



**ACA's Promise  
of Affordable  
Health Coverage  
for Families  
Across America  
Is at Risk as  
Pandemic-Era  
Policies Expire**

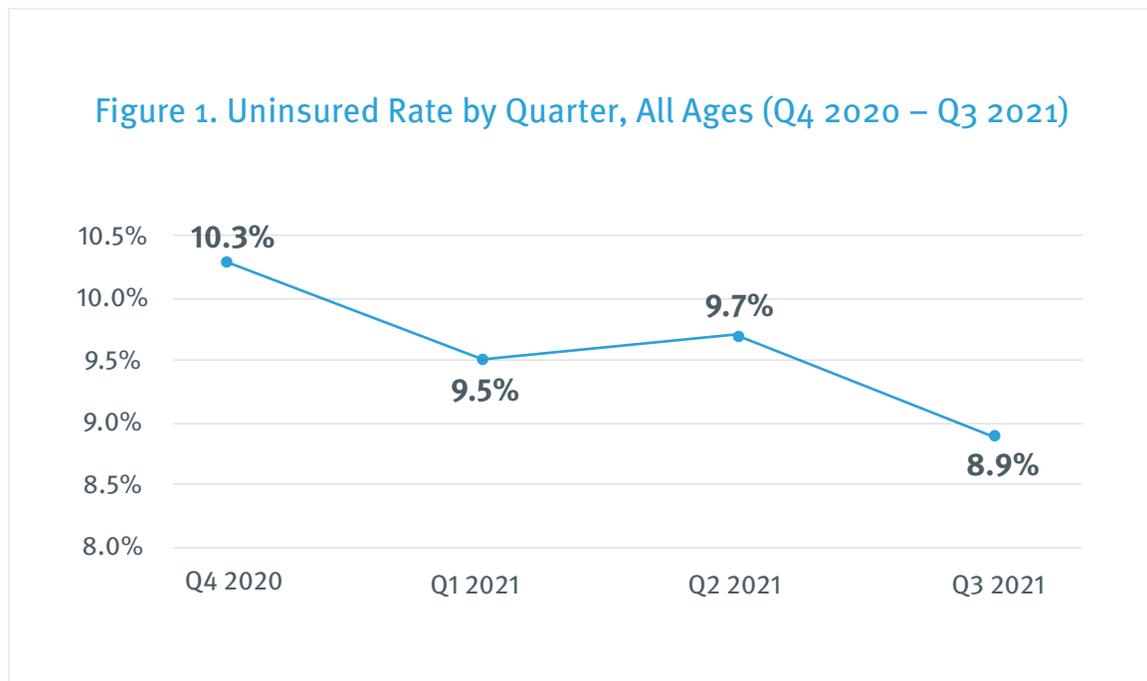
On the 12th anniversary of the Affordable Care Act (ACA), we have reached the lowest uninsured rate our country has ever had — 8.9%. If Congress and the Biden administration do not act, that may be the lowest the uninsured rate will ever be. More people in the U.S. stand to lose their health coverage over the next 12 months than in any previous 12-month period.

When the ACA was signed into law on March 23, 2010, it made an important promise to the American people: Every American would have access to affordable health insurance.

In the years after the ACA was implemented, tens of millions of people gained health coverage through Medicaid, Medicare, the health insurance marketplace or employer-based coverage. In 2020 and 2021, many people who were eligible but not enrolled gained coverage under the ACA through a combination of temporary congressional actions taken in COVID-19 emergency legislation. Now, those coverage gains are at risk if Congress does not act.

## Current State of Health Coverage in America

In January 2022, the U.S. Department of Health and Human Services reported that the rate of uninsurance in the United States was down to 8.9% in the fall of 2021.<sup>1</sup> That matches the lowest uninsured rate ever captured by the Centers for Disease Control and Prevention’s National Health Interview Survey, going back to the origins of the American health insurance model.<sup>2</sup>



Source: Robin A. Cohen and Amy E. Cha, Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020-September 2021 (National Center for Health Statistics, Centers for Disease Control and Prevention, January 2022), [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf).

These gains in coverage were driven by three primary factors:

- 1. Increased Medicaid eligibility and fewer bureaucratic barriers to coverage.** A central goal of the ACA was to increase access to health coverage for low-income people across the country. The law expanded eligibility to those up to age 64 with incomes up to 138% of the federal poverty level. In the decade following ACA implementation, 38 states and the District of Columbia extended Medicaid to 15 million people. This expansion made Medicaid the largest public health insurance program. Because Medicaid is now at the center of the American health care system, Congress passed emergency funding at the onset of the COVID-19 pandemic that supported states in suspending monthly Medicaid eligibility redeterminations in exchange for an enhanced federal medical assistance

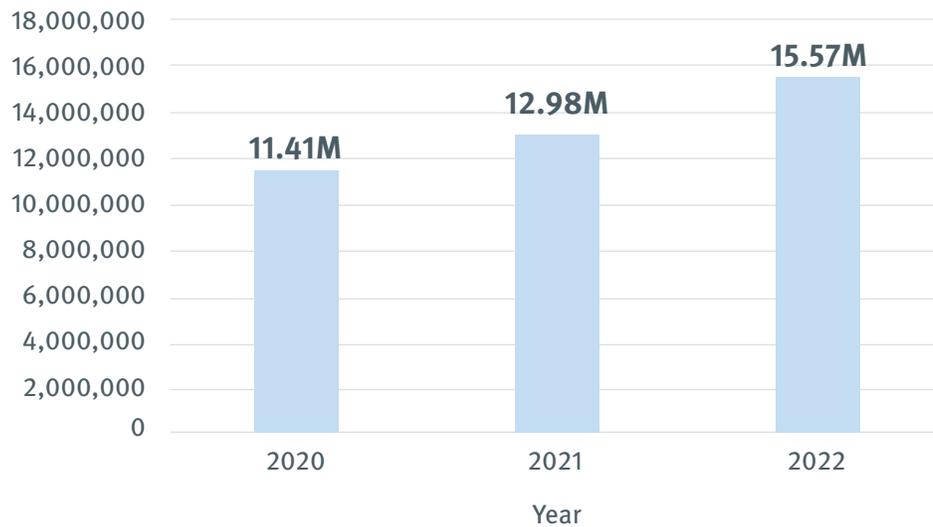
percentage (FMAP). U.S. Department of Health and Human Services analysts and others have concluded that the suspension of annual eligibility redeterminations was the biggest driver of increased enrollment in Medicaid and the Children’s Health Insurance Program (CHIP) throughout the pandemic period.<sup>3</sup> This temporary emergency measure to suspend paperwork eligibility barriers dramatically reduced the number of people who were eligible for Medicaid but not enrolled, critical unfinished business from the ACA.

2. **Improved marketplace affordability.** Over 14 million people currently get their health coverage through the health insurance marketplaces created by the ACA as a long-overdue reform of the individual and small-group insurance market. The American Rescue Plan, signed into law by President Joe Biden in March 2021, temporarily increased and expanded advance premium tax credits (APTCs) to lower premiums for people enrolled in marketplace health plans through the end of 2022. This legislation was monumental, taking the most significant step since the ACA to lower the cost of coverage and provide coverage to people without health insurance. As a result, total enrollment in the ACA marketplaces is up 2.5 million in 2022, a 20% increase.<sup>4</sup>
3. **Strong job growth and resulting growth in employer-based insurance.** Despite disruptions in employment and employer-based insurance during the COVID-19 pandemic, economic growth over the previous decade led to a marked increase in employment and employer-based coverage overall. Employment increased from 129 million in March 2010 to 150 million today, a 16% increase that significantly exceeded growth in the working age population.<sup>5</sup> Relatedly, employer-sponsored coverage increased in that same time period, with 148 million workers having job-based coverage in 2010 compared with about 160 million today.<sup>6</sup>

### Three Primary Factors Which Led to Coverage Gains, Two of Which Are Going to Expire



**Figure 2. Health Insurance Marketplace Enrollment: 2020-2022  
(Millions)**



Source: Charles Gaba, January 27, 2022, <https://www.dailykos.com/stories/2022/1/27/2077186/-BOOM-2022-ACA-Hits-All-Time-Record-15-5-MILLION-Enrollees-8-states-still-have-time-to-GetCovered>. Note: Totals include Basic Health Program enrollees.

### Coverage Gains Are at Risk

The two most significant legislative drivers of recent health coverage gains are about to expire:

1. First, **the American Rescue Plan's enhancement of ACA affordability expires at the end of 2022**. Most of the millions of people who signed up for marketplace coverage in 2021 would likely lose coverage if it becomes less affordable. This is a particular threat to people living in the 12 states that have refused to expand Medicaid coverage made available under the ACA, as they may not be eligible for any other source of affordable coverage.
2. In addition, **the Families First Coronavirus Response Act's (FFCRA) enhanced FMAP and suspension of Medicaid disenrollments are tied to the public health emergency, which currently expires in April**. Even if the public health emergency were extended, it would almost certainly expire later this year. When the Biden administration declares an end to the current public health emergency, nearly 80 million people who now rely on Medicaid for health coverage will enter a potentially chaotic eligibility redetermination process in which states have old contact information and enrollment assisters are overwhelmed.

Table 1. Increased Medicaid and CHIP Enrollment Since February 2020, by State<sup>7</sup>

State	Month of Most Recent Data Available	Number of Enrollees Who Gained Health Coverage Since February 2020
<a href="#">Alaska*</a>	December 2020	15,205
<a href="#">Arizona</a>	August 2021	450,080
<a href="#">Arkansas</a>	November 2021	169,387
<a href="#">California</a>	October 2021	1,569,507
<a href="#">Colorado</a>	November 2021	351,486
<a href="#">Connecticut</a>	November 2021	115,545
<a href="#">Delaware</a>	November 2021	47,740
<a href="#">District of Columbia</a>	October 2021	32,326
<a href="#">Florida</a>	November 2021	1,271,912
<a href="#">Hawaii</a>	September 2021	101,392
<a href="#">Illinois</a>	October 2021	534,528
<a href="#">Indiana</a>	November 2021	511,168
<a href="#">Iowa</a>	December 2021	143,624
<a href="#">Kansas</a>	November 2021	91,242
<a href="#">Kentucky</a>	December 2021	281,789
<a href="#">Louisiana</a>	October 2021	314,757
<a href="#">Maine*</a>	September 2020	32,346
<a href="#">Maryland</a>	June 2021	200,398
<a href="#">Massachusetts</a>	October 2021	366,299
<a href="#">Michigan</a>	November 2021	424,150
<a href="#">Minnesota</a>	December 2021	295,529
<a href="#">Mississippi</a>	November 2021	117,517
<a href="#">Missouri</a>	November 2021	298,205
<a href="#">Montana</a>	September 2021	24,771
<a href="#">Nebraska</a>	September 2021	97,862
<a href="#">Nevada</a>	September 2021	201,472
<a href="#">New Hampshire</a>	November 2021	53,544
<a href="#">New Jersey</a>	November 2021	383,939
<a href="#">New Mexico</a>	October 2021	116,910
<a href="#">New York</a>	November 2021	1,038,726
<a href="#">North Carolina</a>	December 2021	500,258
<a href="#">Ohio</a>	November 2021	529,211

**Table 1. Increased Enrollment Since February 2020, by State, continued**

<b>State</b>	<b>Month of Most Recent Data Available</b>	<b>Number of Enrollees Who Gained Health Coverage Since February 2020</b>
<a href="#">Oklahoma</a>	November 2021	369,900
<a href="#">Oregon</a>	December 2021	288,513
<a href="#">Pennsylvania</a>	June 2021	468,581
<a href="#">South Carolina</a>	December 2021	204,493
<a href="#">South Dakota</a>	November 2021	24,530
<a href="#">Tennessee</a>	November 2021	210,449
<a href="#">Texas</a>	October 2021	1,219,959
<a href="#">Utah</a>	October 2021	139,536
<a href="#">Virginia</a>	December 2021	432,605
<a href="#">Washington</a>	November 2021	324,254
<a href="#">West Virginia</a>	December 2021	111,252
<a href="#">Wisconsin</a>	November 2021	331,267

\*Source date appears erroneous.

If between 12.9 million and 15.8 million people lose Medicaid, as the Urban Institute projects will happen with attrition typical of pre-pandemic routine eligibility redeterminations in Medicaid,<sup>8</sup> that would be more than five times the biggest Medicaid coverage loss in history, when the number of Medicaid beneficiaries under age 65 fell by 2.2 million in 2018.<sup>9</sup> Adding together the potential reversal of gains to Marketplace coverage described in Figure 2 to these projected Medicaid losses, at least 18 million people could lose coverage in the next twelve months if Congress does not act. Many of them would become uninsured.

### **What Congress and the Biden Administration Can Do**

There are clear and effective actions that federal policymakers can take to protect recent coverage gains and to work toward realizing the ACA's promise of access to affordable health coverage for every person and family in America.

Congress should take immediate action to extend the American Rescue Plan's enhanced advance premium tax credits and provide new opportunities for low-income people living in Medicaid nonexpansion states to access affordable coverage. In November 2021, Congress came close to enacting solutions that protect and build on recent coverage gains when the House passed the Build Back Better Act. The bill included an extension of the American Rescue Plan's enhancements to marketplace affordability through 2025 as well as expanded APTCs to allow those in Medicaid nonexpansion states caught in the coverage gap to purchase affordable marketplace coverage.



*It is up to policymakers to enshrine in law the bold pandemic-era policies that have resulted in large health coverage gains and the lowest uninsured rate in decades and to create new solutions to make affordable health care accessible to every American.*

Taken together, these policies would safeguard millions of individuals from losing coverage and allow millions more to gain coverage for the first time.

The Biden administration and Congress should take additional steps to reduce Medicaid coverage churn, both on a temporary basis as the FFCRA redetermination freeze is unwound and via permanent guarantees of eligibility continuity for children and postpartum parents. On March 3, 2022, the Centers for Medicare & Medicaid Services released guidance to states that provided tools and resources to help states minimize potential churn. That was an important step, but more must be done to strengthen guardrails around existing policies that protect people in Medicaid from unnecessarily losing coverage.<sup>10</sup>

## **Conclusion**

It is up to policymakers to enshrine in law the bold pandemic-era policies that have resulted in large health coverage gains and the lowest uninsured rate in decades and to create new solutions to make affordable health care accessible to every person in America. The vision of the ACA has yet to be fully fulfilled, and now is the moment to do just that.

## Endnotes

- <sup>1</sup> Rose C. Chu et al., *Health Coverage Changes From 2020-2021* (Data Point no. HP-2022-05) (Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, January 27, 2022), <https://aspe.hhs.gov/reports/health-coverage-changes-2020-2021>.
- <sup>2</sup> The US previously achieved this low rate of uninsured in early 2017. Robin A. Cohen et al., “Health Insurance Coverage Trends, 1959-2007: Estimates From the National Health Interview Survey,” *National Health Statistics Reports*, no 17., National Center for Health Statistics, July 1, 2009, <https://www.cdc.gov/nchs/data/nhsr/nhsr017.pdf>; Kenneth Finegold et al., *Trends in the U.S. Uninsured Population, 2010-2020* (Issue Brief no. HP-2021-02) (Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, February 11, 2021), <https://aspe.hhs.gov/reports/trends-us-uninsured-population-2010-2020>.
- <sup>3</sup> Sarah Sugar et al., *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic* (Issue Brief No. HP-2021-10) (Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, April 12, 2021), <https://aspe.hhs.gov/reports/medicaid-churning-continuity-care>; Matthew Buettgens and Andrew Green, *What Will Happen to Unprecedented High Medicaid Enrollment After the Public Health Emergency?* (Washington, D.C.: Urban Institute, September 2021), [https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicicaid-enrollment-after-the-public-health-emergency\\_0.pdf](https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicicaid-enrollment-after-the-public-health-emergency_0.pdf).
- <sup>4</sup> Charles Gaba, “BOOM: 2022 ACA Hits All-Time Record 15.5 Million Enrollees; 8 States Still Have Time to #GetCovered!” *Daily Kos*, January 27, 2022, <https://www.dailykos.com/stories/2022/1/27/2077186/-BOOM-2022-ACA-Hits-All-Time-Record-15-5-MILLION-Enrollees-8-states-still-have-time-to-GetCovered>.
- <sup>5</sup> “All Employees, Total Non-Farm,” Bureau of Labor Statistics, U.S. Department of Labor, <https://fred.stlouisfed.org/series/PAYEMS>.
- <sup>6</sup> “Health Insurance Coverage of the Total Population,” Kaiser Family Foundation, <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. See Chu et al., *Health Coverage Changes* regarding the decline in employer coverage in 2020 and the recovery in employer coverage in 2021.
- <sup>7</sup> Families USA analysis of state Medicaid agency enrollment reports. Links to source data are embedded in state names in the table.
- <sup>8</sup> Matthew Buettgens and Andrew Green, *What Will Happen to Medicaid Enrollees’ Health Coverage after the Public Health Emergency? Updated Projections of Medicaid Coverage and Costs*. Urban Institute, March 2022. [https://www.urban.org/sites/default/files/publication/105507/what-will-happen-to-medicicaid-enrollees-health-coverage-after-the-public-health-emergency\\_1\\_1.pdf](https://www.urban.org/sites/default/files/publication/105507/what-will-happen-to-medicicaid-enrollees-health-coverage-after-the-public-health-emergency_1_1.pdf).
- <sup>9</sup> The estimate in the text for Medicaid losses in 2018 is based on the Current Population Survey - Annual Social and Economic Supplement (CPS-ASEC). Families USA analysis of 1980-2018 CPS-ASEC data, accessed through IPUMS, University of Minnesota, [www.ipums.org](http://www.ipums.org) (IPUMS); United States Census Bureau, *Health Insurance: Tables 2018-Forward*, Table H-01 for 2017, 2018, 2019, and 2020, <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi/hi.2020.html>. Last revised October 8, 2021. Based on the more accurate but more recently begun American Community Survey (ACS), the largest past loss in Medicaid coverage took place in 2019, when the number under age 65 covered by Medicaid declined by 1.7 million. Families USA analysis of ACS data, 2008-2020, accessed through IPUMS.
- <sup>10</sup> Centers for Medicare & Medicaid Services. RE: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency. (Washington, D.C., March 3, 2022), <https://www.medicicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>.

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