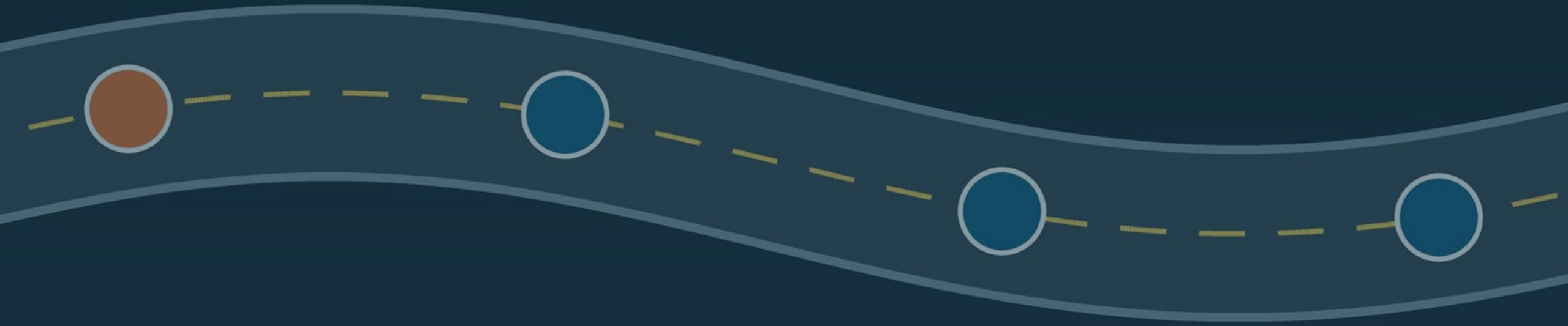
An Agenda Worth Fighting For: The Civil Rights Future of Health Coverage

November 19, 2026- National Cancer Policy Roundtable

Partnership to Protect Coverage | *The Campaign for Community Healthcare*



Roadmap

1. Why Medicaid Matters
2. Why Act Now
3. Rebuilding Coverage to be Seamless, Accountable and Fair

Why Medicaid Matters: Coverage saves lives, lowers costs, and strengthens whole communities



Healthier families

Cuts families' health costs, improves health outcomes, and saves lives



Stronger communities

Lowers community-wide costs and improves access and quality of care for everyone



Public health protection

Helps detect and treat infectious disease promptly, which helps combat pandemics



A foundation for progress

Makes it possible to tackle many other health challenges and inequities

Sources: ASPE Office of Health Policy (June 2024); KFF (June 2026). See appendix.

Medicaid is the backbone of American Health Coverage

72.9M

people enrolled in Medicaid and CHIP nationally (July 2026)

62%

of Medicaid enrollees under age 65 are people of color (2024)

5.1M

fewer people enrolled than one year earlier (July 2025 to July 2026)

What comes next: work requirements begin January 2027, except in states that elect a six-month delay, and a June 2026 federal rule narrows the “medical frailty” exemption, putting people in cancer treatment at risk. In states not protected by court order, a June 2026 federal rule requires patients to prove their conditions interfere with work, making it harder to qualify for exemption. 90% of cancer patients and survivors miss work for their care.

Medicaid is a lifeline for people with cancer

1 in 3

children diagnosed with cancer rely on Medicaid

1 in 10

people with a history of cancer rely on Medicaid

1,384

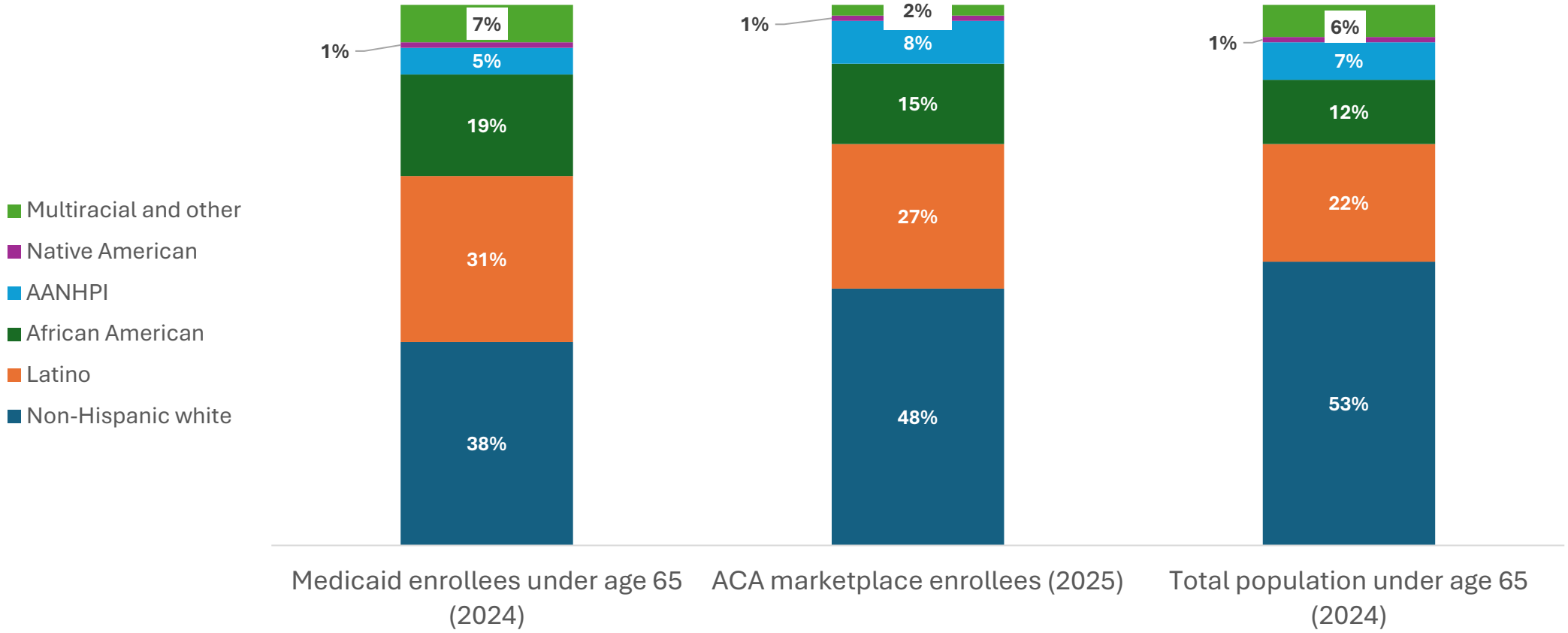
lives estimated saved each year in expansion states through earlier diagnosis of breast, lung and colorectal cancer

New 2026 research: Medicaid expansion is associated with earlier lung cancer diagnosis, faster treatment, and higher five-year survival rates, with the biggest gains in low-income areas.

Sources: ACS CAN (May 2025); Lam et al., JAMA Network Open (2020); Zhao et al., Journal of Clinical Oncology (Feb. 2026). See appendix.

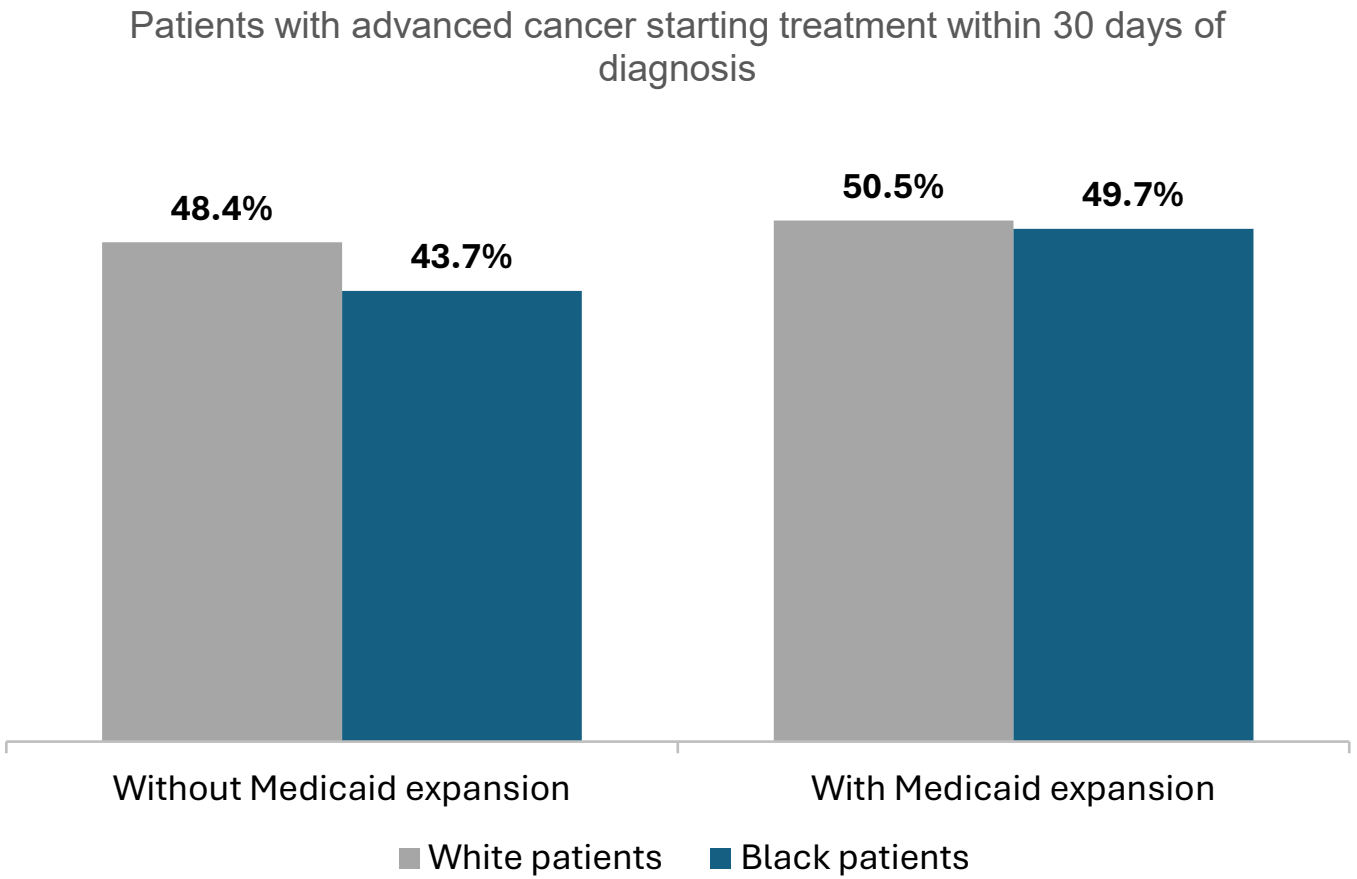
The majority of families in Medicaid and ACA plans come from marginalized communities

Enrollment in Medicaid and ACA Marketplace coverage, by race and ethnicity, compared to total population



Sources and notes listed at the end of the slide deck, in supplemental material.

Medicaid expansion closed the racial gap in timely cancer treatment



The Black–White gap

4.8 pts

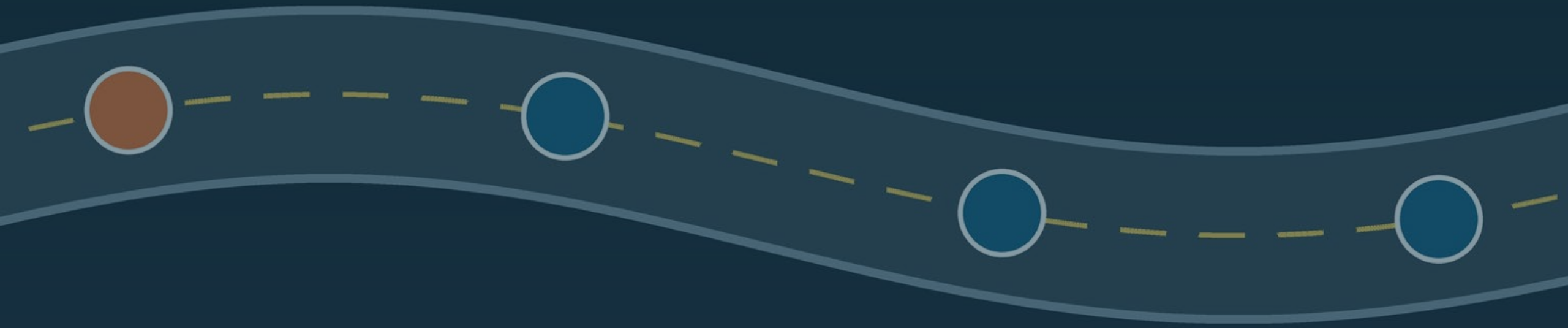
without expansion

0.8 pts

with expansion

With expansion, the remaining difference was no longer statistically significant.

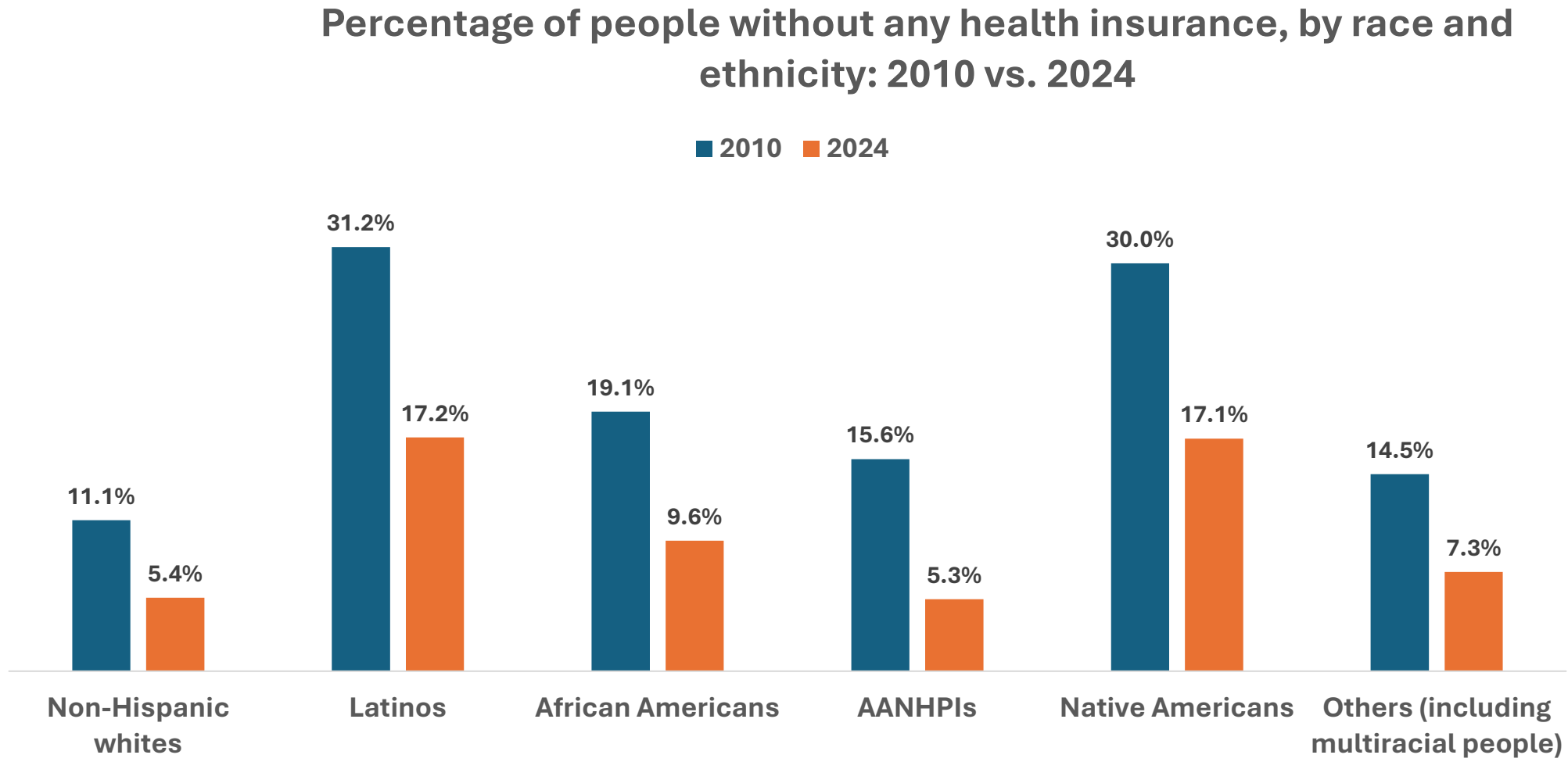
Source: Adamson et al., American Journal of Managed Care (2021); patients ages 18–64 with advanced or metastatic cancer. See appendix.



Roadmap

1. Why Medicaid Matters
2. Why Act Now
3. Rebuilding Coverage to be Seamless, Accountable and Fair

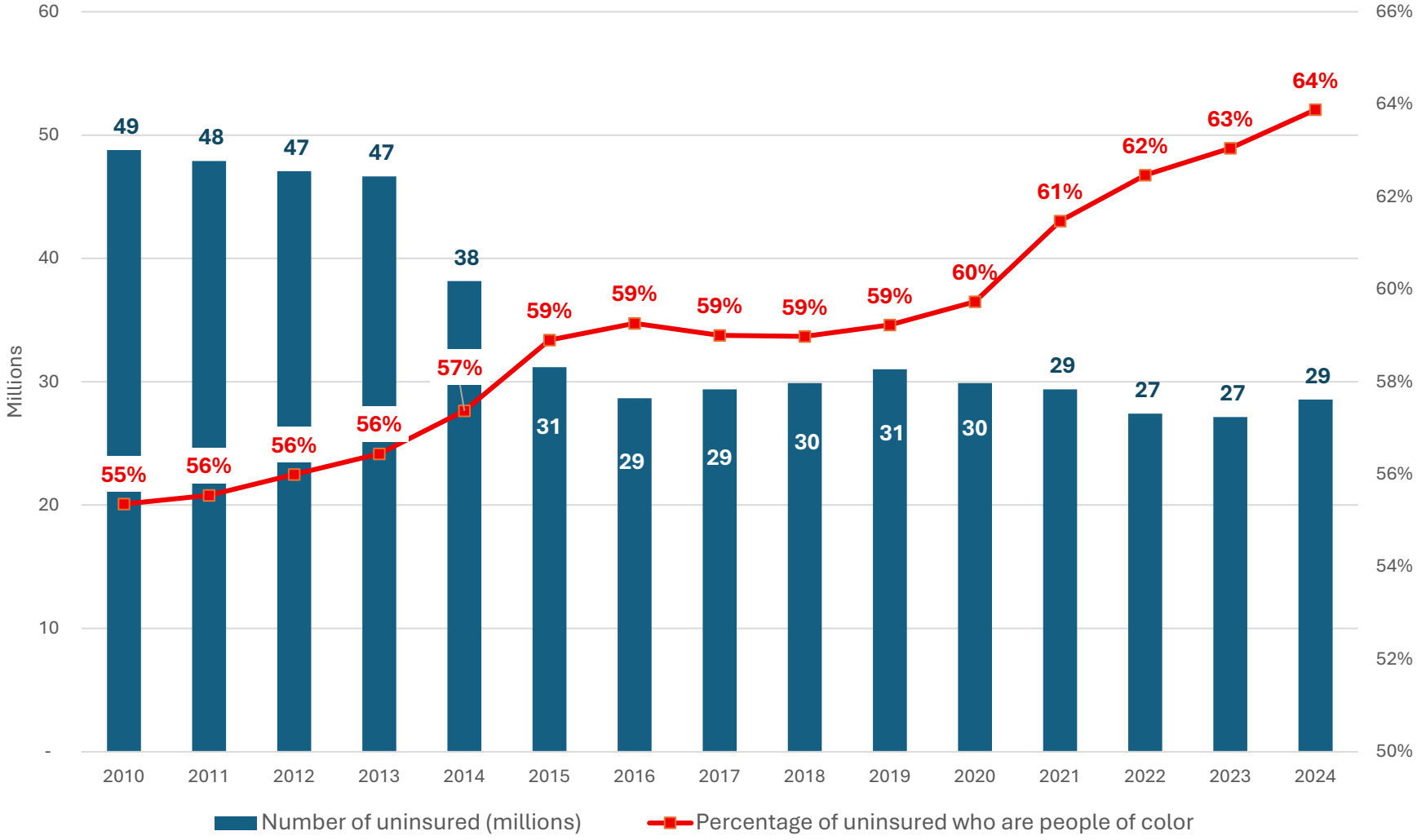
Coverage has improved since the ACA passed in 2010, but large disparities remain



Sources and notes listed at the end of the slide deck, in supplemental material.

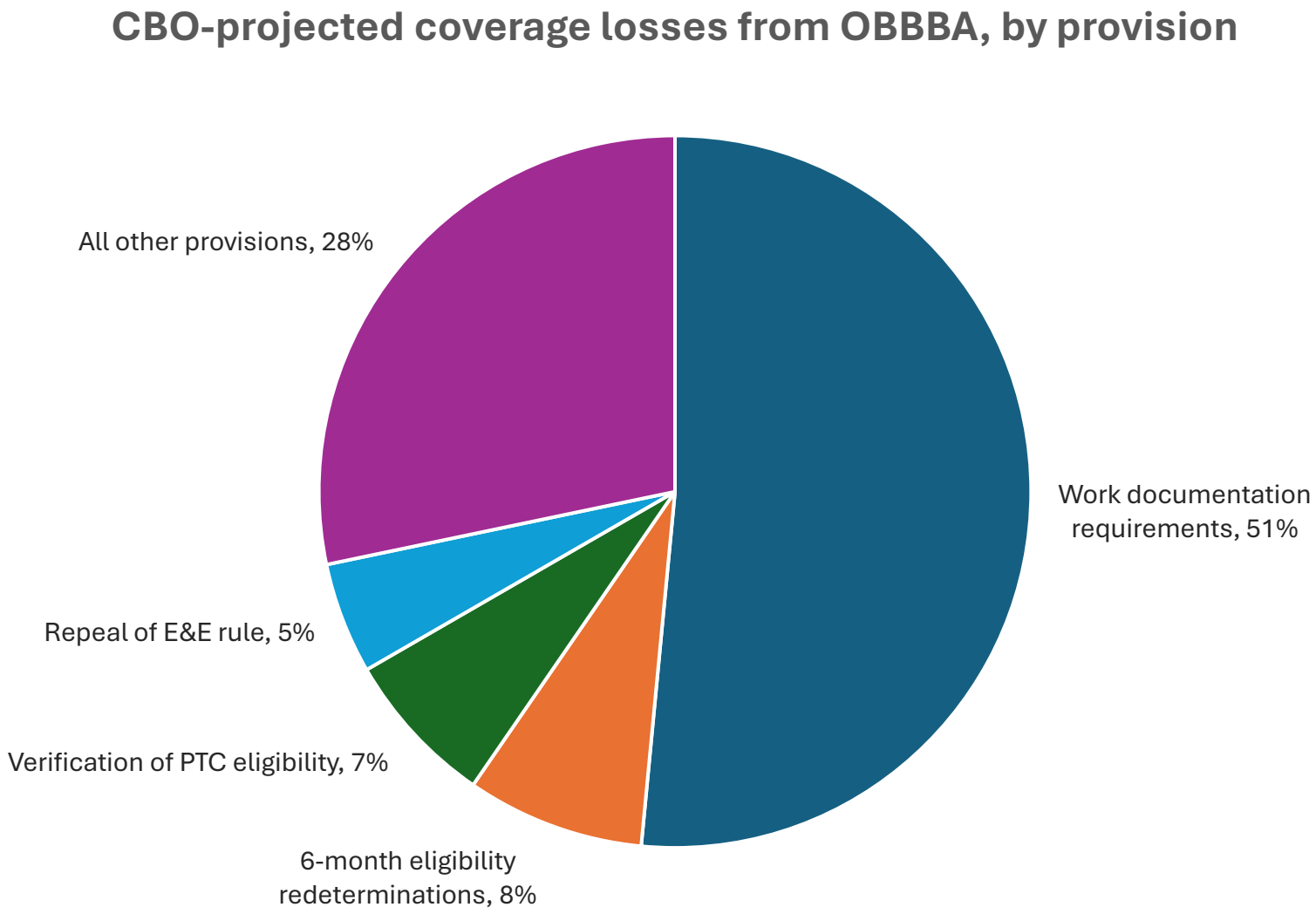
Even as the number of uninsured has fallen, the proportion from communities of color has skyrocketed

The number of uninsured (millions) and the percentage of uninsured who are people of color, 2010-2024



Sources and notes listed at the end of the slide deck, in supplemental material.

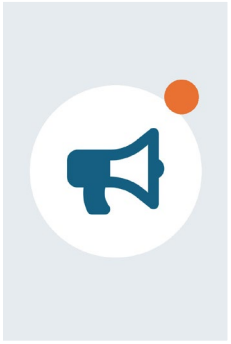
Nearly three-fourths of OBBBA's projected coverage losses come from paperwork barriers



Sources and notes listed at the end of the slide deck, in supplemental material.

Fighting against current cuts is just the start

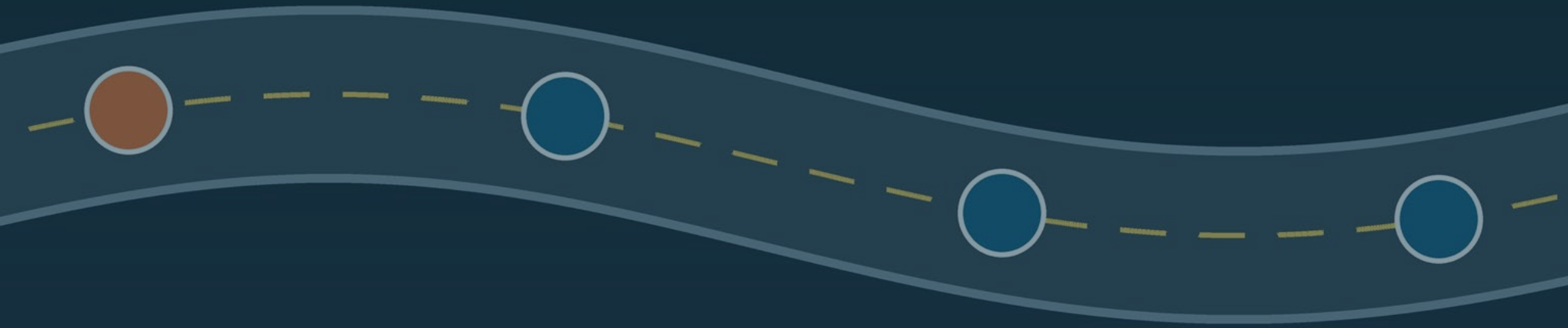
It is essential to combat and then repeal the healthcare cuts made by President Trump and his Congressional allies. But policymakers must do far more when the next window opens allowing significant national progress.



People want to know what their leaders are FOR, not just what they oppose.



Political conditions allowing major progress can be short-lived. We must prepare now to make the most of what may a brief opening for change.



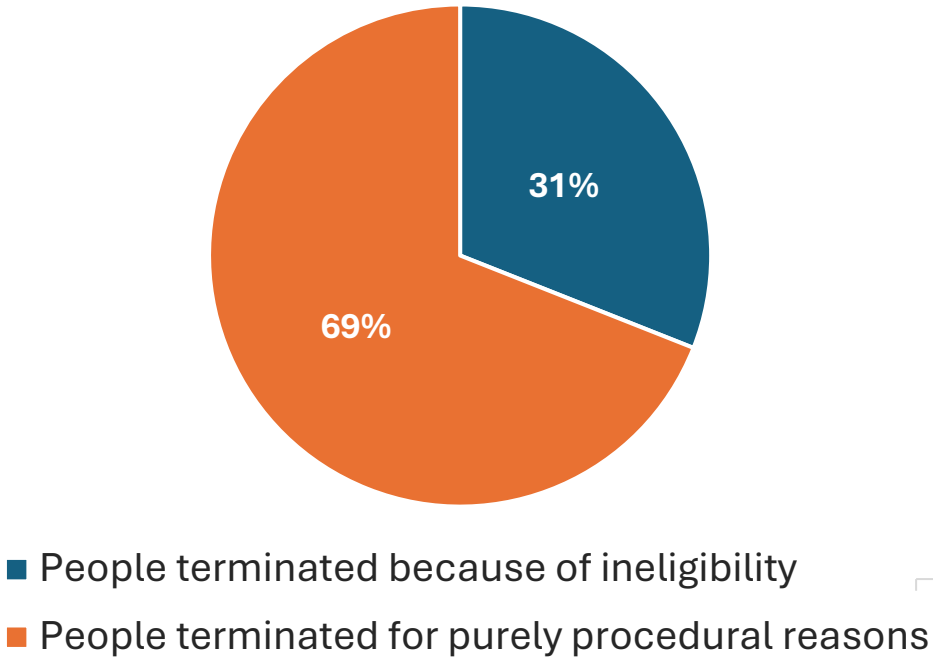
Roadmap

1. Why Medicaid Matters
2. Why Act Now
3. Rebuilding Coverage to be Seamless, Accountable and Fair

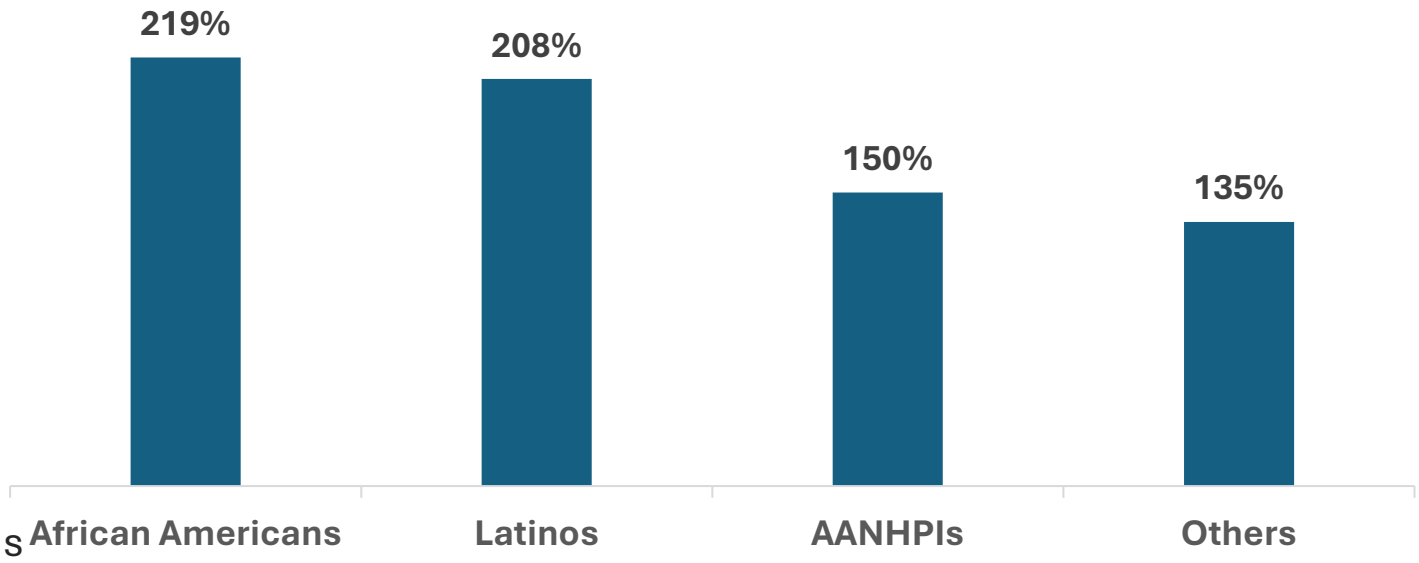
1. Seamless health coverage

Paperwork barriers harm people of every background, but hit communities of color hardest

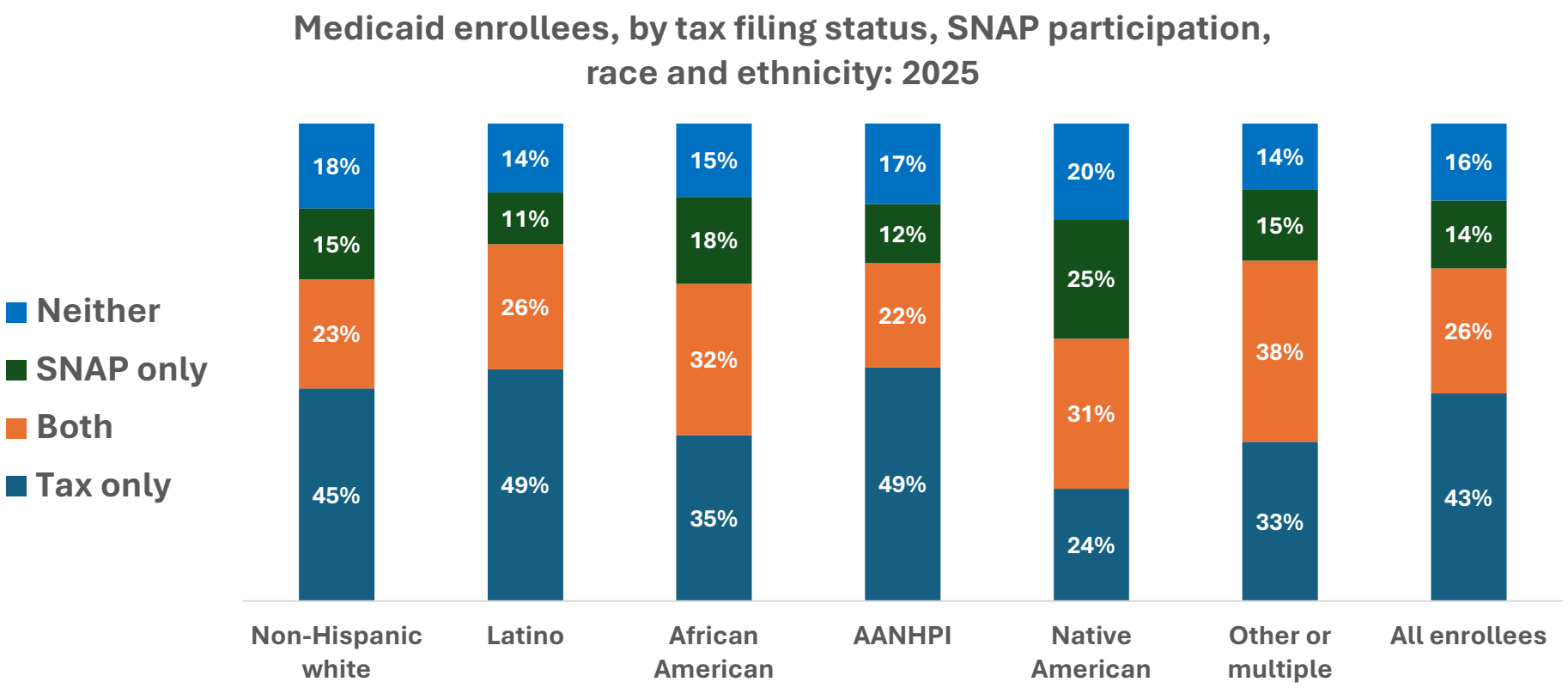
During Medicaid unwinding, 7 in 10 terminations resulted from nothing more than missing paperwork



Likelihood of Medicaid beneficiaries being unable to complete the redetermination process during unwinding, relative to non-Hispanic whites, by race and ethnicity



A new Medicaid eligibility category based on tax data and SNAP would allow automated renewals for the vast majority of current beneficiaries



Cancer deaths more likely for children without health insurance

41%

higher risk of death for children with cancer who gained Medicaid only at or after diagnosis, vs. those continuously covered

Fund independent consumer assistance so families can navigate Medicaid and private coverage

Why families need help

- 69% of unwinding terminations were for paperwork reasons, not ineligibility
- Work requirements and new tax credit repayment rules arrive in 2027
- Problems continue after enrollment: denials, appeals, and billing errors

Help is shrinking

- Federal navigator funding was cut 90%, from about $100M to $10M a year
- Congress authorized independent consumer assistance programs in 2010 (PHSA §2793) but provided only first-year funding

Our ask

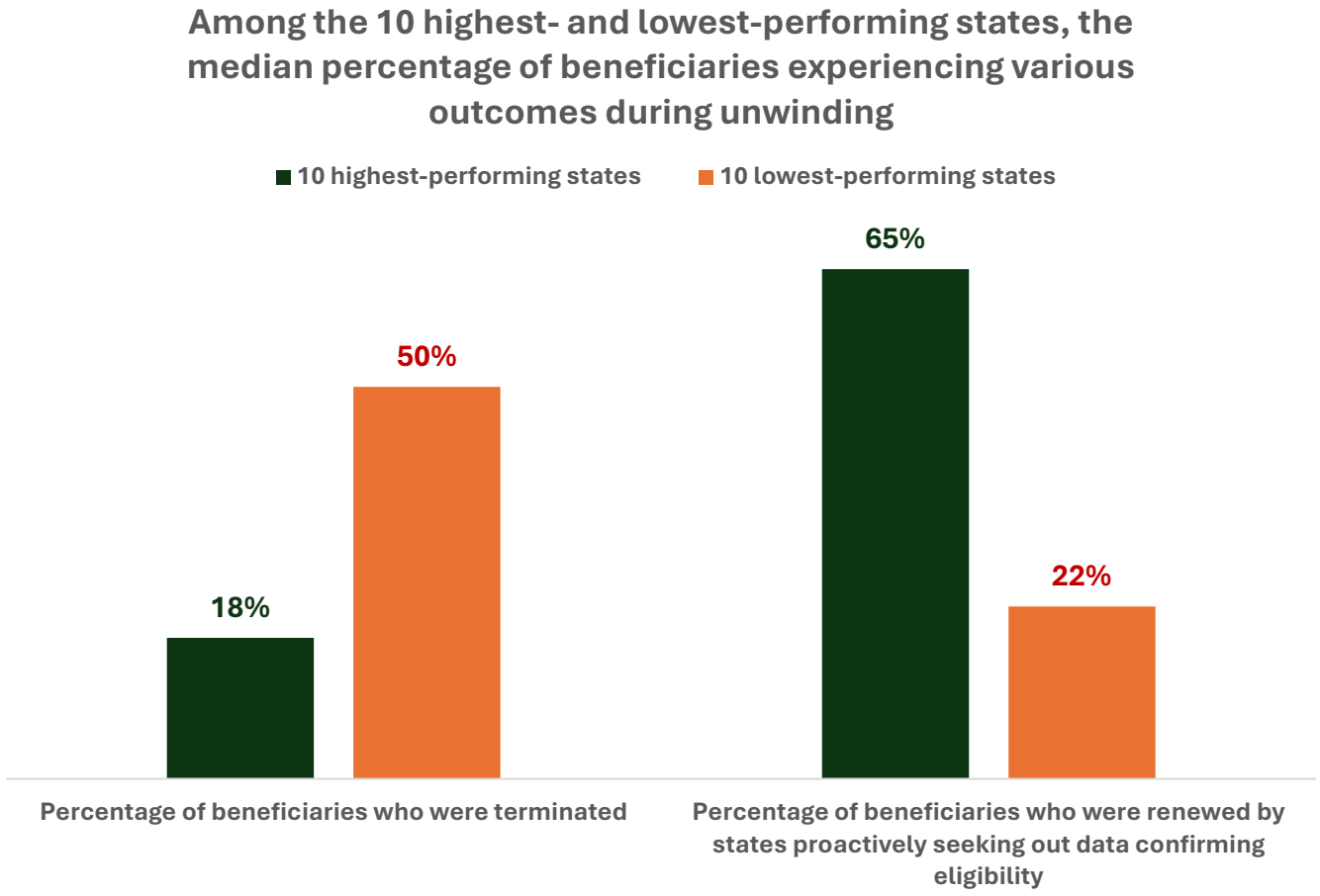
- Dedicated, ongoing federal funding for an independent consumer assistance program in every state
- Year-round help with Medicaid, CHIP, Marketplace and employer plans
- Independent of insurers and state agencies, with ability to pursue all available remedies

What this means for families: *a trusted place to call when a renewal letter, denial, or medical bill doesn't make sense.*

Sources: GAO (June 2025); CMS navigator funding announcement (Feb. 2025); 42 U.S.C. §300gg-93; Families USA (July 2021). See appendix.

2. Accountable Health Programs

During unwinding, some states terminated millions of eligible families with impunity



7.5M

people lost Medicaid because of the state where they happened to live

Had enrollment fallen only as much as in median state among the 10 states with lowest termination rates, they would have kept coverage.

Reconstructing health programs to be accountable to the communities they serve

- Let families obtain judicial orders stopping states from violating federal Medicaid law and from causing disproportionate and unjustified harm based on race and ethnicity.
- Provide resources needed for good customer service. Then hold states accountable to meet clear performance standards, with consequences that protect families.
- If a state sues to stop the federal government from enforcing consumer protections, the case goes to the District of Columbia federal court, not a court hand-picked by the state.

3. Fair coverage for every family: People should not be denied coverage because of where they live or where they were born

Whether low-income adults have health insurance can depend on where they live



In the states that still refuse to expand Medicaid, adults with incomes below the federal poverty line (FPL) are ineligible for all health programs, unless they are pregnant, permanently and severely disabled, or parents of minor children with incomes at extremely low levels—at or below 40% FPL, in the median state*



These state decisions deny healthcare to 1.4 million uninsured adults, 60% of whom are people of color



Proposed solution: offer these adults ACA health insurance, with cost-sharing protections and benefits equivalent to Medicaid

*Income limits for parents are even lower in some states: 15% FPL in Texas, 18% FPL in Louisiana, 27% FPL in Mississippi and Florida, 30% FPL in Georgia, and 38% FPL in Kansas.

Immigrants, healthcare eligibility, and official misinformation

"More than 1.4 million illegal immigrants … are currently on Medicaid. The One Big Beautiful Bill puts a stop to that…, thwarting Democrats' attempts at … funding benefits for illegals on the backs of hardworking American taxpayers." Official White House press release, 6/9/25

The 1.4 million immigrants becoming uninsured under OBBBA are refugees, asylees, and others who are lawfully present in the U.S. The administration also terminated ACA eligibility for 500,000 DACA holders, lawfully present young adults brought to the U.S. as children who have known no other home. KFF, 9/25/25

Solutions:

- ✓Lawfully present immigrants should never be denied coverage based on immigration status
- ✓Health coverage and care should not endanger family members' future or current immigration status
- ✓States should have viable options for covering community members in need, regardless of immigration status

In summary- our recommendations

1	**Protect Medicaid**	Reverse coverage cuts and keep Medicaid strong for the families who depend on it
2	**Make coverage seamless**	Use tax and SNAP data so eligible families can enroll and renew with little or no paperwork
3	**Make programs accountable**	Hold states accountable for wrongful terminations, and fund independent consumer assistance in every state
4	**Make coverage fair**	Cover adults in non-expansion states and protect immigrant families' access to care

Protecting Medicaid is essential. But protecting coverage alone is not enough.

Questions?

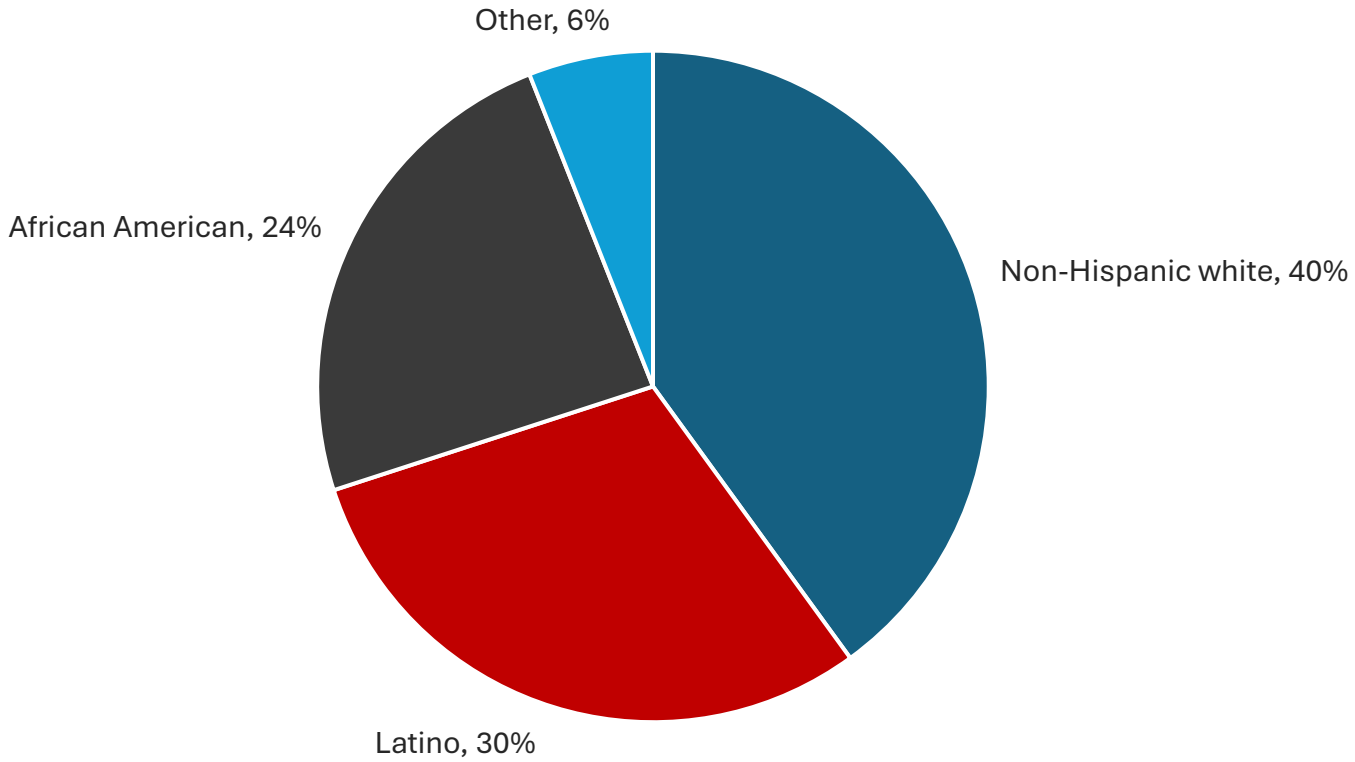


Bonus Slides



Ten states' refusal to expand Medicaid disproportionately harms people of color

Uninsured adults in non-expansion states who are ineligible for both Medicaid and Marketplace coverage, by race and ethnicity: 2023



Other steps to make healthcare more seamless for families



Require each state to operate a single system to determine eligibility for all programs or to have each program accept determinations made by other programs. That way, families can obtain the healthcare for which they qualify without submitting applications to agency after agency.

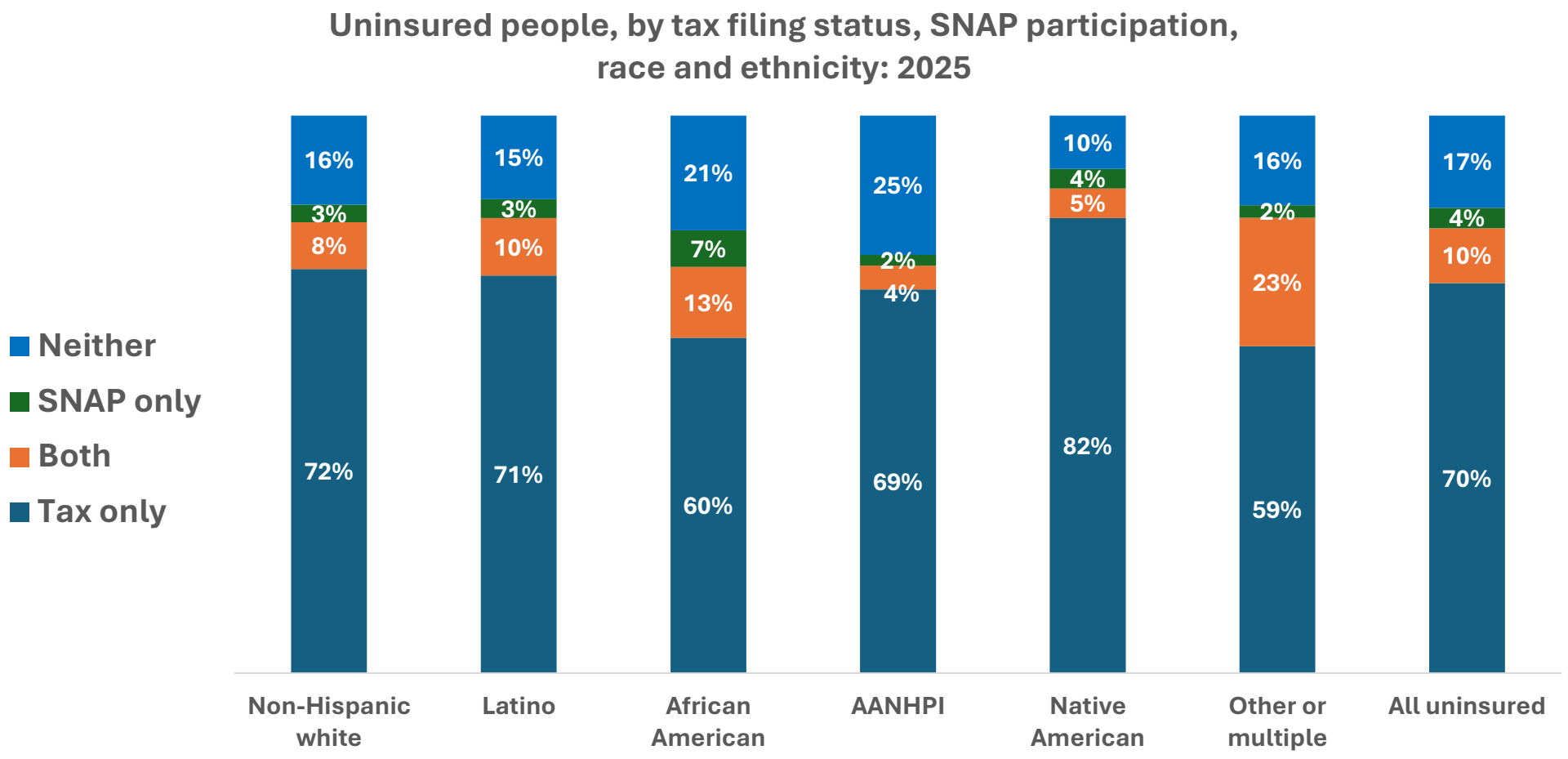


Extend 12 months continuous eligibility to adults. Give states the option to extend continuous eligibility beyond 12 months for children and adults alike



Guarantee funding for independent consumer assistance, to help families navigate healthcare complexities.

Many uninsured could be enrolled with little or no paperwork if minimum Medicaid and ACA eligibility was guaranteed based on tax data & SNAP participation



Enrollment avenues that could reach numerous uninsured with little or no paperwork, if eligibility was defined by data



Unemployment insurance forms



Enroll SNAP beneficiaries not yet in Medicaid, via data match and consent through benefit use



Tax returns



Emergent and urgent care (full, not just presumptive eligibility)

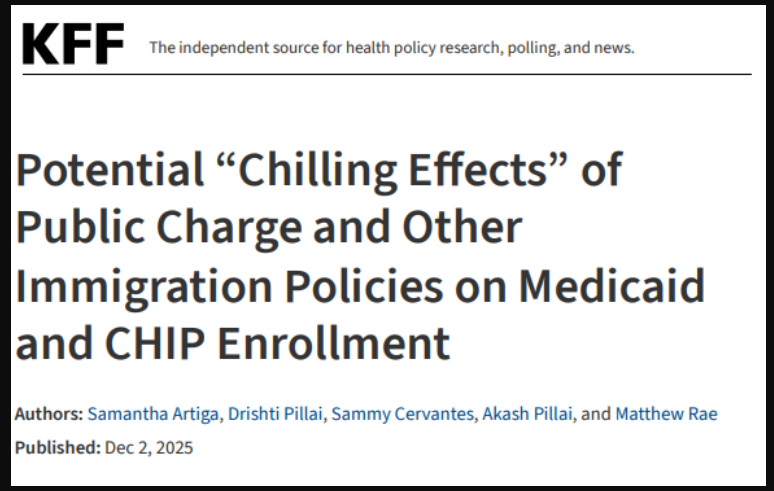
Other advantages of a new eligibility pathway that guarantees a minimum level of Medicaid and ACA coverage based on SNAP & prior-year tax income

- Lower administrative costs for states
- Reduces eligibility errors, offering political protection to states and families alike. Eligibility is guaranteed for people with SNAP and low income as shown on past tax returns.
- Protects ACA-insured families from massive tax penalties.
  - Suppose someone claims advance premium tax credits (APTCs) during a particular year that, because of government or health plan error or other causes, turn out to exceed the PTC amount for which the person qualifies based on income and household size reported on their tax return filed the following year. OBBBA says the person must repay all the excess credits, even if the family did nothing wrong. That will subject many people to large and unexpected tax penalties, starting in 2027.
  - If APTCs are based on prior-year income, current-year income does not matter. The APTCS cannot be excessive, so no tax penalties are due.

Addressing broader attacks on immigrant health

- Health programs must keep personal information confidential, not sharing it with ICE for immigration enforcement purposes
- Immigration enforcement should exempt sensitive locations, including health care settings
- Immigrants enrolling families into coverage for which they qualify should not be denied improvements in immigration status as a result





Covering the uninsured is an important priority for historically marginalized communities

OBBBA and EPTC expiration are projected to increase the number of uninsured by 50%, disproportionately harming communities of color.

A growing mountain of evidence shows the importance of insuring everyone. Coverage:

- ✓ Cuts families' health costs, improves health outcomes, and saves lives
- ✓ Lowers community-wide costs, improves access and quality for everyone, and combats pandemics by allowing the prompt detection and treatment of infectious disease
- ✓ Is foundational to addressing many other health challenges

Other priorities are also important, outside the scope of the report:

- ✓ Inequities that are based on factors other than race and ethnicity (e.g., LGBTQ+ status, disability, age, sex)
- ✓ Inequities based on race and ethnicity that involve healthcare issues that go beyond coverage*
- ✓ Larger-scale changes to the country's healthcare system (e.g., Medicare for All)
- ✓ Lowering costs for people enrolled in coverage

*Examples of such inequities include lower life spans and higher rates of serious medical problems in communities of color (including shockingly high rates of maternal mortality in Black families), limits on linguistic access and cultural appropriateness of healthcare, shortages of providers equipped to serve marginalized communities, the traumatizing impact of immigration enforcement on children and families, the impact of racism on healthcare, etc.

The Trump administration and its Congressional allies have perfected the use of administrative burdens to deny services to eligible families

72% of all CBO-projected coverage losses from OBBBA involve new administrative burdens

Administrative burdens are being imposed, not just through OBBBA, but more widely. For example:

- HHS eliminated 90% of funding for healthcare navigators to help people cope with administrative requirements to enroll and renew
- Roughly 5 million people have already lost SNAP largely due to OBBBA's new administrative burdens, including more than 1 million children
- "The SAVE Act" would use administrative burdens to disenfranchise voters

Ray, Herd & Moynihan: "**Administrative burdens serve as the handmaiden of the racialized state**... Racialized burdens are a type of administrative practice that normalizes and reinforces patterns of racial inequality in public services, simultaneously reproducing disparate treatment while obscuring discrimination."

The Trump administration's Medicaid work requirements rule shows how eligibility definitions can determine the magnitude of administrative burdens

Eligibility definitions can create or eliminate administrative burdens



The Trump administration's Medicaid work requirement regulation

- OBBBA exempts medically frail people from termination based on work requirements.
- Until June, many states were planning to find people medically frail based on information already in their medical records, eliminating the need for families to provide paperwork.
- June regulation: "Medical frailty" means that one's health condition must prevent work. Information about the impact of health conditions on employment is not usually contained in medical records. This change in eligibility definitions thus means that many chronically ill people could be terminated unless they produce new documentation from their health care providers—a major administrative burden likely to trigger large and very harmful coverage losses.



Reconstruct eligibility definitions so SNAP participation and income on past tax returns can automatically qualify people for Medicaid & ACA coverage

- New eligibility pathways would supplement existing pathways. Could get more generous coverage by documenting that family income fell since the year shown on tax returns, for example.
- No one would be required to file tax returns or apply for SNAP to get health coverage.
- Precedents:
  - Prior year tax returns establish minimum levels of college student aid and cap Medicare Parts B & D premiums.
  - 91% of people with Medicare Part D low-income assistance qualify based on participation in Medicaid and cash assistance programs, without any need to file new paperwork.

Sources and notes

Sources and notes

Slide #	Statement or figure	Sources	Notes
4	Medicaid/CHIP enrollment (72.9 million; decline of 5.1 million); share of enrollees who are people of color	KFF, Medicaid/CHIP Monthly Enrollment Tracker (data through July 2026); UnidosUS analysis of 2024 ACS data, accessed through IPUMS.	Share of people of color computed from slide 6 data (non-Hispanic whites are 38% of Medicaid enrollees under age 65).
4	Work requirements and the medically frail exemption; 90% of cancer patients and survivors miss work for care	ACS CAN, statement on CMS interim final rule, June 1, 2026; ACS CAN Survivor Views survey, July 30, 2026.	
5	1 in 3 children diagnosed with cancer and 1 in 10 people with a history of cancer rely on Medicaid	ACS CAN, statement, May 12, 2025.	
5	Mortality decline and 1,384 lives saved per year (breast, lung, colorectal cancer)	Lam MB et al., JAMA Network Open, Nov. 2020 (National Cancer Database, 2012–2015).	Association; mortality improvement was mediated by earlier stage at diagnosis.
5	Lung cancer: earlier diagnosis, timely treatment, five-year survival	Zhao J et al., Journal of Clinical Oncology, Feb. 2026.	Non-small cell lung cancer, ages 18–64; difference-in-differences analysis.
6	Figure	KFF, UnidosUS, UnidosUS analysis of 2024 ACS data, accessed through IPUMS.	Latinos are Hispanics of all races. All other racial and ethnic groups are limited to non-Hispanics. AANHPI = Asian American, Native Hawaiian and Pacific Islander.

Sources and notes, continued

Slide #	Statement or figure	Sources	Notes
7	Black–White gap in timely cancer treatment	Adamson BJS et al., American Journal of Managed Care, 2021.	Timely treatment = first-line systemic therapy within 30 days of advanced or metastatic diagnosis; 30,310 patients ages 18–64.
8	Figure	UnidosUS analysis of CBO, Estimate of Annual Changes in the Number of People Without Health Insurance Under Title VII, Public Law 119-21, August 11, 2025.	
10	Figure on left	GAO, GAO-25-107413, June 2025.	
10	Figure on right	Rumalla, et al., JAMA Internal Med, August 2024.	Latinos are Hispanics of all races. All other groups are limited to non-Hispanics.
11	Figures	UnidosUS analysis of Current Population Survey – Annual Social and Economic Supplement (CPS-ASEC) data for March 2025, accessed through IPUMS.	Latinos are Hispanics of all races. All other racial and ethnic groups are limited to non-Hispanics. AANHPI = Asian American, Native Hawaiian and Pacific Islander. Tax filers are estimated by CPS-ASEC as filing federal income tax returns or benefiting from Earned Income Tax Credits (EITCs) on federal income tax returns.

Sources and notes, continued

Slide #	Statement or figure	Sources	Notes
11	41% higher risk of death for children who gained Medicaid at or after diagnosis	Ji X et al., JCO Oncology Practice, 2024.	Children's Healthcare of Atlanta, patients diagnosed 2007–2016; adjusted hazard ratio 1.41 for all-cause death.
12	Consumer assistance: unwinding terminations, navigator funding, and consumer assistance program authority	GAO, GAO-25-107413, June 2025; CMS navigator funding announcement, Feb. 14, 2025 (reported by Fierce Healthcare and Stateline); Public Health Service Act §2793, 42 U.S.C. §300gg-93; Families USA, Congress Should Appropriate Funds for Consumer Assistance Programs in Every State, July 2021.	Navigator funding for states using HealthCare.gov fell from about $100 million to $10 million per year starting with plan year 2026.
14	Figure on left	UnidosUS analysis of GAO, June 2025.	The figure's left panel compares the 10 states with the lowest percentages of terminations among all completed redeterminations to the 10 states with the highest such percentages. The figure's right panel compares the 10 states with the highest percentages of data-based renewals among all completed redeterminations to the 10 states with the lowest such percentages. In each comparison, the former states are classified as high performers and the latter as low performers.
14	7.5 million people lost Medicaid because of the state where they happened to live.	UnidosUS analysis of Medicaid Snapshot Data, April 2023 through July 2024.	The number of total Medicaid beneficiaries fell by 16.4% from April 2023 through July 2024. But among the 10 states with the lowest rates of Medicaid losses, enrollment fell by just 7.8% in the median state. If enrollment had fallen by 7.8% in all states, Medicaid enrollment would have dropped by 6.8 million, rather than 14.3 million, and 7.5 million additional people would have had health coverage through Medicaid.
17		KFF, Feb. 25, 2025; KFF and Georgetown Center for Children and Families, April 30, 2026.	

Sources and notes, continued

Slide #	Statement or figure	Sources	Notes
18	Upper blue panel on left	White House, The One Big Beautiful Bill Will END Taxpayer-Funded Health Care for Illegals, 6/9/26	
18	Lower blue panel on left	KFF, 9/25/25	
22	Figure	UnidosUS, Latino families' health care under attack, May 2026	Latinos are Hispanics of all races. All other racial and ethnic groups are limited to non-Hispanics. AANHPI = Asian American, Native Hawaiian and Pacific Islander. Analysis distributed KFF-projected coverage losses by state, race, and ethnicity, in proportion to current enrollment.
23	Benefits of coverage	ASPE Office of Health Policy, June 7, 2024; KFF, June 16, 2026.	
25	Figure	UnidosUS analysis of ACS data for 2010 through 2024, accessed through IPUMS.	People of color are everyone but non-Hispanic whites. People of all ages included.
26	Figure	UnidosUS analysis of 2010 and 2024 American Community Survey (ACS) data, accessed through IPUMS, University of Minnesota, www.ipums.org (IPUMS).	Latinos are Hispanics of all races. All other racial and ethnic groups are limited to non-Hispanics. AANHPI = Asian American, Native Hawaiian and Pacific Islander. People of all ages included.

Sources and notes, continued

Slide #	Statement or figure	Sources	Notes
27	The Supreme Court has made it very difficult for families to sue states for violating the Medicaid statute.	Medina v. Planned Parenthood, U.S. Supreme Court, June 26, 2025	
27	Before a family can sue to stop state policies that cause needless and disparate harm to people of color, the Supreme Court requires a "smoking gun" proving discriminatory intent.	Alexander v. Sandoval, 532 U.S. 275 (2001)	
28	Figure	KFF 2025.	Latinos are Hispanics of all races. All other groups are limited to non-Hispanics.
29	Figures	UnidosUS analysis of CPS-ASEC data for March 2025, accessed through IPUMS.	Latinos are Hispanics of all races. All other racial and ethnic groups are limited to non-Hispanics. AANHPI = Asian American, Native Hawaiian and Pacific Islander. Tax filers are estimated by CPS-ASEC as filing federal income tax returns or benefiting from Earned Income Tax Credits (EITCs) on federal income tax returns.
34	A growing mountain of evidence shows the importance of insuring everyone.	ASPE Office of Health Policy, June 7, 2024; KFF, June 16, 2026.	

Sources and notes, continued

Slide #	Statement or figure	Sources	Notes
35	Roughly 5 million people have already lost SNAP largely due to OBBBA's new administrative burdens, including more than 1 million children	Center on Budget and Policy Priorities, SNAP Tracker: People Are Losing Food Assistance as the Republican Megabill Is Implemented, last updated August 26, 2026.	
35	"Administrative burdens serve as the handmaiden of the racialized state."	Ray, Herd, and Moynihan, Journal of Public Administration Research and Theory, Jan. 2023.	
36	Trump administration approach to medical frailty	Rosenbaum, et al., Health Affairs Forefront, June 12, 2026.	
36	Past tax returns establish minimum levels of college student aid and cap Medicare Parts B & D premiums.	Dorn, Urban Institute, Dec. 2009.	
36	91% of people with Medicare Part D low-income assistance qualify based on Medicaid and cash assistance participation, without any need to file new paperwork.	UnidosUS analysis of CMS, MDCR ENROLL D 2, Medicare Part D Enrollment: Part D Enrollees by Type of Plan, Low Income Subsidy (LIS), and Retiree Drug Subsidy, by Demographic Characteristics, Calendar Year 2023.	