



Considerations for Colleges and Universities as the COVID-19 Public Health Emergency Declaration Ends

March 1, 2023

The Biden Administration has [announced its plan to end the COVID-19 national emergency declarations](#) (“Public Health Emergency” or “PHE”) on May 11, 2023. This announcement relates to the expiration of multiple federal policy and regulatory flexibilities, not a designation that the COVID-19 pandemic is over or even yet considered endemic. The impact of this transition on colleges and universities, and particularly on college students, remains unclear; however, COVID-19 vaccines, tests, and treatments authorized under any emergency use authorization (EUA) are expected to remain available without interruption.

College and university administrators currently budgeting for the next academic year or negotiating student health insurance policies (SHIPs) should consider the impact this expiration will have on mitigation costs so that they can make thoughtful decisions, especially regarding who should bear those costs. Institutions that have already shifted or will be shifting costs for isolation housing, food service, and other accommodations to COVID-19 positive students should carefully weigh the potential for unintended consequences of cost-shifting after May 11.

This is not an exhaustive list of considerations, and ACHA will continue to share information as it becomes available. Please consult the [COVID-19 Considerations for Institutions of Higher Education, Fall 2022](#) for a comprehensive overview of COVID-19 mitigation strategies on campus, including improving indoor air quality, building vaccine confidence, strengthening public health partnerships, and much more.

The information below reflects analyses from the [United States Department of Health and Human Services](#), the [Kaiser Family Foundation](#), and Katelyn Jetelina, PhD, MPH, [Your Local Epidemiologist](#), who serves as a scientific consultant to CDC.

Vaccination

COVID-19 vaccines will remain free until the supply from federal stockpiles is exhausted or rendered obsolete by new formulations. After May 11, 2023, most private health insurance policies will cover the cost of the vaccine but may require people to pay costs for vaccine administration. Students insured by Medicaid or Children’s Health Insurance Program (CHIP) should not have to pay for the vaccine itself or vaccine administration. Options for uninsured students to receive free or low-cost vaccination remain unclear at time of publication.

Action Items:

- Institutions that offer a SHIP should confirm the policy’s coverage for COVID-19 vaccination and administration costs, advocate for free access to vaccination whenever possible, and educate students about their options regardless of insurance status or type.

- If possible, offer free or low-cost COVID-19 vaccination on campus. Partner with local health departments, vendors, or community-based organizations to expand access to COVID-19 vaccination.
- Encourage students to stay up to date on their COVID-19 vaccinations and get vaccinated before May 11, 2023, if they are eligible.

At-Home Testing

Private insurers will no longer be required to provide eight free antigen (at-home) COVID-19 tests per person per month. Private insurers may choose to do so. At-home COVID-19 tests on the retail market are already cost-prohibitive for many, and with the end of the PHE we may also see lower supply and related price increases.

Action Items:

- Institutions that offer a SHIP should advocate for access to free at-home tests whenever possible and educate students about their options regardless of insurance status or type.
- Advise students with private insurance to order their free at-home tests towards the end of the PHE (end of April or early May).
- If possible, make at-home tests accessible to students at low or no cost. Many colleges have installed vending machines or other points of access for tests and other health supplies that do not rely on staffing or business hours of operation.

Lab Testing for COVID-19

Private insurers will no longer be required to cover COVID-19 lab testing in full but may choose to do so. Medicaid programs will cover COVID-19 lab testing in full until September 30, 2024, after which time states will have discretion to cover the cost or impose cost-sharing.

Action Items:

- Institutions that offer a SHIP should negotiate policies that impose no or minimal cost-sharing for COVID-19 lab testing whenever possible and educate students about their options regardless of insurance status or type.
- If possible, mitigate or eliminate costs for COVID-19 lab testing. Partner with local health departments, vendors, or community-based organizations to expand access to free or low cost COVID-19 lab testing.
- Consider investing in greater in-house testing capabilities for common respiratory pathogens (influenza, COVID-19, RSV) to eliminate cost and access barriers to lab testing for students and maximize the institution's ability to detect and prevent future outbreaks of disease.

Pharmaceutical Treatments

Private insurers will no longer be required to cover COVID-19 treatments in full but may choose to do so. Medicaid programs will cover the cost of these treatments in full through September 30, 2024, after which time states will have discretion to cover the cost or impose cost-sharing.

Action Items:

- Institutions that offer a SHIP should negotiate policies that impose no or minimal cost-sharing for COVID-19 treatment whenever possible and educate students about their options regardless of insurance status or type.

- If possible, mitigate or eliminate costs for COVID-19 treatment. Partner with pharmaceutical vendors, local health departments, or community-based organizations to expand access to free or low cost COVID-19 treatment.
- Develop or strengthen referral resources to ensure continuity of care for those who need subspecialty services or a higher level of care.

COVID-19 Surveillance and Reporting

With the end of the PHE, we can expect significant changes to COVID-19 surveillance and local-, state-, or national-level reporting currently used by many institutions to drive decisions on mitigation strategies. Reporting of laboratory test-positivity rates will stop being mandatory and become optional, and hospitalization data may be reported less frequently.

Action Items:

- Consult with the local health department and other community-based resources to determine what data collection and sharing is likely to continue in your state or locality (e.g., wastewater surveillance, test-positivity rates).
- Internalize monitoring where possible (e.g., setting up alerts in electronic health record systems, contracting for campus-based wastewater surveillance, etc.).
- Examine whether current policies or procedures disincentivize student reporting of COVID-19 positive status and explore alternatives that permit accurate assessment of the current conditions on campus.

Insurance Coverage

Under the PHE, eligibility checks for Medicaid were paused, which means that students currently enrolled in Medicaid may be disenrolled unless they meet the requirements in their state.

Action Items:

- Institutions should consult with local health department and community-based organization partners regarding expected changes to Medicaid coverage and support students in maintaining coverage if eligible.
- Encourage students enrolled in Medicaid to affirmatively check their enrollment status and contact information, especially students whose residences may have changed in the past year.

Conclusion

The end of the PHE is not the end of COVID-19 and its impact on our campuses. This is, however, an important inflection point for campus leadership and the multi-disciplinary teams responsible for protecting campus health and wellbeing. To create a comprehensive culture of care that yields benefit far beyond the COVID-19 pandemic, ACHA recommends:

- Advocating for the flexibility to address COVID-19 and other health matters in ways that best serve each specific campus.
- Reviewing campus policies, protocols, and strategies, while considering local conditions and resources.
- Strengthening local partnerships, especially with local public health partners.
- Integrating health literacy and education throughout the academic and extracurricular student experience.

The COVID-19 pandemic has highlighted the importance of campus public health. Continuing collaborative work in this space will prepare colleges and universities for fall 2023 and beyond.



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