

# 4 million cut from Medicaid in the United States

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Nearly 4 million people on Medicaid, the US health coverage program for the poor and disabled, have been disenrolled as of the end of July, according to figures compiled by the Associated Press, the Kaiser Family Foundation and health advocacy groups.

The latest data from 39 states and the District of Columbia tally 3,816,000 Medicaid enrollees who have been removed from the program as of July 28. Adding in the 11 states that have not reported their disenrollments will drive the figure well above 4 million, and possibly as high as 5 million.

The process of disenrollment is taking place as a result of a bipartisan agreement between the Biden administration and congressional Republican leaders incorporated into the omnibus spending authorization bill that was passed by Congress and signed by Biden last December. That deal set a March 31, 2023, deadline for ending a freeze on Medicaid disenrollments imposed under the Trump administration because of the COVID-19 pandemic, and extended under Biden.

States were not banned from reviewing Medicaid recipients and designating them as ineligible, but they could not actually proceed with the disenrollment. As a result of the freeze, Medicaid enrollments grew from 71 million in 2019 to 93 million in 2022, more than a quarter of the American population. This vast population is now subject to the renewal process, termed “unwinding,” from April 1, 2023, until July 2024. The number disenrolled could easily surpass 10 million.

Five states began disenrollments on April 1, the first day they could legally do so, and 14 more states began on May 1. Of these 19 states, five have Democratic governors: Arizona, Connecticut, Kansas, New Mexico and Pennsylvania. By August 1, nearly every state had

begun disenrollments, whether under Republican or Democratic control.

The most noxious feature of this campaign against the poorest and most vulnerable sections of the working class is that the vast majority of disenrollments are not based on a determination of ineligibility—a child aging out of the system, or a low-paid worker finding a better job—but due to paperwork errors.

Nearly three-quarters of those disenrolled missed a deadline for submitting a form, or filled out the form incorrectly, or made some other technical mistake. Large numbers of those disenrolled did not receive the necessary forms from the state, or received them after the deadline for filing them had passed. In some cases, recipients were disenrolled because the state government mishandled their paperwork after they sent it in.

Moreover, since many Medicaid recipients were rolled over automatically during the pandemic freeze, millions were entirely unfamiliar with the recertification process that began April 1, and many states made no effort to provide the necessary information. On the contrary, they counted on paperwork errors to boost the number of disenrollments from a program most Republican governors have long opposed, and which the Republican Party is committed to dismantling or privatizing.

According to a report by the Kaiser Family Foundation, 72 percent of those disenrolled were denied because of “procedural,” i.e., paperwork, problems. This figure varies widely from state to state, from 96 percent of all disenrollments due to procedural issues in New Mexico, to 33 percent in Colorado. Both states have Democratic governors and Democratic Party-controlled state governments.

While Medicaid recipients who make paperwork

errors suffer cutoff of access to healthcare, a devastating and potentially life-threatening development, states that make similar errors, either deliberately or out of incompetence, suffer no such consequences. The only power the Department of Health and Human Services (DHHS) has over states that miss deadlines or fail to file required data is to curtail or cut off their Medicaid funding—punishing the recipients, not the state governments.

States are allowed to provide for automatic renewals, termed “ex parte” renewals by Medicaid, for specific categories of recipients, such as the blind and the totally disabled, plus those suffering from incurable diseases like dementia. Many states, mainly those under Republican Party rule, have sharply limited ex parte renewals. The result is that in some states, the blind and totally disabled must prove they are still blind and disabled, even when their infirmity is itself a significant obstacle to compliance with the procedure.

Texas, the second-largest state in the country, disenrolled more than 500,000 people, of whom 400,000 lost their benefits because of procedural issues, not actual ineligibility. Other states with large numbers disenrolled include Florida (400,000), Washington (230,000), California (225,000), South Carolina (120,000) and Georgia (96,000).

Overall, of nearly 10 million recipients whose eligibility has been reviewed during the last four months, 62 percent have had their coverage renewed, while 38 percent have been disenrolled. Only eight states reported age ranges for those disenrolled, and children accounted for roughly one-third. Of the 1,037,000 disenrollments in those states, 329,000 were children. In Georgia, that figure was a staggering two-thirds, more than 67,000 out of the 96,000 who lost coverage.

Last Friday, Health and Human Services Secretary Xavier Becerra sent a letter to all 50 state governors, as well as those in federal territories, urging them to do more to limit disenrollment, including cross-referencing with federal databases for food stamp eligibility and other indications of poverty.

Medicaid is a vast social program, now covering more people than Medicare, the principal healthcare insurance program for the elderly. It pays for 41 percent of all births in the United States, covers half of US children, and is also the largest payer of long-term care

for the elderly and the disabled. There are some severe limitations, however.

People released from prison are ineligible without a waiver from the Centers for Medicare and Medicaid, part of the DHHS. Only two states, California and Washington, currently have such waivers. This means that released prisoners cannot get health coverage unless they immediately find a job with health insurance, not an easy task.



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