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COMMUNITY HEALTHCARE

Seamless, Accountable and Fair: A Civil Rights Agenda for Reconstructing America's Health Programs

In recent years, Medicaid and the Affordable Care Act (ACA) have come under fierce attack. The so-called "One Big Beautiful Bill Act" (OBBBA) and the expiration of ACA tax credits will end health insurance for nearly 15 million Americans, 60% of whom come from communities of color.

Even before these attacks, the "unwinding" of Medicaid's COVID-19 protections in 2023 and 2024 required states to evaluate the eligibility of 90 million people, of whom 27 million were terminated. Most moved to other coverage or returned to Medicaid, but a fourth became uninsured.

Federal lawmakers must repeal recent cuts, but that will not be enough to protect historically marginalized communities. In 2024, people of color represented two-thirds of all Americans without health insurance—a proportion that is sure to rise as OBBBA takes full effect. When the next opportunity for major positive change emerges, lawmakers must prioritize bringing quality, affordable health insurance to everyone in America, without leaving marginalized communities behind.

A report co-authored by nine leading civil rights and health equity champions—the Asian & Pacific Islander American Health Forum, NAACP, the National Council of Negro Women, the National Urban League, the Southern Poverty Law Center, UnidosUS, the Coalition on Human Needs, Community Catalyst, and Families USA—explains how recent events shine a spotlight on the need for three major changes to America's healthcare programs.

1. Healthcare must become seamless and paperless for families.

Red tape and paperwork have become powerful weapons for taking away eligible families' healthcare, especially in historically marginalized communities.

- During Medicaid unwinding, 7 in 10 people terminated from Medicaid lost coverage because of nothing more than missing paperwork. And while people from all backgrounds were hurt, Black and Latino beneficiaries were more than twice as likely to be unable to renew their coverage, compared to non-Hispanic whites; and Asian American, Native Hawaiian, and Pacific Islander beneficiaries were 50% more likely.
- Based on CBO projections, three-fourths of OBBBA's coverage losses result from administrative burdens, including demands for low-income adults to prove employment or medical frailty. The administration made the resulting paperwork burdens far worse by defining medical frailty so that it is impossible to verify based on data from medical records.

Policymakers must radically lower red tape barriers to coverage.

- People should automatically qualify for Medicaid and ACA coverage based on prior-year tax returns and participation in the Supplemental Nutrition Assistance Program (SNAP). That could make enrollment and renewals almost entirely paperless for more than 75% of eligible families, while letting other people qualify for help by documenting need.

- Each state should run a single eligibility system for all programs, so families aren't forced to go from agency to agency to find the program for which they qualify.
- To help people navigate a mind-bogglingly complex healthcare system, funding should be guaranteed for independent consumer assistance.

2. Health programs should be accountable to the communities they serve.

Many states deny Medicaid to eligible families with impunity. For example, during unwinding:

- While fewer than 20% of beneficiaries lost Medicaid in high-performing states, ten outlier states terminated half of all their Medicaid families. They did very little proactive examination of available data to see if people remained eligible. Instead, they demanded needless documentation from overburdened and under-resourced families, knowing that eligible people would be terminated as a result. More than 7 million people lost Medicaid only because of the state where they happened to live.
- With limited resources and legal requirements that were insufficiently explicit to guarantee a positive reception in sometimes hostile federal courts, the Biden administration was limited in how aggressively it could take enforcement action against recalcitrant states.
- Supreme Court decisions now forbid families from holding states accountable in court to follow the law.

Powerful, new tools are needed for state accountability.

- Families should be able to seek judicial relief to stop states from violating federal Medicaid law or taking other actions that cause disproportionate and unjustified harm based on race and ethnicity.
- The agencies that administer health programs should be guaranteed the resources needed to provide good customer service. At the same time, clear performance standards must forbid the imposition of excessive administrative burdens, with consequences that protect families. For example, a state with less than a specified level of renewals based on available data should be unable to terminate families due to missing paperwork.
- When federal officials require a state to help Medicaid families, the state should not be able to escape accountability by bringing a lawsuit before a hand-picked, local judge who is reluctant to allow enforcement. Such lawsuits should go to federal courts in the District of Columbia.

3. Health programs should treat everyone fairly, regardless of race, ethnicity, or zip code.

- Uninsured adults with incomes below the federal poverty level should qualify for enhanced ACA coverage if they are ineligible for Medicaid because they happen to live in a state that refuses to expand eligibility.
- Health agencies should not be allowed to share personal Medicaid records with immigration agencies for purposes of immigration enforcement.
- Lawfully present immigrants should neither be denied healthcare based on immigration status nor be punished for enrolling in coverage for which they qualify.

When our country has its next opportunity to achieve significant national progress on healthcare, hardworking families from all backgrounds—but especially people from communities of color—need our country's leaders to make the most of that opportunity and reconstruct America's healthcare programs to be far more seamless, accountable and fair.