

The End of Continuous Medicaid Coverage



Ensuring your community is ready for a return to annual renewals.

Why is continuous coverage coming to an end?

- During the pandemic, Congress put in place continuous coverage protections to ensure that Medicaid enrollees were able to keep their health coverage without needing to re-enroll.
- **In a December 2022 spending bill, Congress decided that states could stop these protections as soon as April 1st, 2023.**
- States will begin reviewing the eligibility of every person enrolled in Medicaid and drop coverage for those who no longer qualify or do not provide updated information.
- Millions of Americans are now at risk of losing their health coverage and access to the care they need to get and stay healthy.

Why does the end of continuous coverage matter to the American Cancer Society – Cancer Action Network (ACS CAN)?

ACS CAN is dedicated to improving the lives of people with cancer and their families through advocacy, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. Interruptions in insurance, like those that will result from the unwinding of continuous coverage, can have catastrophic effects on cancer patients who cannot delay treatment. **Access to affordable coverage like Medicaid significantly improves chances of diagnosing, treating, and surviving cancer.** Medicaid matters to ACS CAN because it helps people with limited incomes living in the gap get the lifesaving care they need.

How You Can Help Cancer Patients and Their Families

- Meet with your Medicaid agency to learn more about their plan for outreach and redeterminations.
- Support your constituents and offer them avenues to appeal a decision if they are denied coverage or told they don't qualify.
- Make sure you and your staff have a list of resources for constituents who may need enrollment assistance for either Medicaid or a marketplace plan.

For more information, visit:
fightcancer.org/unwinding

