

# The Bridge to Medicaid Act

*Introduced by Senators Reverend Raphael Warnock (D-GA) and Tammy Baldwin (D-WI)*

## THE PROBLEM

When the Affordable Care Act (ACA) passed over a decade ago, the intent was for people at all income levels to have access to affordable health care coverage. However, ten states still have yet to fully expand Medicaid, leaving thousands of Wisconsinites and 2.9 million Americans without the benefits of the ACA Medicaid expansion.

Additionally, across these 10 states, the Americans who are most harmed by this inaction from state leaders are people of color: over [60 percent of people](#) in the coverage gap nationally are Black, Hispanic, Asian, or Pacific Islander. Medicaid expansion works: [research has found](#) that Medicaid expansion contributes to reduced mortality rates overall, including deaths from different types of cancer, cardiovascular disease, and liver disease. Expansion has also been linked to better access to care in rural areas and positive economic outcomes for states and communities.

In Wisconsin, [the state legislature's failure](#) to fully expand Medicaid has kept [nearly 90,000 Wisconsinites](#) from affordable, comprehensive coverage through BadgerCare. This obstructive leadership has also meant the refusal of \$1.6 billion in federal funding. We cannot continue to allow Americans with low incomes to suffer just because they live in a state that has refused to expand Medicaid for political reasons at the cost of residents' health and taxpayer dollars.

## THE SOLUTION: The Bridge to Medicaid Act

Introduced by Senators Warnock and Baldwin, the *Bridge to Medicaid Act* would provide a temporary health care option for people in the Medicaid coverage gap to get subsidized private health care until non-expansion states like Wisconsin and Georgia finally expand Medicaid.

Under the *Bridge to Medicaid Act*:

- Beginning in 2026, current ACA premium subsidies would be available to those below 138 percent of the federal poverty level.
- In the first year, those under 138 percent of the federal poverty level would be eligible for plans with reduced deductibles and cost-sharing (defined as a 94 percent actuarial value).
- In 2027 and 2028, these individuals would be eligible for further reductions in cost-sharing charges (plans would have a 99 percent actuarial value) so they can better afford to get care.
- Continuous enrollment would apply, meaning that once an individual is deemed eligible based on income, they can enroll at any time during the year – not just during open or special enrollment periods.
- The bill would require coverage for non-emergency medical transport.
- The Federal Medical Assistance Percentage (FMAP) for existing expansion populations in expansion states would be enhanced by 3 percent (from 90 percent to 93 percent) for the duration of the coverage gap policy (from 2026-2028).

Congress must pass the *Bridge to Medicaid Act* right away because this legislation would:

- Increase free and affordable health coverage to millions of Americans;
- Expand access to health care and provide access to preventative health services;
- Improve health outcomes and prevent premature deaths;
- Reduce uncompensated care costs which would reduce the number of hospital and provider closures; and
- Improve economic mobility that would enable low-income individuals to work.