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April 25, 2024

RE: The American Community Survey and the Puerto Rico Community Survey (OMB Control No: 0607-0810, ICR Reference No: 202403-0607-005)

To Whom It May Concern:

As health policy researchers who use federal survey data to assess various topics related to health insurance coverage in the United States, we write to offer public comment on the proposed changes to measurement of health insurance coverage in the 2025 American Community Survey (ACS) and Puerto Rico Community Survey (PRCS). We are employed by the Urban Institute—a nonprofit research and policy organization based in Washington, DC—but the views expressed in this submission are our own and should not be attributed to the Urban Institute, its trustees, or its funders.

We share the concerns of researchers at the State Health Access Data Assistance Center (SHADAC)[1] that changing the health insurance questions in these surveys in 2025 would be ill-timed, that the proposed changes could exacerbate current measurement challenges, and that further research is needed to refine alternative coverage questions in the ACS and PRCS.

First, the 2019–25 period is important for understanding health insurance coverage patterns, particularly changes in coverage through Medicaid and the Affordable Care Act (ACA) Marketplace, making the 2025 data year an inopportune time to change the coverage time series. In March 2020, Congress enacted the Families First Coronavirus Response Act, which established a continuous coverage requirement in Medicaid, prohibiting states from disenrolling individuals until April 2023. Medicaid enrollment grew by 23 million people, or about one-third,[2] and uninsurance fell to a historic low.[3] Now that states have begun "unwinding" this policy, millions of Americans are losing Medicaid, many of whom will likely become uninsured.[4]

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[1] "SHADAC Comments on Proposed 2025 American Community Survey Health Insurance Coverage Instrument Changes," State Health Access Data Assistance Center (SHADAC), January 7, 2024, https://www.shadac.org/news/shadac-comments-proposed-2025-american-community-survey-health-insurance-coverage-instrument.

[2] Elizabeth Williams, Elizabeth Hinton, Robin Rudowitz, and Anna Mudumala, "Medicaid Enrollment and Spending Growth Amid the Unwinding of the Continuous Enrollment Provision: FY 2023 & 2024" (San Francisco: KFF, 2023), https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-spending-growth-amid-the-unwinding-of-the-continuous-enrollment-provision-fy-2023-2024.

[3] Aiden Lee, Joel Ruhter, Christie Peters, Nancy De Lew, and Benjamin D. Sommers, "National Uninsured Rate Reaches All-Time Low in Early 2022," Issue Brief HP-2022-23 (Washington, DC: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2022), https://aspe.hhs.gov/sites/default/files/documents/a35a060182f78d32ceff32be71301173/Uninsured-Q1-2022-Data-Point.pdf.

[4] "What Is the Impact of Unwinding on Medicaid Enrollment?" Georgetown University McCourt School of Public Policy, Center for Children and Families, accessed April 24, 2024, https://ccf.georgetown.edu/unwinding-enrollment-data/; and Matthew Buettgens and Andrew Green, *The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage* (Washington, DC: Urban Institute, 2022), https://www.urban.org/research/publication/impact-covid-19-public-health-emergency-expiration-all-types-health-coverage.

However, states are still in the unwinding process, and as of April 2024, have yet to complete redeterminations for 3 in 10 enrollees.[5] Some states are pausing all disenrollments among children for another 12 months and will not begin redeterminations for them until 2025.[6] Given that unwinding is continuing well into 2024 and in some instances into 2025, the full implications of the process will not be evident until 2026. The ACS, with its large state sample sizes, its broad geographic coverage that includes sample from each county, and its high response rates, is a critical resource for analyzing the unwinding period, assessing the role of different state policy choices, and informing future Medicaid redetermination policies.

In addition, the Consolidated Appropriations Act of 2023 required that all states implement 12-month continuous enrollment for children effective January 1, 2024.[7] As of March 2024, nearly all states have elected to extend postpartum Medicaid/Children's Health Insurance Program (CHIP) coverage for 12 months,[8] and some Affordable Care Act (ACA) nonexpansion states are considering adopting Medicaid expansion.[9] Thus, this is a very dynamic period for Medicaid policy, and the implications of some of these policy changes will only become apparent after the unwinding period has completed, making consistent measurement of Medicaid/CHIP coverage status in 2024 and 2025 critical for assessing impacts of these changes.

Likewise, the American Rescue Plan Act of 2021 temporarily increased the generosity of ACA Marketplace premium subsidies for people making between 100 and 400 percent of the federal poverty level and extended eligibility for subsidies to people who have incomes over 400 percent of the poverty level. These enhanced subsidies were later extended through 2025 under the Inflation Reduction Act. If Congress does not extend the enhanced subsidies, changing the ACS/PRCS coverage question in 2025 would make understanding the effects of this expiration much more difficult.

Second, we are concerned that both test versions of the new health insurance question resulted in lower rates of Medicaid reporting than the control version, likely exacerbating the Medicaid undercount; we agree with SHADAC researchers that further investigation of the lower rates of Medicaid reporting is needed before implementing changes to the ACS and PRCS. These results suggest the proposed changes to the health insurance coverage question could exacerbate the disconnect between Medicaid administrative data and survey-reported Medicaid coverage, the so-called "Medicaid undercount." Further, the changes would not fulfill a primary objective of revising the health insurance question, which is "to improve measurement of public coverage and accuracy of direct purchase coverage."[10]

Adjusting the coverage question in 2025 will undermine researchers' ability to understand how coverage and the undercount may be changing following the unwinding period. Importantly, the ACS's large sample size makes it the most useful federal survey for assessing variation in coverage changes across states; to the

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[5] "Medicaid Enrollment and Unwinding Tracker: Overview," KFF, last updated April 19, 2024, https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/.

[6] Hannah Garelick and Stan Dorn, "Kentucky and North Carolina Are Protecting All Their Medicaid Children during Unwinding" (Washington, DC: UnidosUS, 2024), https://unidosus.org/publications/kentucky-and-north-carolina-are-protecting-all-their-medicaid-children-during-unwinding/.

[7] "Continuous Eligibility," Medicaid.gov, accessed April 24, 2024, https://www.medicaid.gov/chip/eligibility/continuous-eligibility/index.html.

[8] "State Efforts to Extend Medicaid Postpartum Coverage," National Academy for State Health Policy, last updated March 13, 2024, https://nashp.org/state-tracker/view-each-states-efforts-to-extend-medicaid-postpartum-coverage/.

[9] "Status of State Medicaid Expansion Decisions: Interactive Map," KFF, last updated April 8, 2024, https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

[10] Adriana Hernandez-Viver, Katherine Keisler-Starkey, Sharon M. Stern, Samantha Spiers, and Peter Massarone, "2022 American Community Survey Content Test Evaluation Report: Health Insurance Coverage" (Washington, DC: US Census Bureau, 2023), https://www.census.gov/content/dam/Census/library/working-papers/2023/acs/2023_Hernandez-Viver_01.pdf.

extent that the disconnect between administrative and survey data differs across states, an additional change in 2025 could impair researchers' ability to assess variation in the undercount across states.

Third, we encourage the Census Bureau to continue assessing the accuracy of data collected under alternative health insurance questions by linking survey responses to administrative enrollment records. This approach has been effective for understanding challenges with measuring health insurance coverage in surveys and has been employed by Census Bureau researchers through the Comparing Health Insurance Measurement Error study.[11] The ability to compare survey-reported health insurance with objective data from administrative sources offers a unique opportunity for improving the quality and interpretation of ACS and PRCS data over time.

Thank you for the opportunity to comment on this issue.

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[11] Angela R. Fertig, Joanne Pascale, Kathleen Thiede Call, and Donald Oellerich, *The Comparing Health Insurance Measurement Error (CHIME) Study: Sample and Design* (Minneapolis, MN: SHADAC, 2019), https://www.shadac.org/sites/default/files/publications/CHIME_study_design_update_June2019.pdf; Joanne Pascale, Angela R. Fertig, and Kathleen Thiede Call, "Assessing the Accuracy of Survey Reports of Health Insurance Coverage Using Enrollment Data," *Health Services Research* 54, no. 5 (2019): 1099–1109, https://doi.org/10.1111/1475-6773.13191; and Kathleen Thiede Call, Angela R. Fertig, and Joanne Pascale, "Factors Associated with Accurate Reporting of Public and Private Health Insurance Type," *Health Services Research* 57, no. 4 (2022): 930–43, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9264469/.