As the federal COVID-19 public health emergency declaration draws to a close this spring, our nation must take steps to avert a potential new crisis as millions of people lose access to health insurance that was granted to them under the continuous Medicaid enrollment provision triggered by the pandemic.

It is essential that state and federal authorities work together to smooth the transition from Medicaid to other sources of coverage for affected individuals. Although we don’t know the exact number, it is expected that up to 14.2 million people will be disenrolled from Medicaid over the next year, according to an analysis from the Kaiser Family Foundation.

We must start with improved education and outreach on alternatives to those affected, including the availability of private marketplace plans. We also can simplify renewal processes and eliminate the administrative barriers to retaining Medicaid eligibility, such as burdensome requirements that people return paper forms rather than relying on readily available electronic data and means of verification.

Coverage expanded during pandemic

Gains in health coverage since the pandemic began saved countless lives and reduced suffering while demonstrating the importance of policies implemented at the federal level to make private marketplace coverage more affordable, improve access to care across private and public plans, add telemedicine coverage, and provide funding for COVID-19 testing and vaccination.

Continuous enrollment in Medicaid as provided under the Families First Coronavirus Response Act boosted Medicaid enrollment to 84.8 million people in November 2022, according to the Centers for Medicaid & Medicare Services (CMS). Adding those covered under the Children’s Health Insurance Program (CHIP) increased the overall total to 91.8 million people.
That means that total Medicaid and CHIP enrollment soared by more than 20 million people between February 2020 and November 2022, a figure that was also driven by Medicaid expansion under the Affordable Care Act in three more states during this period. Maintaining these coverage gains is an essential consideration, given that people from historically marginalized racial and ethnic groups are more likely to qualify for and rely upon Medicaid for health coverage.

It is also important that the 10 states that have not yet expanded Medicaid do so; state lawmakers in North Carolina agreed to an expansion on March 24. While the Medicaid program still requires significant reform to improve access to care for beneficiaries and provide reasonable payment to physicians, we know that coverage expansion improves health outcomes, especially among people from historically marginalized groups. Research has shown that those without coverage live sicker and die younger.

**Many will retain Medicaid eligibility**

The Department of Health and Human Services estimates that most people whose eligibility for Medicaid will be reexamined in the coming months will retain that eligibility. During unwinding, states will have 12 months to initiate and up to 14 months to complete those renewals.

The redetermination process will vary among states, and different approaches toward enrollment and renewal procedures will affect coverage rates. A state-by-state analysis of actions being taken as the continuous enrollment provision ends was compiled earlier this year by the Kaiser Family Foundation and the Georgetown University Center for Children and Families. The AMA urges every state to adopt a 12-month continuous eligibility policy to minimize coverage gaps between disenrollment and reenrollment, while also doing all they can to facilitate the transition in coverage from Medicaid and CHIP to subsidized ACA Marketplace coverage, employer-sponsored health insurance, or another form of affordable coverage.

**Special ACA enrollment period**

Enhanced ACA premium subsidies enacted during the pandemic have been extended through 2025. Effective March 31, CMS is launching a special ACA enrollment period that runs through July 31, 2024, for people who lose Medicaid or CHIP coverage during the unwinding period following the end of the COVID-19 public health emergency declaration. However, many who could benefit still require outreach and assistance to understand these benefits and enroll.
As we adapt to the official declaration that will end the federal COVID-19 public health emergency, the AMA remains fully committed to improving both health coverage and access so that patients across the nation receive high-quality care on a timely basis.

Maintaining Medicaid enrollment for those who qualify while easing the transition for others to subsidized ACA Marketplace coverage, employer-sponsored plans, or another form of affordable coverage is essential to the health of our nation and to the millions of patients and families whose access to care is at stake.