



# ***DISPARATE IMPACT OF MEDICAID UNWINDING***

***STATES DISENROLLED MORE PEOPLE  
IN COUNTIES WITH LARGER IMMIGRANT  
SHARES OF COUNTY POPULATION***



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# EXECUTIVE SUMMARY

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At the start of the COVID-19 pandemic, Congress passed the Families First Coronavirus Response Act, which required that states—in exchange for enhanced federal funding—keep individuals continuously covered by Medicaid until the end of the public health emergency, ensuring families had consistent access to healthcare.

The number of people covered by Medicaid increased by more than 20 million from February 2020 to a peak of 94.4 million in March of 2023.<sup>1</sup> Starting April 1, 2023, the pandemic-era requirement ended and states had up to 14 months to determine if all people covered by Medicaid remained eligible. As of June 4, 2024, 22.8 million people had lost Medicaid coverage as a result of the “unwinding” of continuous coverage, with wide variation across states.<sup>2</sup> The vast majority of all people disenrolled had their coverage terminated for procedural reasons, such as not receiving a renewal notice.<sup>3</sup>

People in immigrant families are more vulnerable to losing coverage during the unwinding process, even when they remain eligible for Medicaid. The Protecting Immigrant Families (PIF) coalition partnered with ideas42 to estimate how immigrants fared during unwinding. Since individual level data was not available, ideas42 used county-level data to investigate whether Medicaid coverage is declining more in counties with relatively high immigrant share of population compared to counties with low immigrant shares. This brief provides a quick look at the findings of ideas42’s research. **You can access ideas42’s full report and methodology [here](#).**<sup>4</sup>

To investigate how immigrants fared during Medicaid unwinding, ideas42 analyzed county-level monthly Medicaid enrollment across 10 states: Arizona, California, Colorado, Florida, Michigan, New Jersey, New York, North Carolina, Pennsylvania, and Texas. States were included because they were the 10 largest states that reported county-level Medicaid enrollment during the unwinding process. ideas42 separated counties into five groups based on their foreign-born population share:<sup>5</sup>

- Lowest (immigrants account for less than 4 percent of county population)<sup>6</sup>
- Low (roughly 4-10 percent of county population)
- Middle (10-16 percent)
- High (16-25 percent), and
- Highest (25-36 percent)

<sup>1</sup> Kaiser Family Foundation, State Health Facts, Total Monthly Medicaid & CHIP Enrollment and Pre-ACA Enrollment, April 2023, <https://www.kff.org/affordable-care-act/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=10&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>2</sup> Kaiser Family Foundation, Medicaid Enrollment and Unwinding Tracker, June 4, 2024, <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

<sup>3</sup> *ibid.*

<sup>4</sup> <https://www.ideas42.org/project/reducing-administrative-burden/>

<sup>5</sup> This study defined immigrants as people who were born outside the United States.

<sup>6</sup> See table A2 of the full report for the ranges for each average.

## KEY FINDINGS

1. In the 10 states analyzed, implementation of Medicaid unwinding resulted in **an additional 1.37 million people losing coverage in counties with larger immigrant shares of county population compared to counties with the smallest immigrant share of county population.**
2. State implementation of Medicaid unwinding resulted in more Medicaid losses as county immigrant population share increased. Out of the 1.37 million additional people who lost coverage in the 10 sample states, the largest excess enrollment decline—about 620,000—occurred in the highest immigrant-share counties.
3. By far, Texas performed worst at mitigating Medicaid coverage losses, Florida and Colorado were second and third worst:
  - a. Of the 10 states analyzed, the largest excess decline in Medicaid enrollment was in Texas, followed by California and Florida. However, when looking at the decline as a percentage of the state’s foreign-born population, California had a much smaller decline in Medicaid enrollment than Florida, Colorado, and Texas, which both performed worse than all other states. Texas in particular stands out for how poorly it performed in limiting Medicaid enrollment losses for its high-versus low-immigrant-share counties.
  - b. In Texas, counties with the highest immigrant share had a drop in enrollment that was nearly five percentage points higher than the counties with the lowest immigrant share. In California, this difference was only 2.5 percentage points.
4. **Medicaid participation was higher and fell at a faster rate in the 10-state sample data we analyzed compared to the other 40 states.**

## BACKGROUND

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At the start of the COVID-19 pandemic, Congress passed the Families First Coronavirus Response Act, which required states to keep people continuously covered by Medicaid until the end of the public health emergency, ensuring families had consistent access to health care.

The number of people covered by Medicaid increased by more than 20 million people from February 2020 to a peak of 94.4 million in March of 2023.<sup>7</sup> Starting April 1, 2023, this provision ended and states had up to 14 months to determine if people covered by Medicaid remained eligible. The U.S. Department of Health and Human Services estimated that up to 15 million people could lose Medicaid coverage overall, and 7 million people could lose their healthcare because of administrative errors and barriers to verifying eligibility, even though they remained eligible.<sup>8</sup> As of June 4, 2024, 22.8 million people lost Medicaid as a result of the “unwinding” of

<sup>7</sup> Kaiser Family Foundation, State Health Facts, Total Monthly Medicaid & CHIP Enrollment and Pre-ACA Enrollment, April 2023, <https://www.kff.org/affordable-care-act/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=10&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>8</sup> U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches, August 19, 2022 [https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage\\_IB.pdf](https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf).

continuous coverage, with wide variation across states.<sup>9</sup> The vast majority of all people disenrolled had their coverage terminated for procedural reasons, such as not receiving a renewal notice.<sup>10</sup>

People in immigrant families are more vulnerable to losing coverage during the unwinding process, even when they remain eligible for Medicaid. Reasons include language barriers, confusing eligibility rules, and lingering fear that Medicaid enrollment could jeopardize their immigration status, or that their information can be shared with immigration enforcement agencies. These fears were heightened during the Trump administration's yearslong [campaign to expand the public charge rule](#) and sow fear generally among immigrants and their families.

*People in immigrant families are more vulnerable to losing coverage during the unwinding process, even when they remain eligible for Medicaid.*

The [Protecting Immigrant Families \(PIF\) coalition](#) partnered with [ideas42](#) to estimate how immigrants fared during unwinding. Since individual level data was not available, ideas42 used county-level data to investigate whether Medicaid coverage is declining more in high- compared to low-immigrant-share counties. This issue provides a quick look at the findings of ideas42's research. **You can access ideas42's full report and methodology [here](#).**

The analysis confirms that people who live in counties where immigrants account for large shares of county population were more likely to lose Medicaid coverage during the unwinding of Medicaid's continuous coverage requirement. These results are important even when the unwinding period ends because Medicaid renewals will continue every six months or annually for most people enrolled in Medicaid. Immigrant families are overwhelmingly families of color. Unless state eligibility determination processes are improved, disproportionate disenrollment of eligible people in immigrant families will continue to widen racial health disparities.

## **ANALYSIS**

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To investigate how immigrants fared during the unwinding of the Medicaid continuous coverage requirement, ideas42 analyzed county-level monthly Medicaid enrollment across 10 states: Arizona, California, Colorado, Florida, Michigan, New Jersey, New York, North Carolina, Pennsylvania, and Texas. States were included because they were the 10 largest states that report county-level Medicaid enrollment for the dates of interest. The 10 states account for nearly half (49.6%) of the U.S. population and have large immigrant populations (67.7% of people in the U.S. born outside the country).<sup>11</sup> Enrollment data covers the period from January 2022 through December 2023 with a few exceptions.<sup>12</sup>

<sup>9</sup> Kaiser Family Foundation, Medicaid Enrollment and Unwinding Tracker, June 4, 2024, <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

<sup>10</sup> *ibid.*

<sup>11</sup> As of 2021 ACS.

<sup>12</sup> Exceptions are noted in Appendix Table A1 of the full ideas 42 report. All enrollment data were obtained from publicly posted datasets on state government websites. All datasets are up-to-date as of February 14th, 2024. Nationwide enrollment data are sourced from the Kaiser Family Foundation, using November 2023 numbers for December 2023 (available as of 3/1/24). Four states include their CHIP program in their reported Medicaid enrollment counts, two report partial CHIP enrollment, and five

ideas42 separated counties into the following groups based on their foreign-born population share:<sup>13</sup>

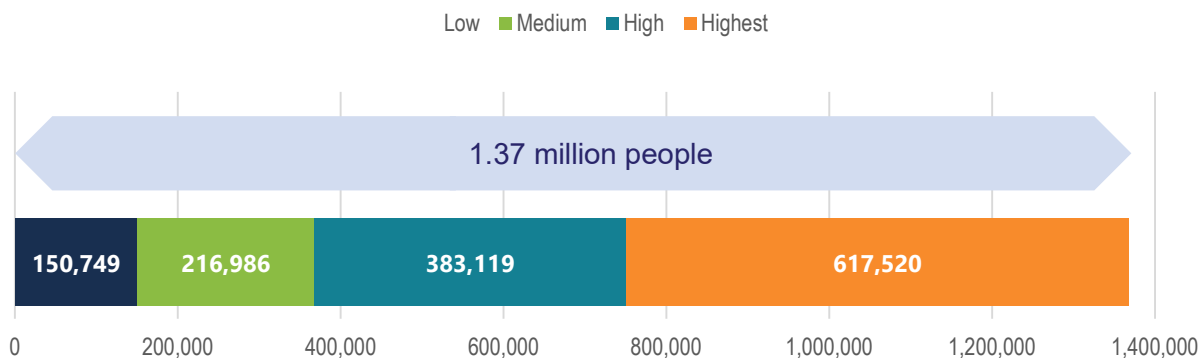
- Lowest (immigrants account for less than 4% of county population)<sup>14</sup>
- Low (roughly 4-10%)
- Middle (10-16%)
- High (16-25%)
- Highest (25-36%)

ideas42 defined people who are foreign born as “immigrants,” but it did not include U.S. citizen children with foreign born parents as “immigrants.” As a result, the findings reported here likely underestimate the number of additional people in immigrant families who lost Medicaid during the unwinding process. See table A.2 in [the full report](#) for more details and appendix A.4 for full model results.

## FINDINGS

**Finding 1.** In the 10 states analyzed, implementation of Medicaid unwinding resulted in an additional 1.37 million people losing coverage in counties with larger immigrant shares of county population compared to counties with the lowest immigrant share of county population.

**Figure 1: In the 10-state sample, 1.37 million people lost Medicaid due to excess disenrollments in counties with higher immigrant population shares (low, medium, high and highest)**



either do not include CHIP or do not specify whether they do (see appendix for details). For additional Methodology, see the Additional Description of Methods in the full ideas 42 report <https://www.ideas42.org/project/reducing-administrative-burden/>.

<sup>13</sup> This study defined immigrants as people who were foreign born.

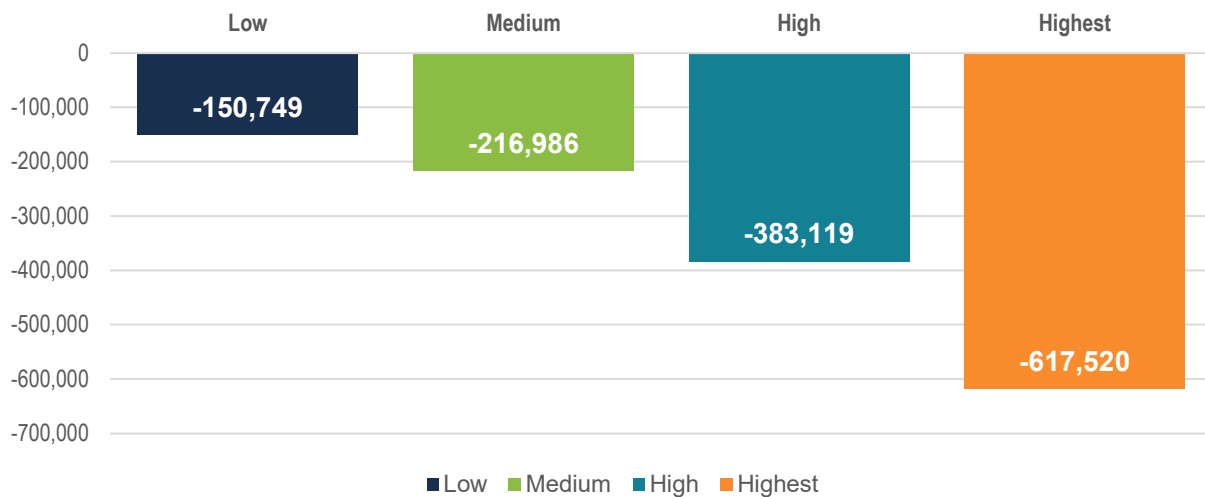
<sup>14</sup> See table A2 of the full report for the ranges for each average: <https://www.ideas42.org/project/reducing-administrative-burden/>.

**Finding 2.** State implementation of Medicaid unwinding resulted in more Medicaid losses as county immigrant population share increased. Out of the 1.37 million additional people who lost coverage in the 10 sample states, the largest excess enrollment decline—about 620,000—occurred in the highest immigrant share counties.

The largest excess enrollment decline—about 620,000—occurred in the highest immigrant share counties. An additional 383,000 people lost coverage in counties within the high-immigrant-share category. The excess enrollment declines in the highest- and high-immigrant-share counties accounts for about three-quarters of all people who lost Medicaid. Excess disenrollment in medium- and low-immigrant-share counties compared to the lowest-immigrant-share counties were 217,000 and 150,000, respectively.

*Of the 1.37 million people who lost coverage in the 10 sample states, the largest enrollment decline – about 620,000 – occurred in the highest-immigrant-share counties.*

**Figure 2: Excess Medicaid disenrollment by county when compared to counties in the lowest immigrant share counties, 10-state sample**



*Note: Each bar shows the estimated excess number of people that lost Medicaid coverage in each immigrant-share county group compared to counties with the lowest immigrant population share.*

Figure 2 summarizes ideas42’s regression-adjusted results across groups of counties based on their immigrant share. In aggregate, for counties in the highest-, high-, medium-, and low-immigrant-share groups, ideas42 finds that state policies during the unwinding decreased Medicaid enrollment by 1.37 million people.

**Finding 3.** By far, Texas performed worst at mitigating Medicaid coverage losses. Florida and Colorado were second and third worst.

Of the 10 states analyzed, the largest excess decline in Medicaid enrollment was in Texas, at more than 460,000 followed by California at 317,000 and Florida at more than 260,000 (Table 1, Column 2).



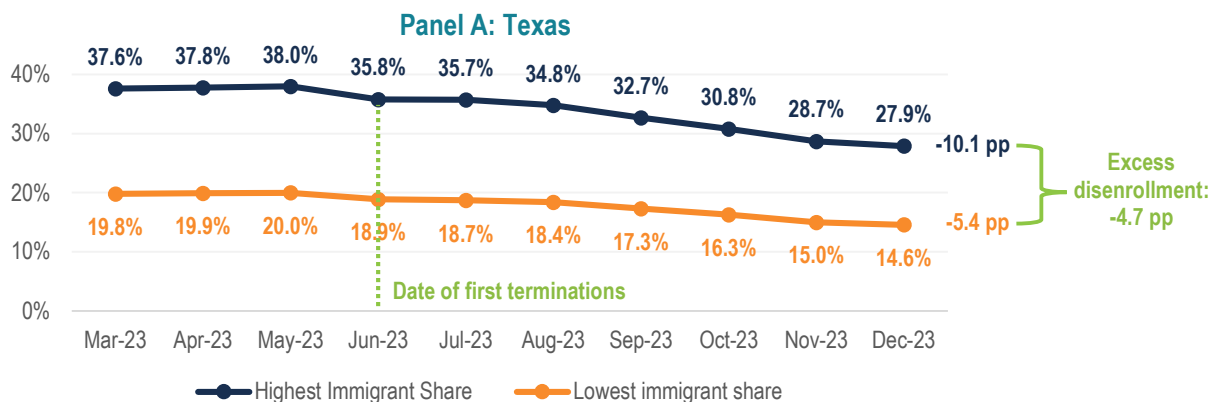
However, Texas in particular stands out for how poorly it performed in limiting Medicaid enrollment losses for its high- versus low-immigrant-share counties. When looking at the decline as a percentage of the state’s foreign-born population, California (3%) had a much smaller decline in Medicaid enrollment than Florida (5.9%), Colorado (5.8%), and especially Texas (9.4%), which both performed worse than all other states (Table 1, Column 4).

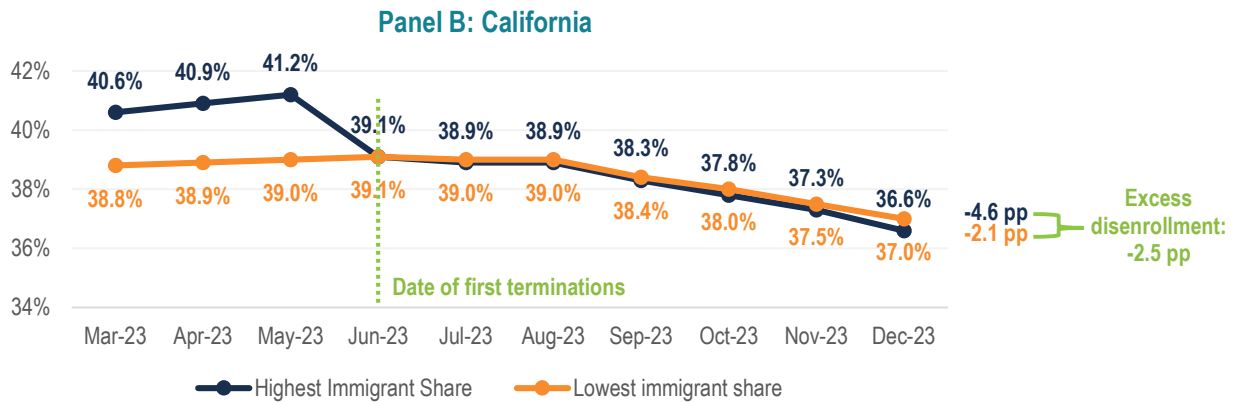
**Table 1: The number of additional people that lost Medicaid coverage in counties with higher immigrant population shares per state and over the 10-state sample**

1	2	3	4
State	Number of immigrants	State	As a percent of immigrants in the state
10-state sample	-1,368,374	Texas	-9.4
Texas	-461,644	Florida	-5.9
California	-316,993	Colorado	-5.8
Florida	-263,784	10-state sample	-4.5
New York	-110,159	Arizona	-4.3
New Jersey	-80,822	New Jersey	-3.8
Arizona	-40,924	Pennsylvania	-3.4
Colorado	-31,885	Michigan	-3.3
Pennsylvania	-31,302	California	-3.0
Michigan	-22,935	New York	-2.4
North Carolina	-8,927	North Carolina	-1.1

Note: For more details about these tables refer to Table 1 in [the full report](#).

**Figure 3: Medicaid enrollment as a percent of population by county, highest and lowest immigrant share in Texas and California, March 2023 to December 2023**



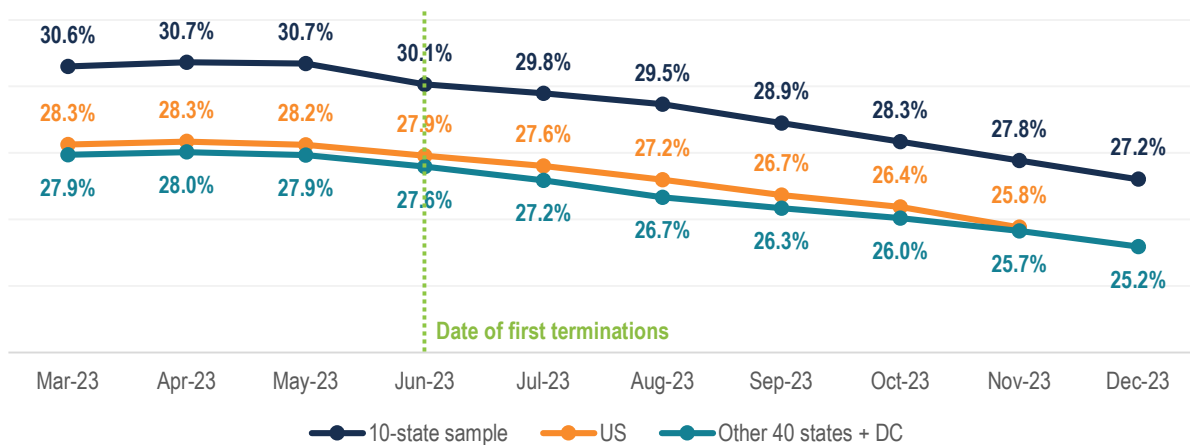


Note: This figure shows Medicaid enrollment as a percent of total population for counties in the highest and lowest immigrant share groups in the two largest states: Texas and California.

**Finding 4.** Medicaid participation was higher and fell at a faster rate in the 10-state sample data we analyzed compared to the other 40 states.

ideas42’s analysis indicates that all states experience Medicaid enrollment losses after the unwinding begins (see Figure 4). In ideas42’s 10-state sample, Medicaid enrollment peaks at 31% of the population and declines by 3 percentage points in December 2023. In the other 40 states, participation peaks at 28% and declines to 26%. Also, Medicaid participation is higher in the ideas42 10-state sample by about 2 to 3 percentage points compared to the rest of the U.S.

**Figure 3: Medicaid Enrollment as a percent of the total population, January 2022 to December 2023**



Note: Figure 4 shows Medicaid enrollment as a percent of total population for the 10-state sample ideas42 analyzed using the administrative data they collected. It also shows Medicaid enrollment data from the Kaiser Family Foundation for the other 40 states plus Washington, D.C., and all 50 states.



## CONCLUSION

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This analysis represents an important effort to monitor the Medicaid unwinding's impact on people in immigrant families and develop recommendations to improve Medicaid renewals for the long term. It shows that counties with larger immigrant shares of county population were hit harder by Medicaid unwinding than counties with the lowest immigrant share of county population. Because immigrant families are overwhelmingly families of color, states' unwinding policies have resulted in disproportionate disenrollment of immigrants and have likely widened racial disparities in access to healthcare. Other research confirms that racial disparities in healthcare coverage have grown during the unwinding as well.<sup>1516</sup>

In early 2023, PIF published an "[Unwinding Checklist for State Advocates](#)" to guide advocates and, by extension, state policymakers, in adopting policies and practices that mitigate known obstacles to Medicaid enrollment and keep immigrants and their family members covered when Medicaid renewals began. The checklist included steps states should take to prepare, such as: including outreach messages that are reassuring to immigrants; funding trusted community-based organizations to conduct outreach and consumer assistance; hiring diverse staff to work with families; providing training, and ensuring staff provide equitable and inclusive service; and improving language access. The findings in ideas42's report reinforce the need for these policy changes to mitigate Medicaid coverage declines that have occurred during the unwinding and the disproportionate losses in counties with larger immigrant shares of county population.

*Because immigrant families are overwhelmingly families of color, states' unwinding policies have resulted in disproportionate disenrollment of immigrants and have likely widened racial disparities in access to healthcare.*

In the fall of 2023 and winter of 2024, PIF initiated [two research projects](#) to assess states' performance and immigrant families' experiences with Medicaid unwinding.

- In September and October 2023, PIF [surveyed state advocates](#) about state unwinding practices. PIF found that many states' renewal policies created barriers for immigrant families. For example, states did not include outreach messages that addressed immigration-related fears; asked family members renewing coverage inappropriate questions about immigration status or Social Security Number (SSN); and provided renewal notices in English only or English and Spanish and not always with taglines indicating the availability of information in additional languages.
- In December 2023, PIF, in partnership with [Noticias Para Inmigrantes](#) and [UnidosUS](#), conducted a [national survey](#) with Spanish speakers with a Medicaid recipient in their household. The analysis found that two-thirds of Spanish speaking families with

<sup>15</sup> Wyatt P. Bensken, PhD, Siran M. Koroukian, PhD; Brenda M. McGrath, PhD, et al, "Unwinding of Continuous Medicaid Coverage Among Patients at Community Health Centers," *Journal of the American Medical Association*, <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2813507>, January 5, 2024.

<sup>16</sup> Rumalla, Kranti C., Daniel B. Nelson, K. John McConnell, and Jane M. Zhu. "Racial and Ethnic Disparities in Medicaid Disenrollment After the End of the COVID-19 Public Health Emergency." *JAMA Internal Medicine* (2024). <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2819478>.

Medicaid recipients knew little or nothing about the Medicaid re-enrollment process, and more than half had heard misinformation about it.

## ***RECOMMENDATIONS***

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Based on the findings of PIF's Medicaid unwinding work and ideas42's analysis of Medicaid coverage losses during the unwinding, PIF recommends that states take the following actions and that the Centers for Medicare & Medicaid Services hold them accountable for doing so:

- Comply with [tri-agency guidance](#) and prohibit states from asking non-applicants questions about immigration status or SSN
- Communicate renewal [messages that address public charge](#) and or other immigration-related fears
- Follow [federal language access laws](#)
- Report more specific data by race, language access, county or zip code, a change that can help the state and community organizations target outreach and assistance where it is most needed
- Seek waiver authority to provide continuous eligibility (CE) for the first five years of a child's life in Medicaid and the Children's Health Insurance Program (CHIP)