

**Congress of the United States**  
**Washington, DC 20515**

March 16, 2022

Governor Ron DeSantis  
State of Florida  
The Capitol  
400 S. Monroe Street  
Tallahassee, FL 32399

RE: Keeping Florida's Children Insured After the Public Health Emergency Ends

Dear Governor DeSantis:

During the global pandemic, Medicaid has been a lifeline for many in the United States, particularly our nation's children. We know that consistent access to insurance improves health and well-being, eases financial concerns for families, promotes equity, and lowers health care costs. The current federal continuous coverage requirement that prevents state Medicaid programs from disenrolling individuals during the public health emergency (PHE) has helped us to avoid dramatic increases in the number of uninsured individuals in the United States. However, a recent report estimates that nearly 6.7 million children nationally could lose their Medicaid coverage and risk becoming uninsured for a period of time when the PHE ends.<sup>1</sup> Many if not most of these children losing coverage will remain eligible for public coverage – either Medicaid or the Children's Health Insurance Program (CHIP). As Governor overseeing these programs, we encourage you to work with your administration and other stakeholders to ensure that Florida does not see an unnecessary and harmful increase in uninsured children.

Children's enrollment in Medicaid programs grew by 11% nationally from February 2020 through June 2021, with approximately half of the children in the United States now covered by Medicaid or CHIP. These trends are mirrored in Florida, which currently has an estimated 2.7 million children enrolled in Medicaid and CHIP, a 14.7% increase from the start of the pandemic. According to state enrollment data, at least 400,000 children under the age of 18 have gained Medicaid coverage since March 2020.<sup>2</sup>

The 2020 *Families First Coronavirus Response Act (FFCRA)* provides states with enhanced funding of a 6.2 percentage-point increase in federal Medicaid matching rates and a 4.34 percentage-point increase in federal CHIP matching rates during the pandemic, as long as states

---

<sup>1</sup> Georgetown University Center for Children and Families, [Millions of Children May Lose Medicaid: What Can Be Done to Help Prevent Them From Becoming Uninsured?](#) (Feb. 2022).

<sup>2</sup> Tampa Bay Times, [Thousands of Florida Children Could lose Medicaid Coverage Study Says](#) (Feb. 2022).

meet specific maintenance of effort requirements through the duration of the PHE. This has provided stability of coverage for families, but we are alarmed at the potential for hundreds of thousands of children in Florida to be disenrolled unnecessarily at the conclusion of the PHE and become uninsured.

Children have the potential to lose health coverage inappropriately in two ways at the end of the PHE. For families whose income have gone up, the child is most likely now eligible for CHIP or perhaps the federally subsidized marketplace. As you know, Florida currently operates three separate CHIP programs, which means that eligibility information for a child must be transferred from Medicaid to one of those programs if their family income has changed. The complexity of Florida's public coverage system for children adds risk that a child may get lost. Additionally, Florida is one of only four states that charge premiums for families with income at the lowest level allowed (133% of the federal poverty level) in CHIP, which research clearly shows poses barriers for children enrolling in coverage. We encourage you to revisit these policies as we near the end of the PHE, or to waive them until the state is through the mass eligibility redetermination.

The second way a child may become uninsured is when that child remains eligible for Medicaid but is disenrolled for procedural reasons – such as returned mail. There has been considerable instability over the past two years that has led to changes in employment, income and housing. If a family has outdated information in Florida's database with the Florida Medicaid system, they could miss important information about retaining coverage and become disenrolled from the program. The state must consider instituting policies to reduce the rates of procedural or administrative disenrollment, including: sending follow-up notices, boosting call center workforce capacity, maximizing outreach, varying methods of communication in multiple languages, utilizing ex parte renewals, and encouraging beneficiaries to update contact information now. Most importantly, *I encourage you to take the full twelve months after the end of the PHE that federal guidance allows* to initiate renewals and process the millions of redeterminations.<sup>3</sup> This will allow the state to evenly distribute renewals in future years, maintain manageable workloads for state staff, and avoid children losing coverage for procedural reasons.

Any gap in a child's health coverage can be devastating, so we must publicly act now to prevent it. In light of what's at stake, we respectfully ask you to provide written responses to the following questions:

1. How does the state plan to prevent Florida children currently on Medicaid from losing their health coverage at the end of the PHE?
  - a. What agencies will take the lead on coordinating this effort?
  - b. Does the state have plans to reach out to providers, managed care organizations, community-based organizations, and other groups to do coordinated outreach to the families of children who are currently covered by Medicaid?

---

<sup>3</sup> CMS Center for Medicaid & Chip Services, [Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP, and BHP Upon Conclusion of the COVID-19 Public Health Emergency](#) (March 2022).

- c. Will the state provide the plan for unwinding the PHE to these partner groups across the state to help them prepare the communities that they serve?
  - d. Is the state hiring additional staff to respond to and assist the large number of individuals and families who will call in for help or questions regarding their coverage, and to help process the redeterminations in a timely manner?
  - e. Is the state willing to consider changing or waiving certain policies to minimize the number of children who lose coverage?
2. What metrics will the state use to track the enrollment status of children on Medicaid in the coming months, and will those metrics be publicly reported?
    - a. If the number of disenrollment rises, will the state commit to pausing disenrollment to reassess their plan and ensure that eligible children are not losing coverage for procedural or administrative reasons?
  3. Will the state publicly post their plans for resuming annual renewals?

Thank you for your attention to this important matter. It is critical that Florida begin making plans now to prevent a mass disenrollment of children from their health insurance at the conclusion of the PHE. We look forward to your written responses to our questions and to working with you to meet our shared goal of keeping Floridians healthy and enrolled in high-quality coverage.

Sincerely,

---

Kathy Castor  
MEMBER OF CONGRESS

---

Frederica S. Wilson  
MEMBER OF CONGRESS

---

Debbie Wasserman Schultz  
MEMBER OF CONGRESS

---

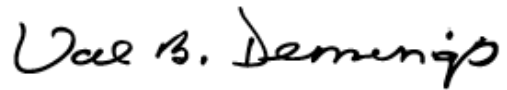
Stephanie Murphy  
MEMBER OF CONGRESS

---

Ted Deutch  
MEMBER OF CONGRESS

---

Sheila Cherfilus-McCormick  
MEMBER OF CONGRESS



---

Lois Frankel  
MEMBER OF CONGRESS

---

Val Demings  
MEMBER OF CONGRESS



---

Al Lawson  
MEMBER OF CONGRESS

---

Charlie Crist  
MEMBER OF CONGRESS



---

Darren Soto  
MEMBER OF CONGRESS

CC: Shevaun Harris, Secretary, Florida Department of Children and Families  
Tom Wallace, Deputy Secretary for Medicaid, Agency for Health Care Administration