

Impact of the Changing Healthcare Policy Environment on State Cancer Programs

Intelligence Brief: End of the COVID-19 Public Health Emergency & Medicaid Redeterminations

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Background

The COVID-19 pandemic disrupted the world as an unprecedented crisis. This crisis resulted in the declaration of a Public Health Emergency (PHE) in Jan. 2020 by the Department of Health and Human Services to expand medical care in a time of uncertainty, including maintenance of Medicaid coverage without redetermination of eligibility. The PHE formally ended on May 11, 2023.

Current Status

With the end of the PHE, Medicaid enrollees are required to go through the redetermination process to determine if they are eligible to keep their Medicaid coverage. This is referred to as Medicaid unwinding. This process results in either the maintenance of Medicaid coverage, a forced switch to available coverage (such as an employer plan), or a loss of coverage. Estimates predict 5.6 million people could become uninsured. In many cases, when a Medicaid enrollee does not take the necessary action to extend their coverage, they automatically lose coverage. As of Jun. 2023, according to data reported by states on the Medicaid.gov website, over 3.8 million enrollees have become uninsured as a result of Medicaid unwinding. The disruption in healthcare coverage occurs in an environment of increasing distrust, rising prices, and discontinuity in care access and delivery of services. The number of patients receiving adequate preventative or treatment-based care for chronic diseases, like cancer, has not yet returned to pre-pandemic levels for many reasons, including uncertainty around health insurance coverage and cost burden. As states and advocates focus on maintenance of coverage, the continuity of care for those with chronic and long-term conditions still presents challenges for patients.



Conclusion

Medicaid redeterminations require individual action for beneficiaries to understand their options and take steps to maintain coverage. Loss of coverage could result in disruptions in access to care and relationships with providers. In the context of cancer-related preventive care and treatment, the disruption in both healthcare coverage and confidence in provider-patient relationships at the end of the PHE could mean the difference between life-saving early diagnosis and devastating health outcomes.

Implications for Cancer Programs

- Cancer programs could work with Medicaid directors and be part of problem solving to reach people where they are to minimize preventable loss of coverage.
- Estimating the local impact of coverage losses can help assess those being dropped from Medicaid and allow for planning resources and outreach strategies accordingly.
- For Cancer programs to address their goals most effectively in the current healthcare system environment, an up-to-date and localized understanding of the dynamic relationship between the delivery of services and local payers is needed.

Sources

- [Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals](#), as of Feb. 24, 2023, Medicaid.gov
- [Unwinding Data Reporting by States](#), Medicaid.gov
- [Takeaways from the Early Medicaid Unwinding Actions](#), Jun. 7, 2023, Health Management Associates
- [Medicaid and CHIP National Summary of Renewal Outcomes](#), through Jun. 2023, Medicaid.gov

Since 1988, the National Association of Chronic Disease Directors and its more than 7,000 Members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally.

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