

■ FACT SHEET

The ABCs of Advancing Racial Justice in Medicaid & CHIP

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Everyone deserves the opportunity to lead a healthy life. For everyone in the United States to achieve their full potential—and for our nation to achieve its full potential—we must guarantee equitable health care access for everyone. Racial and ethnic disparities in the American health system—including Medicaid and the Children’s Health Insurance Program (CHIP)—block access to quality health care and damage the overall health and well-being of our nation.

By transforming Medicaid and CHIP, we can push back against our nation’s history of racism and ensure high-quality care for everyone, regardless of their race, ethnicity, or income level.

Medicaid & CHIP’s Constraints Worsen Racial Disparities in Health Care Quality & Health Outcomes

Medicaid and CHIP offer vital coverage to millions of individuals who face barriers to medical care, such as [steep health care costs](#) and [labor market discrimination](#). These barriers disproportionately burden people of color, who are often pushed into [low-paid jobs](#) without [health insurance](#) benefits.

Medicaid and CHIP have [bolstered health care](#) coverage, but structural racism and unequal outcomes persist within these programs, reflecting broader disparities in the health care system.

People of color make up a majority ([61 percent](#)) of people in the Medicaid coverage gap, who earn too little to qualify for subsidized health insurance through the ACA Marketplace but earn too much to qualify for Medicaid. The vast majority—[97 percent](#)—of people in the coverage gap live in Southern states with the most severe racial disparities in health care access. Many Southern states have refused to [expand their Medicaid programs](#)—a refusal [rooted in structural racism](#).

The ABCs of Advancing Racial Justice in Medicaid & CHIP

STEP 1: ADDRESSING INEQUITABLE COVERAGE

Policymakers should close the Medicaid coverage gap and guarantee equitable health care access for all.

Medicaid expansion improves care, health outcomes, and financial security. Extending Medicaid coverage to the [1.9 million individuals](#) in the coverage gap would ensure that everyone has the opportunity to receive quality care.

Federal policymakers should make CHIP funding permanent.

Rather than subjecting CHIP to regular Congressional renewals, permanent funding would prevent potentially arbitrary coverage losses and delayed medical care for children.

Currently, Congress must renew CHIP regularly, with a cap on how much federal funding states receive. In 2017, Congress [missed its deadline](#) to renew CHIP funding, forcing states to implement extraordinary measures to sustain their programs while awaiting federal action. For example, Connecticut resorted to imposing a [freeze on new application enrollments](#). Ensuring permanent CHIP funding could help [maintain participant coverage and access to essential health services](#).

STEP 2: BRIDGING RACIAL DISPARITIES IN CARE

Federal policymakers should increase Medicaid reimbursement rates to incentivize quality, accessible health care for Medicaid patients.

[Low reimbursement rates](#) create obstacles for Medicaid participants seeking quality, accessible care. Health care providers are often disincentivized from providing care to Medicaid patients, as the cost of care is often higher than the amounts they receive in [reimbursement](#). Increasing rates would [reduce incentives](#) for physicians to reject Medicaid patients, who are [primarily people of color](#), and allow these participants [access to better health care](#).

States should extend Medicaid coverage to at least one year postpartum to improve maternal and infant health outcomes.

Expanding Medicaid has a positive impact on pre-pregnancy, pregnancy, and postpartum health and leads to a [decrease](#) in both maternal and infant mortality rates. As of [2021](#), Black mothers were twice as likely to be subjected to pregnancy-related health complications and are more than three times as likely to die of pregnancy-related causes than white mothers. As of 2023, only [seven states](#) use CHIP funding to cover pregnant individuals. Operationalizing this provision across the United States would help ameliorate stark racial disparities.

STEP 3: CURBING ADMINISTRATIVE BURDENS & EXPANDING ELIGIBILITY

Policymakers should make health care accessible for all immigrants.

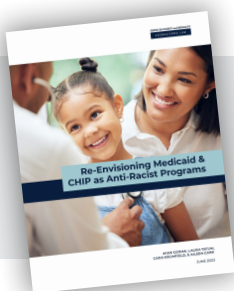
Ensuring health care access for all immigrants, regardless of citizenship status, is crucial to achieving a healthy nation. A difficult-to-navigate web of anti-immigrant exclusions unjustly disconnects families, including U.S. citizen children and spouses, from essential health care services. For example, documented immigrants who would otherwise qualify for Medicaid or CHIP coverage are barred from accessing these services for [five years after first qualifying](#), endangering the health of immigrant families. Removing the “five-year bar” and expanding Medicaid coverage for both citizens and non-citizens, as exemplified by states like [California, New York, and Illinois](#), would contribute to the overall health and well-being of our country.

Federal policymakers should ensure continuous coverage for at least one year to prevent coverage gaps and improve health outcomes.

[Declines in adequate, stable jobs](#) have forced many people to [work irregular hours](#) or [hold multiple part-time jobs](#), leading to significant income volatility. These fluctuations in income may result in a temporary loss of coverage. Children of color are [particularly impacted](#) by these fluctuations and are more prone to experiencing periods without health coverage throughout the year when compared to their white counterparts. By implementing a continuous coverage policy of at least 12 months, the government can greatly reduce loss of coverage resulting from temporary fluctuations in family income.

Policymakers should simplify the Medicaid application process and reduce administrative burdens.

Many states continue to rely on [mandatory in-person interviews](#) to determine eligibility—despite [federal steps](#) to encourage states to limit this burdensome practice. [Paperwork burdens](#)—including inefficient and unnecessary data checks and reliance on paper documentation—block potentially eligible participants from accessing health care. States should fully implement the existing ACA policies that aim to reduce administrative hurdles, allowing potential participants to more easily enroll and benefit from health care.



This fact sheet summarizes and adapts key concepts from “Re-Envisioning Medicaid & CHIP as Anti-Racist Programs,” by Ayan Goran, Laura Tatum, Cara Brumfield, and Aileen Carr. Georgetown Center on Poverty and Inequality, June 2023. Available at georgetownpoverty.org/issues/re-envisioning-medicaid-chip-as-anti-racist-programs/.