As more jurisdictions imposed lockdowns in an effort to stop the spread of COVID-19, businesses and organizations had to reorient to this new reality and initiate closings. Many people lost their jobs and, in doing so, their access to employer-sponsored health insurance. As the virus continued to infect larger swaths of the population, including those in vulnerable communities, access to health coverage proved to be an important factor for individuals and families to access treatments to battle the disease. The early days of the pandemic posed numerous challenges to society, as communities and governments around the world worked to mitigate the health and economic fallout from the virus. We can remember how, in 2020, states began to shut down schools, restaurants and places of worship to help prevent its spread. We can probably even remember the fateful day of January 31, 2020, when Alex Azar, the secretary of the U.S. Department of Health and Human Services, declared COVID-19 a public health emergency. Immediately after this declaration, the Centers for Disease Control and Prevention, National Institutes of Health and other federal entities began to coordinate a response, developing testing, researching therapeutics and working to make vaccines available.

Protect What’s Precious

Retaining Medicaid Coverage Is Vital for Vulnerable Populations

PAULO G. PONTEMAYOR
Senior Director of Government Relations, Catholic Health Association

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While the executive branch of the federal government was leading the emergency response, Congress was also called into action to legislate and appropriate the necessary resources. CHA’s advocacy and public policy department saw firsthand the impact that the pandemic had on communities that our members serve and the importance that any legislation would have to bolster and protect access to coverage. In early 2020, we wrote to Congress outlining that since our early history, Catholic health care has answered the call to serve populations affected by disasters, influenza pandemics and the opioid epidemic. We urged Congress to include continuous eligibility and enrollment in Medicaid and the Children’s Health Insurance Program with an enhanced federal medical assistance percentage to ensure that low-income and vulnerable
children, individuals and families maintain their health care coverage through this crisis.\(^1\)

In the span of a month, Congress passed two important bills that were signed into law by President Donald Trump: the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, which provided emergency funding relief for domestic and global efforts, and the Families First Coronavirus Response Act, which included numerous policies like emergency family leave and supplemental nutrition assistance. Most importantly, it included the continuous coverage requirement for the Medicaid program that protected enrollees from losing their coverage as long as the public health emergency was in place.\(^2\)

A Kaiser Family Foundation analysis that studied the uninsurance rate in 2020 found that “despite a public health crisis that caused significant economic turmoil, the CPS [Current Population Survey] data indicate that health coverage during 2020 was relatively stable compared to before the pandemic.”\(^3\)

**KEEPING PEOPLE COVERED**

Even into 2022, the nation continued to grapple with the COVID-19 pandemic — there were new tests, therapeutics and several vaccines to fight the virus’ spread. Additionally, states and localities began to reverse restrictions on public gatherings, allowing for greater returns to schools and workplaces, while also relaxing masking mandates. Could the public health emergency be ending soon as well? Our members approached us with this question and asked what this would mean for the Medicaid continuous coverage requirement. Further, our work with national organizations and stakeholders also led us to these same questions. At the same time, several studies modeled estimates of the potential effects of Medicaid unwinding, showing that as many as 14 million Americans would lose coverage, with 6.8 million losing Medicaid because of “paperwork hurdles.”\(^5\)

The disproportionate effect on communities of color potentially losing coverage — including 64% of enrolled Latinos; over half of Asian, Native Hawaiian and Pacific Islander enrollees; and 47% of Black enrollees — showcased how addressing health inequity is crucial in any Medicaid unwinding plan.\(^6\)

We knew we needed to act to prepare for the resuming annual Medicaid renewals, given how important this program was to the vulnerable populations our members serve. In May 2022, CHA convened one of the first national discussions by a health care provider association on this topic. Titled “Preparing for Medicaid Unwinding: Medicaid Redeterminations — What Catholic Health Care Can Do To Prevent Coverage Loss for Beneficiaries,” we invited our colleagues from Trinity Health and Providence to share their thoughts, experiences and planned strategies.

The success of this first webinar allowed us to record a podcast on Medicaid redetermination for CHA’s “Health Calls” podcast;\(^7\) in addition to a follow-up webinar, called “Preparing for Medicaid Unwinding After the Public Health Emergency: Working With Partners,” where we heard from Georgetown University’s Center for Children and Families and learned how CHA members could better partner with their local affiliates of Catho-
lic Charities USA.

The most recent development occurred at the end of 2022, when Congress enacted changes to the Medicaid unwinding process by including a provision in the Consolidated Appropriations Act, 2023. As part of this massive bill, states may begin disenrolling Medicaid enrollees who are no longer eligible after they conduct and complete renewals. This decoupled the continuous coverage provision from the public health emergency for COVID, giving state governments the ability to plan their state budgets in a way that would meet the needs of those who truly need Medicaid.

Our work with our members, national organizations and the federal government culminated in the launch of a new campaign, “Protect What’s Precious: Secure Your Medicaid Coverage Today.” The campaign’s goal was to help prevent Americans from losing their Medicaid or Children’s Health Insurance Program coverage by educating them to promptly either update their contact information or complete their renewal forms with their state’s Medicaid agency by its specific deadlines. We rebranded our existing “Medicaid Makes It Possible” microsite to house our new campaign. We unveiled resources, videos, social media and customizable posters for our members in January, nearly three years after the public health emergency declaration that began this process. We included a QR code that allowed for convenient access to the campaign’s posters, videos and postcards that linked to a webpage listing every single Medicaid state agency so our members could easily share the information with Medicaid enrollees in their facilities. This enabled any patient-facing employee of Catholic health care to be an effective advocate.

**ADVANCING HUMAN DIGNITY TOGETHER**

Our work continues as states embark on the massive process of Medicaid unwinding, which touches the eligibility for all 90 million people in the program. Not since the enactment of the Affordable Care Act’s coverage expansions a decade ago has there been the potential of such large-scale health coverage transitions in America. We know that through the committed dedication of our members and partners, the resources in our Protect What’s Precious materials, and the continued focus of CHA in promoting affordable and accessible health care for all, we can make a difference in the lives of our neighbors who rely on the Medicaid program.

**PAULO G. PONTEMAYOR** is senior director of government relations for the Catholic Health Association, Washington, D.C.

**NOTES**
