant women, regardless of whether they have met the five-year waiting period, if otherwise eligible for Medicaid or CHIP in the state.

- For more information, visit Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women.
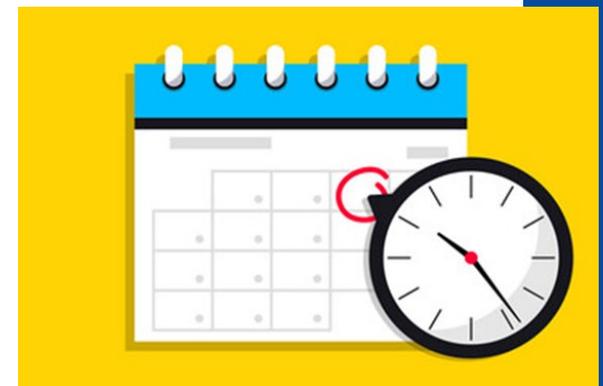
Additional Protections for Uninsured Consumers

- **The No Surprises Act**, signed into law as part of the Consolidated Appropriations Act of 2021 on December 27, 2020, includes provisions protecting uninsured consumers from unexpected costs for health care items and services. The Departments of Health and Human Services, Labor, and the Treasury issued a set of interim final rules including these provisions, which appeared in the October 7, 2021 Federal Register.

  - **Good Faith Estimate:** Health care providers and facilities, when scheduling an item or service for an uninsured consumer, or at the uninsured consumer's request, are required to provide a notification (in clear and understandable language) of the good faith estimate of the expected charges for furnishing such item or service.

Additional Protections for Uninsured Consumers (Cont.)

- **Patient-Provider Dispute Resolution Following a Good Faith Estimate:**
  - The No Surprises Act requires the Secretary of Health and Human Services to establish a process called a patient-provider dispute resolution process.
  - Under this process, an uninsured individual who received a good faith estimate of the expected charges for an item or service and is then billed by the provider or facility a charge or charges that are substantially in excess of the good faith estimate may ask a Selected Dispute Resolution entity for a decision on the amount owed to the provider or facility.

- For more information, visit:

  - CMS.gov/nosurprises
  - CMS.gov/nosurprises/consumers

Coverage Options: Catastrophic Coverage

- **Catastrophic coverage** is available to consumers under age 30, or people of any age with an affordability or hardship exemption. Catastrophic plans have low monthly premiums and high deductibles.

- For more information on Catastrophic coverage options, visit HealthCare.gov/choose-a-plan/catastrophic-health-plans.

Part 2: Less Comprehensive Options

Following are some less comprehensive coverage options that may benefit consumers who may not qualify for or are otherwise unable to access the more comprehensive CMS programs outlined previously in this webinar.

Coverage Options: Short-term, Limited-duration Insurance

- Short-term, limited-duration insurance (STLDI) is:

  - ➢ Designed to fill gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage, such as in-between jobs.

  - ➢ Not subject to ACA's individual market provisions.

- Under federal regulations, issuers are permitted to offer STLDI policies that are less than 12 months and may be renewed for up to 36 months.

- Coverage options may be limited by what insurers choose to offer and by what is permitted under state law and regulations.

- Issuers must also prominently display a consumer notice in the insurance contract and in any application materials explaining the policy and the limits of such coverage.

- For more information, visit CMS.gov/newsroom/fact-sheets/short-term-limited-duration-insurance-final-rule.

Coverage Options: What Assisters Need to Know When Discussing STLDI with Consumers

- STLDI plans are offered by many of the same issuers that offer qualified health plans (QHPs), although STLDI plans are not sold on the Marketplace, and consumers are not eligible for financial assistance through the Marketplace for help paying the cost of the coverage.

- STLDI plans are exempt from the federal market reforms and consumer protections imposed on individual health insurance coverage.

    ➢ For example, STLDI issuers and plans can deny coverage due to a pre-existing condition, may include annual limits on the amount an insurer will pay for covered services, and are not required to cover essential health benefits.

- Assisters should recommend consumers review STLDI plan documents to fully understand what is covered.

Other Types

- Health Care Sharing Ministry

- Association Health Plan

- Direct Primary Care

- Excepted Benefit Coverage

Free or Low-cost Health Care

This section of the webinar details some free or low-cost options for accessing health care to which assisters can refer uninsured consumers as appropriate. These options may provide no or low-cost health care services to consumers but are not a replacement for comprehensive, affordable coverage.

Free or Low-Cost Health Care (Cont.)

- Federally Qualified Health Centers (FQHCs)

- Prescription Medication Discounts or Rx Savings Cards/Programs

- Retail-based Health Centers

- Emergency Care

- Charity Care

- Centers for Disease Control and Prevention (CDC)

- State and Local Health Department Services

- Copay/Coinsurance Relief Programs

People Living With HIV/AIDS

- **The Ryan White HIV/AIDS Program (RWHAP)** provides a comprehensive system for HIV/AIDS care for people with HIV who are uninsured or underinsured *and* low-income. The program includes primary medical support, essential support services, and medications.

- **RWHAP clinics** provide low- to no-cost testing and/or treatment for patients with HIV/AIDS.

- For more information, visit HAB.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program.

Health Centers

- **Health Centers funded and designated by the Health Resources and Services Administration (HRSA)** offer primary care services to residents of a service area on a sliding fee scale and regardless of a patient's ability to pay.

  ➤ Some health centers are community health centers, while others provide care primarily to migrant and seasonal farmworkers and their families, to residents of public housing, and to people experiencing homelessness.

- **Rural Health Clinics (RHCs)** serve patients in rural areas. While they are not required to provide care to the uninsured, many will provide care to the uninsured on a sliding fee scale.

- **Hill-Burton Facilities** provide free or reduced-cost care to those who qualify.

  ➤ A list of facilities participating in the program can be found at HRSA.gov/get-health-care/affordable/hill-burton/facilities.html.

Additional Sources of Free Health Care

- For resources through the National Health Care for the Homeless Council, visit Nhchc.org.

- **Local homeless shelters** may also provide free medical services for residents. A national directory of homeless shelters (not maintained by CMS) may be found at Homelessshelterdirectory.org.

Additional Sources of Free or Low-cost Health Care

- **Local volunteer or free clinics** exist in many areas to fill gaps in health service provision. These clinics are often free and are run by volunteers. They often do not accept insurance coverage, and they are predominantly for the uninsured or underinsured. Services provided at different locations may vary.

  - A list of local volunteer clinics (not maintained by CMS) can be found at Nafcclinics.org/find-clinic.

- **School-based health centers** often are operated as a partnership between the school and a community health organization, such as a hospital or local health department. Students and their families rely on school-based health centers to meet their needs for a full range of age-appropriate health care services.

Prescription Medication Discounts

- **Federally Qualified Health Centers (FQHCs)**

- The **340B Drug Pricing Program** provides savings for certain health care providers that serve vulnerable populations. It lowers the cost of prescription medications for providers, resulting in lower drug prices for patients or additional programs to assist low-income patients.

  - ➤ Check with your local health service providers to find out if they participate in 340B pricing for drugs at that location.

  - ➤ For more information on the 340BPprogram, visit HRSA.gov/opa/index.html.

- **Ryan White HIV/AIDS Program** grantee organizations provide discounted treatment, including medication, for those living with HIV/AIDS who are uninsured or underinsured.

  - ➤ Visit HAB.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program for more information.

Additional Prescription Medication Discounts

- **Rx Savings Cards/Programs** such as GoodRx (GoodRx.com) allow consumers the ability to compare drug prices, print coupons, and save on prescription medications.

- These organizations distribute drug discount information:

  - NeedyMeds (NeedyMeds.org) lists programs that may provide patients with financial assistance for prescription drugs.

  - Medicine Assistance Tool (Medicineassistancetool.org) finds patient assistance programs for prescription assistance.

Note: this is not an exhaustive list of websites and does not constitute a CMS endorsement of any of the listed websites.

Further Prescription Medication Discounts

- **Generic drugs** are cheaper than name-brand drugs. Consumers can research, in consultation with their doctor, if a generic is available for a prescription they need.

- If a prescription is only available from a specific drug manufacturer, they may offer a **manufacturer coupon or Patient Assistance Program (PAP)**. They are often available to the low-income, uninsured, or underinsured.

Retail-based Health Care Clinics and Urgent Care Clinics

- **Retail-based healthcare clinics** can be found at certain chain retail stores across the country.

  - Retail health clinics do not require insurance and charge a flat upfront fee for services.

  - Services may include primary care, acute care, lab tests, immunizations, preventive care, and physicals.

- **Urgent care clinics** have similar upfront costs but are for emergency situations.

  - They are less expensive than Emergency Departments; however, they are not obligated to provide services to patients, even if their condition is life-threatening.

Charity Care

- Hospitals and health systems are often required by law to provide **Charity Care,** a program of free or reduced prices for low-income people who are uninsured or underinsured.

- Applications for Charity Care are specific to each health center and are available through financial assistance/billing departments.

- Charity Care is particularly useful for specialty services that are not available at primary care offices.

CDC and Health Departments

- The **CDC** offers many free screenings and services, including:

  - ➤ [Preventive screening for breast and cervical cancer](#) for low-income, uninsured, and underserved women.

  - ➤ [Vaccines](#) for low-income and uninsured children.

  - ➤ [Colorectal screening](#) for low-income and uninsured men and women.

- Local and state **Health Departments** provide free information about public health initiatives, prenatal/baby care, preventive care opportunities, health clinics, and screening events.

  - ➤ They also often provide free sexually transmitted disease (STD) testing and flu vaccines. Search online for your local or state health department to find area-specific information.
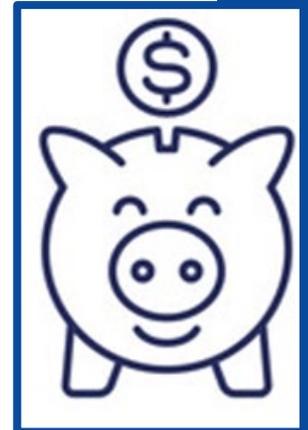
Copay/Coinsurance Relief Programs

- Private organizations may provide copay, coinsurance, or deductible assistance for consumers with financial need. Many of these options exist at the state and local levels.

- It is worthwhile to search online for local or state organizations that provide additional assistance for underinsured individuals.

Part 3: How Assisters Can Share Information with Consumers

- Assisters have a unique opportunity to provide valuable resources to uninsured consumers, whether by presenting information about ways to qualify for comprehensive, affordable coverage, or alerting consumers to affordable, but less comprehensive, coverage and care options when comprehensive options are not accessible.

- Below are some recommendations for assisters to provide the most up-to-date information appropriate to each consumer's individual situation.

  - Stay informed. Feel free to pass along new information to other assisters and consumers consistently.

  - You can research local clinics, discount programs, and area-specific resources to complement the national programs presented today.

  - You can establish relationships with local organizations and departments that provide services to the uninsured.

  - You can create a physical list of compiled resources to give to consumers you work with who do not enroll in health insurance.

  - Remember that a number of these options have specific requirements that must be met by a consumer in order for the consumer to receive services.

Part 3: How Assisters Can Share Information with Consumers (Cont.)

- Some populations experience eligibility and enrollment barriers, including limited choice and access to care, unaffordability, and barriers to communication.

- For an assister training resource that provides further background on serving vulnerable and underserved populations, refer to Serving Vulnerable and Underserved Populations at Marketplace.cms.gov/technical-assistance-resources/training-materials/vulnerable-and-underserved-populations.pdf.

Resources and List of Links in Presentation

- Health Insurance Coverage in the United States: 2020: ASPE.hhs.gov/sites/default/files/private/pdf/265041/trends-in-the-us-uninsured.pdf

- Immigration status, Marketplace: HealthCare.gov/immigrants/immigration-status/

- Immigration status, Medicaid: HealthCare.gov/immigrants/lawfully-present-immigrants/

- The American Rescue Plan Act of 2021:
  - Congress.gov/bill/117th-congress/house-bill/1319/text
  - CMS.gov/newsroom/fact-sheets/american-rescue-plan-and-marketplace
  - Marketplace.cms.gov/technical-assistance-resources/american-rescue-plan.pdf
  - CMS.gov/newsroom/fact-sheets/patient-protection-and-affordable-care-act-updating-payment-parameters-section-1332-waiver

Resources and List of Links in Presentation (Cont.)

- Ending Surprise Medical Bills: CMS.gov/nosurprises

- Catastrophic Coverage: HealthCare.gov/choose-a-plan/catastrophic-health-plans/

- Zero and limited cost-sharing plans for AI/ANs: HealthCare.gov/american-indians-alaska-natives/coverage

- Emergency Medicaid: HealthCare.gov/medicaid-chip/getting-medicaid-chip/

- CHIP:

  - HealthCare.gov/medicaid-chip/getting-medicaid-chip

  - Medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html

- Coverage That is Not Major Medical Insurance:

  - CMS.gov/newsroom/fact-sheets/short-term-limited-duration-insurance-final-rule

  - Federalregister.gov/documents/2018/08/03/2018-16568/short-term-limited-duration-insurance

- FQHCs: Findahealthcenter.hrsa.gov

Resources and List of Links in Presentation (Cont.)

- Public Housing Primary Care Program: Nchph.org/health-and-housing/
- Health Care for the Homeless Program: Nhchc.org/
- Homeless Shelter National Directory: Homelessshelterdirectory.org
- Volunteer Clinics: Nafcclinics.org/find-clinic
- HIV/AIDS: HIV/AIDS clinics: HIV.gov/locator
- Ryan White HIV/AIDS Program:
  - Benefits.gov/benefits/benefit-details/608
  - Findhivcare.hrsa.gov/
- The Hill-Burton Program: HRSA.gov/get-health-care/affordable/hill-burton/facilities.html
- 340B Drug Pricing Program: HRSA.gov/opa/index.html
- Centers for Disease Control
  - Rabies vaccine and Immune globulin: CDC.gov/rabies/resources/availability.html
  - Breast and cervical cancer screening: CDC.gov/cancer/nbccedp/about.htm
  - Vaccines for children: CDC.gov/vaccines/programs/vfc/index.html
  - Colorectal screening: CDC.gov/cancer/crccp/about.htm

Resources and List of Links in Presentation (Cont.)

- Health Resources and Services Administration:

  - COVID-19 Coverage Assistance Fund: HRSA.gov/covid19-coverage-assistance

  - HRSA COVID-19 Uninsured Program Patient Fact Sheet: HRSA.gov/covid19-coverage-assistance

- Private drug discount websites:

  - Needymeds.org

  - Goodrx.com

  - PPARx.org

- EMTALA: CMS.gov/Regulations-and-Guidance/Legislation/EMTALA

- Serving Vulnerable and Underserved Populations: Marketplace.cms.gov/technical-assistance-resources/training-materials/vulnerable-and-underserved-populations.pdf