During the COVID-19 pandemic, individuals enrolled in Medicaid were able to keep their coverage without renewing annually. Over 14 million people who currently have Medicaid coverage will be affected by changes to the Medicaid Continuous Enrollment provisions.

The Biden-Harris Administration is committed to ensuring that all Americans can access high-quality, affordable health coverage, and Health Resources and Services Administration (HRSA)-funded organizations are a key part of this effort. HRSA has committed more than $4.5 million in additional funding to HRSA-funded organizations to conduct outreach and enrollment activities to ensure uninterrupted access to health care coverage for people in medically underserved communities—in addition to existing HRSA funding being leveraged to support these activities.

### HRSA Programs & Patients Who Will Be Impacted

- **14.5 million health center patients** have Medicaid coverage—this is nearly half of all patients receiving services at health centers. Approximately 90% of all health patients have incomes at or below 200% of the Federal Poverty Limit (FPL).

- **Over 40% of more than 550,000 people with HIV** in the Ryan White HIV/AIDS Program have Medicaid coverage and 88% are below 250% of the FPL.

- **Over 40% of all of births** are paid for by Medicaid and the Children’s Health Insurance Program (CHIP). HRSA’s Federal Office of Rural Health Policy builds health care capacity for maternal care in rural communities, and HRSA’s Health Center Program provides maternal care services for low-income patients.

- **Almost 3.7 million infants—nearly every newborn in the country**—receive newborn screening through HRSA-administered maternal and child health programs, and many of these children access follow-up services through Medicaid and CHIP.

### HRSA Funding, Guidance & Technical Assistance

HRSA has directed more than $4.5 million in additional funding to address potential coverage gaps due to the expiration of the continuous coverage requirement for people on Medicaid. HRSA has:

- **Awarded more than $3.1 million to 52 State and Regional Primary Care Associations** to help HRSA-funded health centers extend their reach even deeper into communities to support continuous coverage.

- **Committed to awarding approximately $1 million in supplemental funding** later this spring to existing grantees in the Small Health Care Provider Quality Improvement Program to support community benefits counseling activities in rural primary care settings.
• Provided $375,000 in dedicated funds to support enrollment training and technical assistance to Ryan White HIV/AIDS Program sites through the Access, Care, and Engagement Technical Assistance Center.

• Shared critical updates and information on Medicaid unwinding to over 14,000 health centers through a Primary Care Digest with nearly 48,000 subscribers.

• Released a Joint HRSA/Centers for Medicare & Medicaid Services Letter: Important Notice Regarding Medicaid Unwinding of the Continuous Enrollment Condition.

• Released a Program Letter to over 43,000 maternal and child health stakeholders across the country to share resources and guidance on the Medicaid redetermination process to help ensure eligible beneficiaries keep their health insurance coverage and those who are no longer eligible transition to other forms of coverage.

• Released a Program Letter to over 2,000 Ryan White HIV/AIDS Program providers to emphasize how they can use funding, case managers, and assister staff to support enrollment activities for people with HIV.

**HRSA Communication & Education Strategies**

HRSA is making resources available to support the high-need communities we serve during this time. HRSA has:

• Leveraged on-the-ground outreach and infrastructure, such as over 7,000 outreach and eligibility assistance workers in HRSA-funded health centers, to facilitate health insurance enrollment in high-need communities.

• Provided extensive and tailored training and support for HRSA-funded programs and staff on the ground on how to help affected individuals they serve re-enroll into Medicaid—such as supporting Ryan White HIV/AIDS Program providers and Title V Maternal and Child Health Services providers on renewing eligible clients in Medicaid and transitioning others to affordable coverage options such as the Health Insurance Marketplace, employer sponsored coverage, or Medicare.

• Partnered with national maternal and child health stakeholders to develop trainings and a tip sheet for state and local health services providers working with families to maintain coverage.

• Conducted outreach to rural stakeholders, ensuring providers, community organizations, and others have access to rural-relevant resources and information about the unwinding process and options to ensure continuous health insurance coverage.

• Shared policy updates with community-based organizations and their local partners, including nearly 16,000 HRSA-funded community outreach workers that provide education and outreach to low-income communities.

• Created a HRSA webpage on how the agency is addressing the impact of Medicaid unwinding on the communities HRSA serves—people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and the health workforce.