THE CENTER FOR POPULAR DEMOCRACY

State Brief: Alaska

Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

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Acknowledgements

This report was written by Eli Vitulli. It was edited by Jennifer Flynn Walker, Vinay Krishnan, and Emily Gordon (Center for Popular Democracy) and staff members from Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy, Texas Organizing Project, Our Future West Virginia, and SPACEs in Action. This brief draws in part from *Healthcare is a Human Right: Examining Barriers to Medicaid Access*, a report on initial findings from our survey, written by graduate students at Columbia University's School of International and Public Affairs, including Arianna Bankler-Jukes, Drashti Brahmbhatt, Brittany Cronin, Diana McCaffrey, Etizaz Hassan Shah, Aastha Uprety, and Bingmei Zhou, as well as Kristina Eberbach (faculty advisor).

The Center for Popular Democracy is a nonprofit organization that promotes equity, opportunity, and a dynamic democracy in partnership with innovative base-building organizations, organizing networks and alliances, and progressive unions across the country. www.populardemocracy.org

Alaskans Take a Stand is a diverse group of Alaskans coming together to increase community awareness on social and healing justice, Indigenous rights, and racial equity. Connecting through activities that address base community wellbeing measures.

Medicaid is a vitally important federal public health insurance program for people with low incomes. It insures 75.9 million people in the US, or more than one in every five Americans, including nearly 235,000 in Alaska,[1] while also substantially financing the nation's hospitals, community health centers, nursing homes, doctors, and other health care jobs. Medicaid covers a diverse range of health care services and is an especially important source of comprehensive children's health care, long-term care including nursing home care and community-based long-term services, care for pregnant people, and primary care through community health centers.[2] It has helped narrow long-standing economic and racial disparities in health insurance and health care access.[3] The program has been particularly important during the COVID-19 pandemic and the related recession, supporting continued health care access for many people who lost their jobs due to the pandemic.[4]

In other words, Medicaid is a safety net, allowing many vulnerable people to access affordable health care, including many people who work but whose employers do not offer health insurance benefits.[5] Research shows that people with Medicaid have much better access to health care, better health outcomes, and greater financial security than uninsured people.[6]

All people who meet Medicaid eligibility criteria are guaranteed coverage.[7] However, many Alaskans who are eligible still struggle to enroll in and maintain Medicaid coverage. Studies have shown that people can face substantial burdens, such as complex and confusing enrollment and renewal processes, burdensome paperwork, and lack of knowledge about eligibility.[8] Poverty, non-citizen status, not being fluent in English, and living in a rural location exacerbate many of these barriers. It is also likely that people of color are more likely to experience barriers. Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.[9] Yet, Medicaid is especially important for people of color, who are more likely to be uninsured than white people, and studies have shown that Medicaid expansion has helped narrow that divide.[10] Medicaid has also been especially important for people living in rural areas, in large part because of high uninsured rates.[11] Moreover, many of the barriers that people face enrolling in Medicaid are likely exacerbated by the COVID-19 pandemic, as demand for the program has increased, offices have temporarily closed, and call volumes have increased.[12]

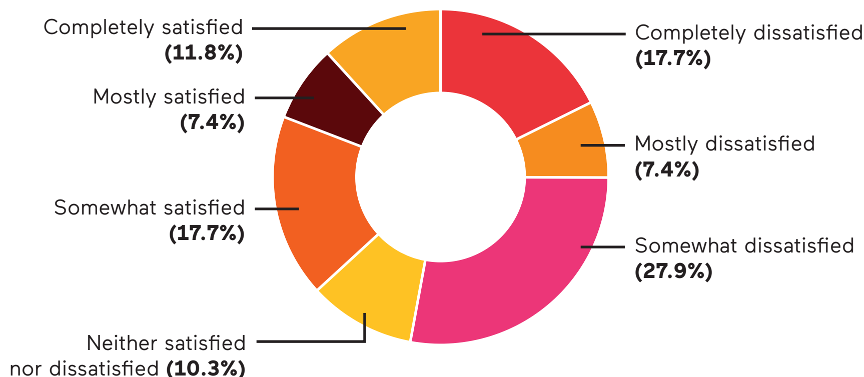
To better understand the barriers faced by Alaskans trying to access Medicaid, the Center for Popular Democracy, Alaskans Take a Stand, researchers at Columbia University, and other partners surveyed 68 community members about their experiences applying for Medicaid.

Highlights from the survey findings include:

- Nearly all (87%) of respondents experienced challenges when they tried to enroll in Medicaid. All Latinx respondents reported experiencing challenges. Challenges were widespread across different means of applying (in-person, website, mail, and phone), but everyone who applied over the phone encountered challenges.
- No one answering the phone or calls being dropped, long wait times, the website being difficult to navigate, the office being closed when they went or not having an office nearby, not having transportation to the office, not understanding how to apply, unhelpful representatives, and feeling shame or stigma in applying were the most common barriers to enrollment. Native respondents were especially likely to have challenges accessing an office, including over one-fourth not living near an office and almost half finding the office closed when they went. Half of Native respondents also felt shame or stigma in applying.
- Given how common experiencing challenges was for respondents, it is unsurprising that over half (53%) said they were dissatisfied with their application process while only 37% said they were satisfied. The remaining 10% were neither satisfied nor dissatisfied.
- Many respondents described frustration, fear, and feeling shame for applying for Medicaid, while many of the same, and some others, described how vital and life-saving the program is.

The first section of this brief outlines our survey findings in more detail and contextualizes our findings with other studies about barriers to enrolling and renewing Medicaid. The last section offers best practices for Medicaid enrollment and renewal systems to adopt to eliminate or minimize many of the barriers discussed in this brief.

How satisfied were you with your recent Medicaid application process?



> **“The process felt a bit discouraging as I had to wait long hours and was being passed from one person to the next to get simple answers. The process took entirely too long and was extremely too difficult.”**

> **“Applying for Medicaid is embarrassing and stigmatizing. The questions are asked in a fashion of condescending tone from the associate.”**

> **“I was told to apply by Planned Parenthood when they found cancerous tissue on my cervix. Over the next 8 months I tried to apply but kept getting rejection letters. At one point I just gave up and resigned to having cancer. Then I received a card in the mail stating I had valid insurance for 6 months. I called almost daily. I had gone into the office. I was told to keep applying but was approved all along. No one in those offices or phone calls helped. Some of the doctors I needed to see were booked out past when my insurance would expire due to the lack of communication about my approval...It’s been a nightmare...No one should have to work so hard for basic care.”**

Medicaid: An Overview

Medicaid is the US's primary public health insurance for people with low incomes. The program insures almost one out of every three people in Alaska.[13] Originally authorized as part of the Social Security Act in 1965, the program is now structured as a federal-state partnership and implemented federally by the Centers for Medicare and Medicaid Services within the Department of Health and Human Services (HHS) and administered by the states.[14]

For more information on different types of coverage categories, how Alaska Medicaid works, and the services covered, see *Alaska Medicaid Recipient Handbook* (http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf).

Eligibility

Both the federal government and state governments establish qualifying criteria for Medicaid eligibility. States have broad discretion to determine eligibility criteria as long as they comply with federal guidelines, including certain federally mandated populations, such as low-income pregnant people and children and people who receive Supplemental Security Income (SSI).[15]

Because Alaska opted into Medicaid expansion under the Affordable Care Act, any resident who does not have health insurance, meets income eligibility requirements, and is a citizen or has certain authorized immigration statuses is eligible for Medicaid. Eligibility is based on income, assets (for some groups), and status relative to certain categories, including but not limited to age, disability, and whether someone is a parent or caretaker and/or pregnant.[16] In addition, not all recipients have access to the same services (for example, people who are eligible because they are pregnant have access to certain pregnancy-services).

Additionally, undocumented immigrants and many legally authorized immigrants are ineligible for Medicaid, including those with temporary protected status. Refugees and asylum seekers qualify for Medicaid, while legal permanent residents must wait five years before becoming eligible.[17]

Because there are multiple status categories with different income limits and criteria, eligibility is complicated and difficult to understand, which is a potential barrier to eligible Alaskans even knowing they are eligible.

Funding

States and the federal government share funding responsibility for the Medicaid program. The federal government matches at least every dollar of the amount states spend on Medicaid, with no preset cap or limit, and provides a higher match rate for poorer states.[18] The federal government covers 56.2% of Alaska Medicaid costs.[19]

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, expanded Medicaid eligibility and increased enrollment, with the federal government fully covering the cost of the expansion for the first few years. While the original law required states to expand Medicaid enrollment, in 2012, the Supreme Court handed down a ruling that effectively made Medicaid expansion optional for states.[20] Alaska has expanded Medicaid.[21]

As of the end of 2020, nearly 15 million people who were newly eligible because of the expansion enrolled in Medicaid, including 63,500 in Alaska.[22] In states that adopted the expansion, there was a major decline in uninsured adults and children. Studies have also found that Medicaid expansion has reduced--although not eliminated--racial disparities in health insurance coverage, access to health care, and health outcomes.[23]

Barriers to Enrollment and Renewal

Medicaid supports the health and well-being of many of the most vulnerable members of our society. Yet, there are significant barriers to eligible Alaskans enrolling in and maintaining Medicaid coverage. This section discusses the barriers that our survey respondents described encountering.

The most common barriers that respondents described were due to system infrastructure, especially not having an office nearby or finding it closed when they went, not having transportation to an office, calls not being answered or being dropped, long wait times, rude or unhelpful representatives, and challenges navigating the website. A number of respondents also described not getting a response to their application for months or not receiving notice that they were approved. Delays in getting approved caused respondents to miss medication, delay necessary testing or doctors' appointments, or take on medical debt.

Other common barriers include **administrative ones, such as cumbersome paperwork demands or enrollment processes.[24]**

When states have created more complex processes or added documentation requirements, enrollment and retention have declined significantly. For example, in 2003, Texas created a waiting period, increased the frequency of renewal from every twelve to every six months, and increased premiums for children enrolled in the state's Children's Health Insurance Program (CHIP). In the nine months after these changes went into effect, the program's enrollment declined by nearly 30%.[25]

People can also face challenges and barriers to maintaining Medicaid once they are enrolled. **Complex renewal procedures, administrative requirements with strict deadlines and no grace periods to maintain eligibility, and periodic or even frequent eligibility reviews can contribute to disenrollment in Medicaid and increase uninsured rates.[26]** Nearly one in five (19%) respondents reported not knowing about the renewal requirements and process.

The COVID-19 pandemic has worsened some of these infrastructure barriers. With Medicaid offices closed, respondents had to apply over the phone or via the website, which was challenging.

Did you face any of these challenges while applying for or renewing Medicaid coverage?

"Just fought with the website crashing a few times so I had to restart sections."

"The website was very confusing and anxiety inducing but the phone rep was awesome and I got coverage way quicker than I imagined."

"I was told I could do part-time work, so I did. Then they took my benefits and said I should apply for coverage through my employer."

"I applied Dec. 1 and was told that I must drop my other insurance that same day. I never heard from them until late Feb., when I was told that I needed to get a form to them immediately (my finances had changed...). Fortunately, when I sent them the info they did get my card to me within 2 weeks. However, from Dec. 1 until March I had no insurance. This meant I could not afford some of my medication, ... and I couldn't make any appointments. This was very frustrating, to say the least."

"The process was archaic, I had to apply via paper application. Then it took forever to get a message that they needed more information. In the meantime I had to have an MRI. Even though I was in the process of applying it didn't cover it because it took so long to get approved that it didn't cover the MRI. I did not know this until two years later when the MRI showed up on my credit in collections. I paid it off and now five years after the MRI I still have an affected credit report."

Recipients losing coverage and having to reapply can be devastating for their health and finances. It is also costly for Alaska, since it takes more resources to process new applications than to assess continuing eligibility.[27]

If someone is poor, an immigrant, or living in rural areas, they can face particular challenges accessing Medicaid. It is also likely that Black, Indigenous, Latinx, and other people of color are more likely to face challenges enrolling in and maintaining Medicaid.

Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.[28]

Despite being a program for people with low incomes, **poverty can cause particular challenges with Medicaid application and renewal procedures**, such as not having internet access, low adult literacy, lack of computer literacy, and not being fluent in English.[29] One in three adults enrolled in Medicaid "never use a computer or the internet," and four in ten do not use email.[30] Only 57 percent of adults with incomes under $30,000 have access to broadband in their homes.[31] Availability and access to high speed internet in rural areas lags far behind urban areas,[32] and internet connections can not only be slower but also more expensive in rural areas.[33] This lack of internet access makes it harder, if not impossible, to apply online. In fact, a small but significant number of respondents reported that they did not have internet access (4) and/or access to a computer or other device to apply (2).

Having time to navigate complicated and lengthy application and renewal procedures can also be particularly burdensome for people with low incomes, especially working parents and other care-takers. Many respondents reported time related challenges, including long wait times, no one answering the phone, calls being dropped, and the office being closed when they went. While four respondents explicitly stated that they did not have enough time to apply, many more identified time-related challenges, including long wait times (28%), no one answering calls (28%), calls being dropped (18%), and the office being closed when they went (22%).

> "Every time I receive a 'new' Medicaid card, it is either already expired or soon to be expired. I truly don't understand why the process is made so difficult."

> "I was told by the Medicaid office the website is not reliable. There are no in person appointment options at this time so I have to fill out the paper application and hope for the best. It won't be processed for months and if the information is not entered correctly this could affect my eligibility. I am scared of losing health coverage."

> "I was a full time student and a working single parent. They said I wouldn't qualify because I was going to school. There is a gap between poverty and success. Programs don't sufficiently help to bridge the gap and further the cycle of poverty. Lower middle class and people going to school should still qualify until they're fully self sufficient."

> "Every time I receive a 'new' Medicaid card, it is either already expired or soon to be expired. I truly don't understand why the process is made so difficult."

> "I am due to reapply this month. I did not receive anything in the mail. I was informed by the hospital I was due for a renewal."

> "You have to reapply every year and every year they manage to lose the original paperwork and I lose benefits until I go down and sit in the office for up to 8 hours to get it dealt with."

> "They were not willing to talk over the phone; insisted I fill out paperwork which was long and complicated, then sent me a rejection form."

Low-income families with children, especially single parents, are especially likely to have little-to-no discretionary time.[34] Single parents are also disproportionately low-income and/or Black women.[35] While they often face particular challenges in accessing Medicaid, the program has been especially important for low-income pregnant people and families with children. Research has shown that the program has helped significantly reduce infant and child mortality and has also helped reduce teen mortality and improve educational attainment.[36]

Medicaid is especially important for people living in rural areas, who are more likely to be low-income and less likely to have private insurance.[37] Native Alaskans are especially likely to experience high concentration of poverty, lack of access to private health insurance, and poor health.[38] Yet, they also face particular burdens to accessing Medicaid, especially if they need to apply in person. They may need to travel long distances to their county's Medicaid office, which in turn requires time and resources. Most Medicaid offices are not open on weekends and visiting an office may require an individual to make burdensome and costly accommodations, such as taking time off from work and finding transportation and childcare. A 2005 study found that about one-third of respondents expressed difficulties finding transportation to apply to Medicaid, and about one-quarter of participants agreed that the hours when one could apply at Medicaid offices were inconvenient.[39]

Native respondents were especially likely to report not living close to an office (25%), an office being permanently closed (17%), the office being closed when they went (42%), and not having transportation to get to the office (25%). It is also notable that a third of Black respondents (38%) and white respondents (33%) did not have transportation to the office.

Noncitizens who are eligible for Medicaid can also face multiple administrative, logistical, and language barriers when applying to Medicaid, and language barriers can make complicated eligibility and verification paperwork requirements even more difficult to navigate.[40] People with limited English proficiency are more likely to struggle with the Medicaid application and renewal processes.[41]

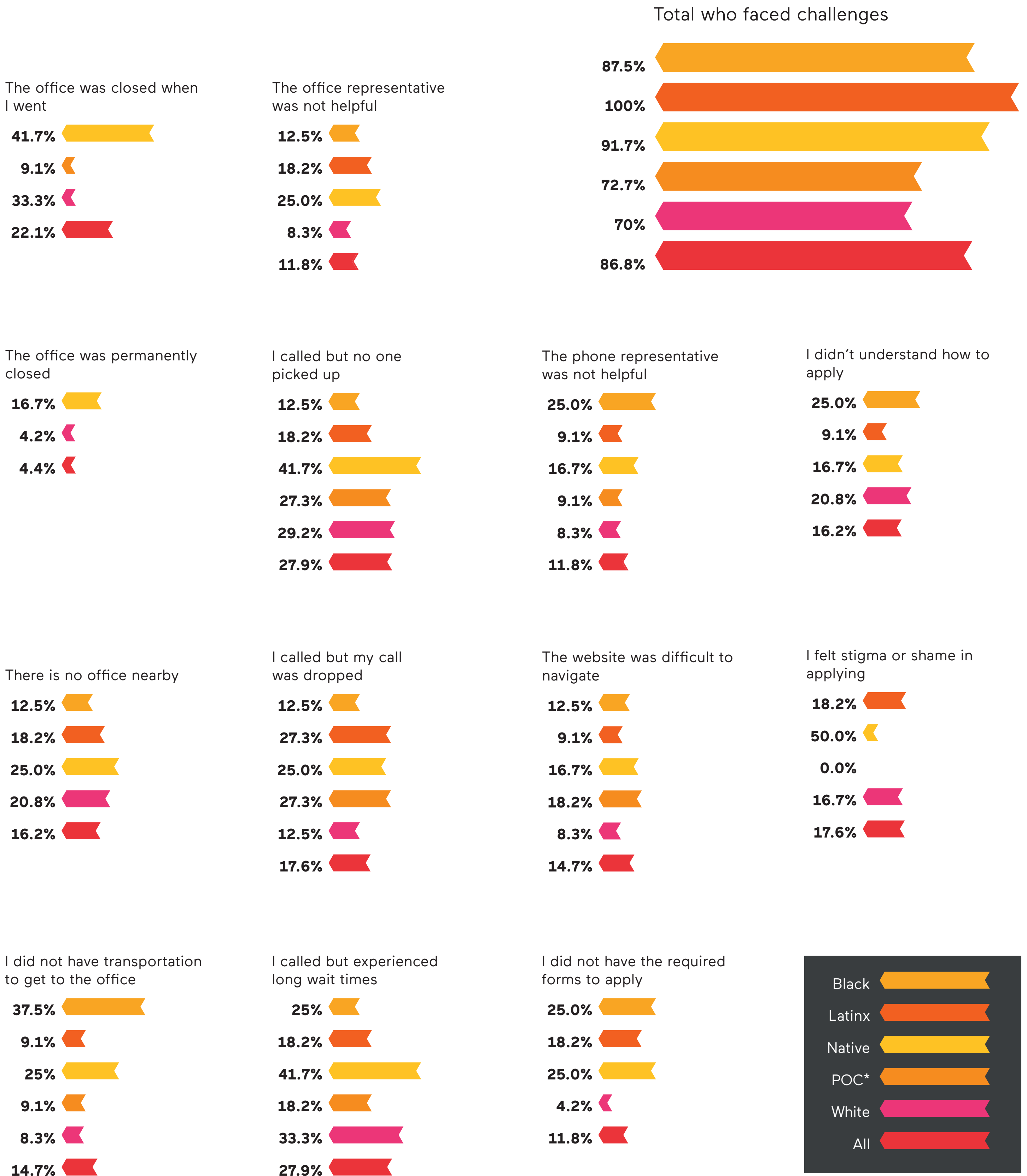
> **"I called the call in line to update our address after moving and that's when someone asked about renewal documents but we hadn't received any in the mail. It was relatively easy and done over the phone, but a lot of confusion. My spouse suffers from various chronic and debilitating conditions so finding work has been a struggle and heavily affected our ability to understand, apply for, and maintain medicaid...The process of making people do so much to continue getting the care they need, to continue getting any sort of assistance with their health and preventative even, is not great. In my work, I encounter people with multiple barriers in worse situations and it's ridiculous."**

> **"I applied in May of 2020. Never heard anything back, received any information. In February 2021 several teeth that I had been waiting to get fixed caused me massive pain and I broke down and went to the ER. Where I was told I was covered. But still had no card or any information. Trying to call was impossible, as I had no real information. I had to reapply. Got approved. Found out someone else was using my information, it's been 6 months and I still have yet to receive a card or my medicaid number."**

> **"You have to reapply every year and every year they manage to lose the original paperwork and I lose benefits until I go down and sit in the office for up to 8 hours to get it dealt with."**

Did you face any of these challenges while applying for or renewing Medicaid coverage?

(top challenges by race of respondents)



Best Practices for Medicaid Enrollment and Renewal Systems

Because the Medicaid eligible population is diverse in its needs, it is important to provide a range of options to facilitate enrollment and renewal that take into account the usually limited resources of low-income households. The following are best practice suggestions that address many of the challenges in the application and renewal processes that our respondents encountered.

Enrollment

Staff call centers, online support representatives, and in-person support staff to meet demand. Representatives should be well-trained in the application process and customer service. In particular, train staff to embody the idea that they are expected to help people get healthcare, not stigmatize or otherwise look down on applicants or assume that applicants are not eligible.

Create specialized eligibility staff that can assist complex cases or cases of people in "special populations," such as applicants with self-employment income or applicants who are refugees.

Create navigator or assister programs. In particular, fund trusted community-based organizations to implement these programs, where organizational staff and community members are trained to provide enrollment and renewal assistance to community members. Navigators should have the ability to help someone submit their application. Some community-based organizations are already providing navigator-type services, and they should be funded for this vital work.

Applications should use plain language and be easy to read and comprehend. Include FAQ and help pages online that also use plain language and define any specialized terminology.

Create an online live chat option, so that applicants can ask questions to a representative as they fill out their application online.

Create a dynamic online application, which tailors questions based on the information an applicant provides, runs validation checks, and tells an applicant if they've missed key questions. This helps applicants submit accurate and complete information while keeping them from having to answer unnecessary questions or provide unneeded documentation.

Allow applicants to upload documents as part of their online application, including automatically notifying applicants about any required documentation when they submit their application. Accept scanned copies and digital photos of documents.

Provide clear explanations for why an applicant is being asked about sensitive information.

Create a real-time eligibility determination system that uses federal and state data sources while the applicant is filling out the application.

Integrate enrollment systems and other administrative systems to share information and facilitate automatic information and eligibility checks. Create streamline enrollment that automatically enrolls eligible SNAP recipients (i.e. uses participation in SNAP to determine that someone is under the income eligibility limit).

Accept self-attestment (or applicants reporting their income, residency, and other information) and conduct post-enrollment verification. Adopt a reasonable compatibility policy that accepts discrepancies between reported income and data sources within a certain threshold.

Create presumptive eligibility, which facilitates the enrollment of individuals who are likely eligible for Medicaid to access services without waiting for their application to be fully processed. States authorize "qualified entities," such as community-based organizations, hospitals, health care providers, and schools, to screen and enroll eligible community members.

Create systems that allow smooth coordination with the state and/or federal Marketplace. If you have a state-based Marketplace, create an integrated Marketplace/Medicaid eligibility determination system.

Significantly raise the income eligibility ceiling and asset limits for all eligible groups. Doing so will not only allow more low-income families to access needed health care but also allow current recipients to accept raises, higher paying jobs, more shifts, and/or save without fearing that they would lose their health insurance.

Withdraw or do not implement work requirements. While no work requirements are in effect, if they are approved and authorized by courts, they would likely cause many otherwise eligible people to lose Medicaid coverage, especially parents and other caretakers, who are disproportionately women.[42]

Renewals

Adopt a continuous eligibility policy, which keeps recipients enrolled for 12 months, regardless of fluctuations in income. This policy can be implemented for adults through an 1115 waiver and for children through a state plan amendment.[43] Continuous eligibility is important for low-income families whose income fluctuates throughout the year, especially for people who are self- or seasonally employed, have unpredictable schedules, or are tipped workers, but also for people who pick up an extra shift or work overtime that puts them slightly over the income limit for a month. Low-income families and families of color disproportionately experience income volatility.[44]

Create automatic renewal systems (or "ex parte" renewals), where your state agency uses available federal and state data sources to determine continued eligibility without requiring recipients to provide information, unless necessary. This automatic renewal system can use the same databases as the real-time eligibility determination system. Notably, federal regulations require states to do at least some *ex parte* renewals.[45] For example, Rhode Island renews about two-thirds of its income eligible Medicaid recipients by examining available data sources, including quarterly wage reports, Title II, and unemployment insurance data, without requiring action by the recipient. Washington state uses IRS and quarterly wage data to determine continued eligibility for around two-thirds of its beneficiaries.[46] Your system should use all available data sources.

Coordinate ex parte renewal with renewals or applications for other benefits, such as SNAP. Because recipients of Medicaid significantly overlap with recipients of SNAP and other programs and other programs often require more frequent renewals and other contact than Medicaid, by renewing and extending Medicaid benefits like this, a Medicaid recipient may never need to take action to renew their benefits. Similarly, use targeted enrollment strategies to automatically renew Medicaid benefits based on a recipient's enrollment in other programs.

Create a mobile app that allows recipients to receive notices and update their information. Colorado and Washington state have successfully used such an app.[47] Seek out developers from historically excluded groups of people (Black people, Indigenous people, and people of color, women, LGBTQ+ people, and/or people with disabilities).

Resources

Medicaid and CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations (Medicaid and CHIP Learning Collaboratives, 2019): https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/timely-accurate-eligibility.pdf.

Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population (Kaiser Family Foundation, 2016), https://www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population/.

Medicaid Real-Time Eligibility Determinations and Automated Renewals: Lessons for Medi-Cal from Colorado and Washington (Urban Institute, 2018), https://www.urban.org/sites/default/files/publication/98904/medicaid_real-time_eligibility_determinations_and_automated_renewals_2.pdf.

Improving SNAP and Medicaid Access: Medicaid Renewals (Center on Budget and Policy Priorities and CLASP, 2018), https://www.cbpp.org/research/health/improving-snap-and-medicaid-access-medicaid-renewals.

Opportunities for States to Coordinate Medicaid and SNAP Renewals (Center on Budget and Policy Priorities, 2016), https://www.cbpp.org/research/health/opportunities-for-states-to-coordinate-medicaid-and-snap-renewals.

Using Asset Verification Systems to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2021), https://www.cbpp.org/research/health/using-asset-verification-systems-to-streamline-medicaid-determinations.

Reasonable Compatibility Policy Presents an Opportunity to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2016), https://www.cbpp.org/research/reasonable-compatibility-policy-presents-an-opportunity-to-streamline-medicaid.

Methodology and Survey Sample

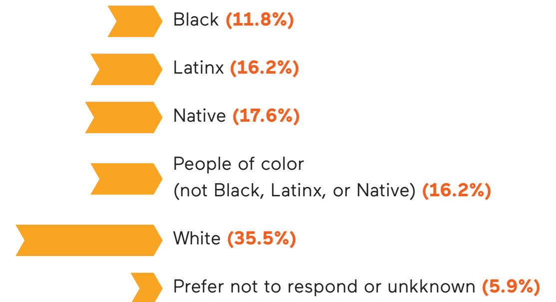
For much of 2021, the Center for Popular Democracy, Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy (New Hampshire), Texas Organizing Project, Our Future West Virginia, SPACEs in Action, and researchers at Columbia University collaborated to design and administer a survey project asking community members about their experiences applying for Medicaid in Alaska, Arkansas, Delaware, New Hampshire, Texas, West Virginia, and DC. This brief reports the results from respondents in Alaska.

From mid-February to late August 2021, Alaskans Take a Stand administered surveys in Alaska via phone and text banking, social media, and outreach to community members and partner organizations. Respondents either filled out the survey on their own over the internet or had an organizer fill it out for them over the phone. We collected 1057 surveys nationwide, including 68 from Alaskans.

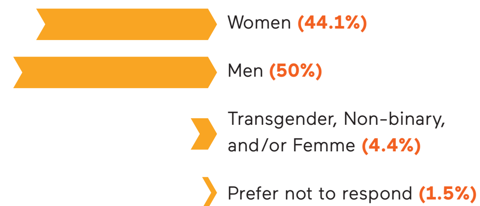
There were few limitations for this study. Conducted during the COVID-19 pandemic, organizers were largely unable to administer surveys in person, and the survey was primarily over the internet and was only in English (although some organizers were able to translate the survey over the phone), These constraints, unfortunately, likely reproduced some of the challenges we sought to identify, namely language barriers and the digital divide.

In addition, our survey oversamples people of color, especially Black residents, which is a benefit to our survey because most surveys undercount people of color.[48]

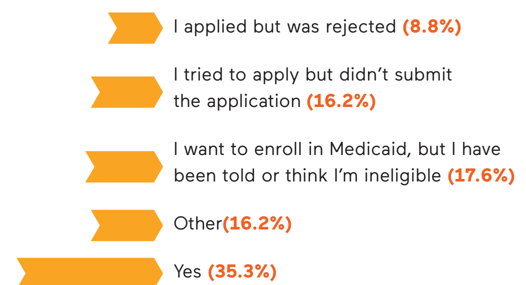
Race/ethnicity of respondents in Alaska



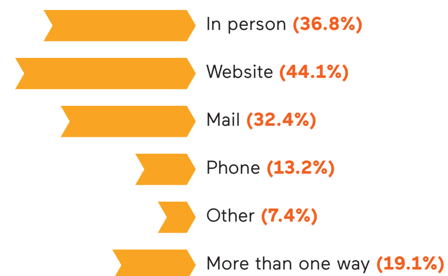
Gender of respondents in Alaska



Enrollment status of respondents in Alaska



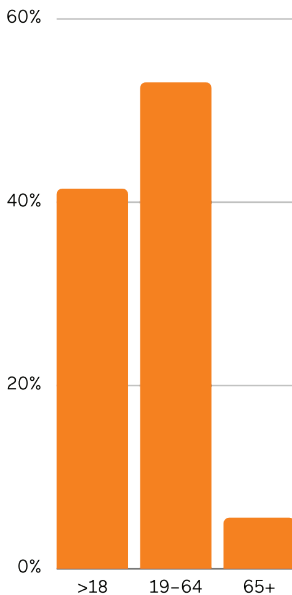
How respondents in Alaska applied for Medicaid

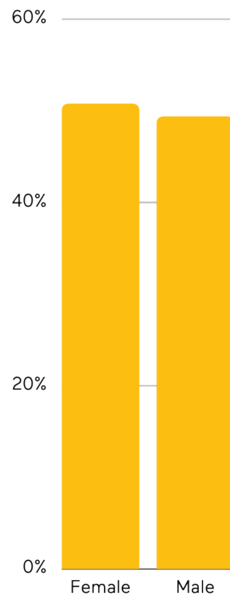


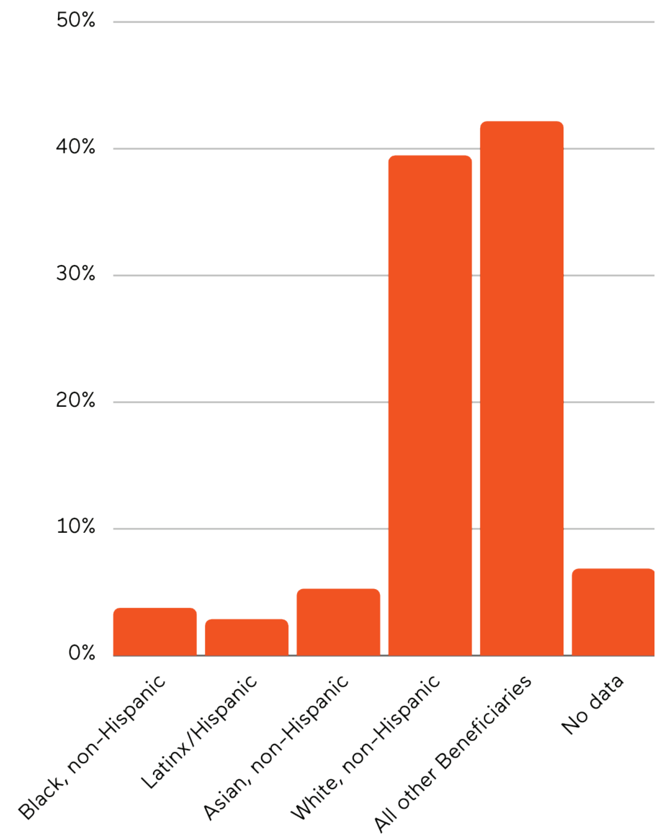
Alaska Medicaid Fact Sheet

733,391	$77,640	10.1%	234,706
TOTAL POPULATION	MEDIAN HOUSEHOLD INCOME	LIVING IN POVERTY	ENROLLED IN MEDICAID (MAY 2021)

Medicaid Demographics







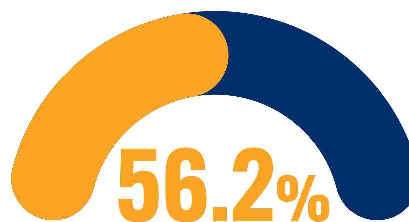
* Data does not include trans and non-binary as gender options

Expansion Status:

Adopted in 2015

10.4% Increase in enrollment during the COVID-19 pandemic (February 2020 to April 2021)

Federal Medical Assistance



Sources: US Census; DQ Atlas, Medicaid.gov; Kaiser Family Foundation.

Notes

1 "May 2021 Medicaid & CHIP Enrollment Data Highlights," Medicaid.gov, accessed October 28, 2021, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html; Brynn Epstein and Daphne Lofquist, "US Census Bureau Today Delivers State Population Totals for Congressional Apportionment," April 26, 2021, https://www.census.gov/library/stories/2021/04/2020-census-data-release.html.

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