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Navigating Natural Disasters: Key Strategies for Medicaid Agencies to Support Members

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Flooding from severe storms recently ravaged towns across Kentucky. Wildfires wreaked havoc on numerous communities in Los Angeles. Late last year, flooding from Hurricane Helene devastated urban and rural communities in North Carolina and Tennessee. And last week, North and South Carolina both declared a state of emergency due to massive wildfires. These are just a few examples from a well-documented pattern — severe weather events and other natural disasters are happening with greater frequency and impact in recent years. In 2024 alone, there were 27 severe weather/climate disasters across the U.S. that exceeded $1 billion each in damages and losses. In 2024, these events claimed nearly 600 lives and caused total damages amounting to almost $183 billion.

Severe weather events negatively impact health outcomes when people cannot access critical health care services or medications, or when they lose access to the power grid, secure housing, transportation, food, and clean air and water. People are at increased risk of heat illnesses, respiratory issues, food insecurity, and needing mental health support. This risk is pronounced for Medicaid members, especially members with pre-existing health conditions, disabilities, or those with limited resources to recover from these types of events.

Medicaid, along with the Children's Health Insurance Program (CHIP), provides health care coverage to about 25 percent of adults and 40 percent of children across the nation. State Medicaid agencies play a central role in disaster relief, helping individuals get access to essential health care services and medications. This blog post explores three opportunities for state Medicaid agencies to take proactive steps to address the health needs of members in the event of a natural disaster.

1. Strengthen disaster preparedness plans and align across agencies.

State Medicaid agencies use continuity of operations plans (COOP) to sustain services for members during natural disasters. In light of recent severe weather events, Medicaid agencies can enhance their COOPs and other planning processes to ensure continued access to the health care workforce, supply chain, essential records, and communications infrastructure, among other critical services. Medicaid agencies can use existing risk assessment data sets and tools to inform their disaster preparedness plans and share information on vulnerable areas (such as zones susceptible to heat waves) with partners who support Medicaid members on the ground.

Medicaid agencies can join cross-agency approaches that break down silos across state agencies and support multi-sector alignment. By joining statewide disaster preparedness task forces, they can align with local, state, and federal public health entities, as well as departments of transportation and local hospitals. In these cross-sector teams, Medicaid agencies can play a key role by elevating issues specific to their members' health care and accessibility needs. For example, they can support the development of plans to safely evacuate members with disabilities who rely on wheelchairs.

2. Work with managed care organizations and other partners to inform and support Medicaid members.

While natural disasters can affect everyone, certain populations — such as children, pregnant women, aging populations, people with disabilities, and those with chronic conditions — are at higher risk of being negatively impacted. Medicaid agencies can work with managed care organizations (MCOs), health care providers, public health entities, and community partners to establish robust communication strategies to keep individuals informed before, during, and after severe weather events. This includes plans for maintaining backup communications systems if traditional systems fail.

MCOs can play a critical role in communicating with Medicaid members and supporting their health and health-related needs during and after natural disasters. Examples may include:

- Encouraging MCOs to help members create individualized emergency plans that address their unique needs in the face of potential severe weather events. This planning might include arranging alternative transportation and shelter options and ensuring backup supports for home health aides who may be unable to reach their patients.

- Amending managed care plan contracts to allow out-of-network/out-of-state services, home health visits, and telehealth visits in the event of emergencies to ensure timely access to health care providers. Amendments might also include allowing for 90-day prescription refills.

- Recommending members with specific health considerations to register with local resiliency planning organizations, such as fire departments, to communicate their specific health needs, such as reliance on a home ventilator or service animal.

State Medicaid agencies can require disaster preparedness clauses in MCO contracts. **California**, for example, requires managed care plans to maintain emergency preparedness and response plans. During the recent wildfires in Los Angeles, MCOs activated their emergency response protocols to deploy targeted member outreach, waive prior authorization and referral requirements to facilitate timely care, and help provide transportation to health care services. **New Jersey** Medicaid requires MCOs to counsel members living in community settings in proactively creating a tailored emergency plan and in registering with the state's emergency preparedness voluntary registry.

3. Consider policy levers to support access to care during natural disasters.

States can consider various policy levers to temporarily modify their health care systems and ensure continuity of care to better address members' immediate health care challenges during natural disasters. State Medicaid agencies can request approval for health services initiatives (HSIs), waivers and other state and federal flexibilities to support access to care and Medicaid coverage. These mechanisms can include temporarily modifying eligibility, enrollment, and redetermination processes during emergencies.

For immediate support during weather emergencies, states can use a number of policy levers. After Hurricane Harvey in 2017, **Texas** used a CHIP waiver to simplify application and renewal processes for individuals. Additionally, Texas received permission to automatically extend Medicaid and CHIP benefits by six months, given challenges to standard redetermination processes in the storm's aftermath. During the 2023 Maui wildfires, **Hawaii's** Medicaid agency used an 1135 waiver and other flexibilities to increase access to telehealth and expand care in rural and underserved communities, among other things.

In the long term, HSIs offer states flexibility to use a limited amount of CHIP funding for children's health initiatives. **Maryland**, for example, received approval for an HSI focused on asthma remediation, which funds community health workers to provide home visit asthma services to children from families with low incomes in participating counties. These services can help prevent asthma attacks in children during wildfire seasons that result in prolonged poor air quality.

Oregon, which has experienced increased wildfires and heat waves in recent years, received approval in 2022 for an 1115 waiver with provisions for climate-related events. The waiver includes targeted payments to at-risk Medicaid members for transportation to cooling/ warming and/or evacuation shelters, and for home devices, such as air conditioners and air filters to maintain healthy home environments, or generators to power critical home medical devices like ventilators during power outages.

Preparation and responsive services are both crucial to support Medicaid members before, during, and in the aftermath of natural disasters, especially people who may need more support, such as people with disabilities, aging populations, families with young children, and people in rural communities. However, all members can benefit from enhanced measures to ensure access to services that address health care and health-related needs. Taking proactive steps now can help Medicaid agencies better support their members' health and well-being in future natural disasters.