

U.S. SENATOR BOB CASEY



CHAIRMAN Special Committee on Aging

The Disaster Relief Medicaid Act (DRMA)

Why do we need the Disaster Relief Medicaid Act?

As climate-related disasters increase, millions of people are forced to abandon their homes and relocate with no idea of when they will be able to return. After Hurricane Katrina hit Louisiana in 2005, over one million evacuees were displaced to Texas, Arkansas, and parts of Mississippi, and some had to move as far away as California and Massachusetts. The 2018 California wildfires forced over 350,000 individuals from their homes. In 2022 alone, 3.3 million Americans were displaced due to natural disasters.

The stress of relocating can be even more challenging for individuals and families that are eligible for Medicaid health care and long-term services and supports. Many Medicaid recipients depend on their benefits to access essential services, medical equipment and supplies, and treatments. Because Medicaid is partially funded by the federal government but administered by the state, a person must be a resident of the state to receive Medicaid. In addition to losing their homes and communities, Medicaid recipients forced to relocate also risk losing access to the care they need.

Older adults and people with disabilities are especially affected by emergency relocations. Medicaid home and community-based services (HCBS) recipients receive services through a waiver that each state applies for to the federal government. Many states have waiting lists for services and will need to wait if they move to another state. The loss of health care and long-term services threatens their health, independence, quality of life, job opportunities and more.

What will the Disaster Relief Medicaid Act do?

The Disaster Relief Medicaid Act would ensure that individuals eligible for Medicaid who are forced to relocate due to a disaster can continue to access their Medicaid-supported services. This legislation would designate an individual who resides in an area covered under a national disaster or public health emergency declaration as a “Relief-Eligible Survivor” and allow them continued Medicaid coverage.

The Disaster Relief Medicaid Act provides a limited time, 100 percent federal match for displaced individuals and technical assistance and support for states to develop strategies to respond to an influx of out-of-state recipients. The bill also creates a grant program to help states develop an emergency response corps to provide HCBS.

For more information or to co-sponsor, contact: Michael Gamel-McCormick (michael_gamel-mccormick@aging.senate.gov) or Emily Franzosa (emily_franzosa@aging.senate.gov).

Cosponsors: Sens. Blumenthal, Welch, Van Hollen, Gillibrand, Warren, Brown, Sanders, Fetterman, Schatz, Duckworth.

DRMA is endorsed by over 240 organizations, including: *American Association of People with Disabilities, American Network of Community Options & Resources (ANCOR), American Physical Therapy Association, American Red Cross, Association of Programs for Rural Independent Living (APRIL), Association of University Centers on Disabilities (AUCD), Autism Society of America, Autistic People of Color Fund, Autistic Women & Nonbinary Network, Center for American Progress, Center For Independence, Christopher & Dana Reeve Foundation, CommunicationFIRST, Cure SMA, Justice in Aging, Little Lobbyists, Nat. Association of Councils on Developmental Disabilities, Nat. Association of Statewide Independent Living Councils, National Coalition for Latinxs with Disabilities (CNLD), National Council on Independent Living, National Disability Rights Network (NDRN), National Down Syndrome Congress, National Multiple Sclerosis Society, National Organization of Nurses with Disabilities, Network of Occupational Therapy Practitioners with Disabilities and Supporters, Paralyzed Veterans of America, SPAN Parent Advocacy Network, Spina Bifida Association, The Arc of the US, The Partnership for Inclusive Disaster Strategies, US International Council on Disabilities, US Society for Augmentative and Alternative Communication (USSAAC), and the World Institute on Disability (WID).*

Disaster Relief Medicaid Act: Section-By-Section Summary

Section 1 – Short Title

Officially names the legislation the Disaster Relief Medicaid Act.

Section 2 – Medicaid Relief for Disaster Survivors

Ensures Medicaid services and supports are available for individuals forced to relocate to another state as a result of a disaster or emergency. Designates a Medicaid-eligible individual who resides in an area covered under a presidential disaster declaration, a national emergency declaration, or a public health emergency declared by the Secretary of Health and Human Services as a Relief-Eligible Survivor and permits them to continue to access their Medicaid services if they are forced to relocate to another state as a result of the disaster.

Section 3 – Promoting Effective and Innovative State Responses to Increased Demand for Medical Assistance Following a Disaster

Provides technical assistance and support to develop innovative state strategies to respond to an influx of out-of-state individuals due to a disaster and permits states to utilize out-of-state providers in order to help meet that demand. This section also creates a grant to help states develop an emergency response corps to provide home and community-based services to Relief-Eligible Survivors.

Section 4 – Targeted Medicaid Relief for Direct Impact Areas

Guarantees a limited time 100 percent federal matching payment (FMAP) for states designated as emergency areas to meet the medical assistance needs of Relief-Eligible Survivors.

Section 5 – Authority to Waive Requirements during National Emergencies with Respect to Evacuees from an Emergency Area

Allows the Secretary of Health and Human Services to designate an area that receives an influx of individuals as the result of a disaster to be designated as an emergency area.

Section 6 – Exclusion of Disaster Relief Coverage Period in Computing Medicare Part B Late Enrollment Period

Ensures that an individual who is forced to relocate due to a disaster is not penalized for failing to enroll in Medicare Part B.

Section 7 – Effective Date

Requires the legislation to take effect immediately upon being signed into law but permits the Secretary of Health and Human Services to grant a delay in states where additional legislation is required to meet the provisions of this legislation.

Section 8 – Impact Evaluation and Reporting

Requires the Secretary of Health and Human Services to contract with an independent nonprofit entity to conduct a multi-year evaluation on the legislation's impact on states and individuals.