



Pandemic-era changes to Medicaid enrollment and funding: Implications for future policy and research

Background

- Since 1965, Medicaid has expanded significantly, covering more individuals than any other U.S. health insurance program.
- The COVID-19 public health emergency led to federal policies preventing Medicaid disenrollment, driving an unprecedented surge in enrollment.
- From 2020 to 2023, Medicaid enrollment increased by more than 31%, surpassing coverage gains seen after the Affordable Care Act.
- The 2023-2024 phase-out of continuous coverage raises key questions about Medicaid's future stability and its role in public health policy.

Study Overview

- This study examines the impact of pandemic-era Medicaid enrollment and funding changes. It provides a retrospective analysis of policy shifts, enrollment trends, and fiscal implications, using a mix of policy review, literature synthesis, and data analysis.

Learn More

- Dague, L., & Ukert, B. (2024). Pandemic-era changes to Medicaid enrollment and funding: Implications for future policy and research. *Journal of Policy Analysis and Management*, 43(4), 1229-1259.
- <https://doi.org/10.1002/pam.22539>

Key Takeaways

- **Historic Medicaid Expansion:** The continuous coverage policy led to a 31% increase in Medicaid enrollment (22+ million people) from 2020 to 2023—larger than the net insurance gains after the ACA.
- **Reduced Churn, Increased Stability:** The policy minimized disruptions in coverage, preventing frequent disenrollment and re-enrollment, which historically affected many Medicaid beneficiaries.
- **Fiscal Trade-offs:** While states benefited from enhanced federal funding, they also faced long-term financial commitments due to sustained enrollment growth.
- **Challenges of Unwinding:** The 2023-2024 Medicaid redetermination process may lead to millions losing coverage, raising concerns about healthcare access and the administrative burden of eligibility reviews.
- **Policy & Research Implications:** Understanding the impact of continuous coverage can inform future Medicaid reforms, potentially advocating for policies that reduce unnecessary churn while maintaining fiscal sustainability.