COMMENTARY

When Patients Lose Coverage, Clinicians Lose Heart

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Recent federal legislation is likely to strip 16 million people in the United States of health care coverage (Ortaliza et al., 2025). Decades of research confirm that access to care is a cornerstone of good health, and the consequences of widespread coverage loss could be staggering. Uninsured adults experience higher mortality rates, reduced control of chronic conditions, and a greater number of preventable hospitalizations than their insured peers, all of which place a strain on the health care system and the economy overall (IOM, 2002; IOM, 2009).

Much has been written about the likely consequences of cuts to federal health programs for patients—and rightly so, given that they are significant in scale. Importantly, attention must be paid to understand the interlinked consequences for members of the health workforce. The authors of this commentary believe there is a real risk that widespread un- and underinsurance could cause significant care challenges and moral distress for clinicians—and thereby contribute to difficulties in providing care as well as a crisis of burnout that is already straining the care system.

Protecting Fragile Progress in Clinician Well-Being

Since 2017, the National Academy of Medicine's (NAM's) Action Collaborative on Clinician Well-Being & Resilience, of which the authors are members, has strived to elevate clinician well-being as a priority for health systems and policy makers. The COVID-19 pandemic severely exacerbated already high rates of burnout among clinicians—fueling turnover, driving up costs for employers, compromising patient safety, worsening patient outcomes, and inflicting profound mental health challenges on physicians, nurses, and other caregivers.

Since then, the NAM and many other organizations have launched several successful initiatives to support the workforce (see *Box 1*). The good news is that recent polls of clinicians show some improvement in self-reported well-being. What's important now is preventing that progress from slowing. An ongoing focus on the well-being of clinicians is vital to ensure the continuation of a viable, productive, and safe health care system.

The Stakes Are Human, Not Abstract

The prospect of widening un- and underinsurance among patients is concerning from the clinician perspective because it would prevent clinicians from doing what they signed up to do: provide care to the people who need it. Professionals are experiencing crushing workloads amid a rising demand for care and see no relief on the horizon

BOX 1 | Markers of Progress in Addressing Clinician Burnout and Supporting Workforce Well-Being

- In 2022, the NAM published the National Plan for Health Workforce Well-Being, laying out seven priority areas for action across health care, public health, government, payers, industry, education, and other sectors to drive policy and systems change.[a]
- The NAM Change Maker Campaign advances action toward the National Plan's priority areas by facilitating information sharing and collaboration across ongoing well-being initiatives, documenting their impact, and highlighting effective solutions. As of March 2025, over 480 health organizations have joined the campaign.[b]
- In 2024, the NAM established March 18 as the annual Health Workforce Well-Being Day.[c] In parallel, the US Senate passed a bipartisan resolution to recognize the seriousness of widespread health care worker burnout in the United States and the need to strengthen health workforce well-being.[d]
- As of 2024, the Dr. Lorna Breen Health Care Provider Protection Act, a first-of-its-kind legislation supporting health workers' mental health and well-being, had funded $103 million across 44 organizations to implement evidence-informed strategies that reduce and prevent suicide, burnout, mental health conditions, and substance use disorders among clinicians.[e]
- As of September 2025, 60 licensure boards and 1,850 health systems, hospitals, medical centers, clinics, and other facilities had removed intrusive mental health questions from licensing and credentialing applications, impacting around two million professionals.[f]

SOURCE: Created by authors.
NOTES: [a] NAM. 2022. *National Plan for Health Workforce Well-Being*. Available at: https://nam.edu/publications/national-plan-for-health-workforce-well-being/ (accessed October 12, 2025).
[b] NAM. n.d.a. *NAM Change Maker Campaign for Health Workforce Well-Being*. Available at: https://nam.edu/our-work/programs/clinician-resilience-and-well-being/cwb-change-makers/ (accessed October 12, 2025).
[c] NAM. n.d.b. *Health Workforce Well-Being Day*. Available at: https://nam.edu/our-work/programs/clinician-resilience-and-well-being/health-workforce-well-being-day/ (accessed October 12, 2025).
[d] S. Res. 567, 118th Cong. (2024).
[e] Dr. Lorna Breen Heroes' Foundation. 2024. "Dr. Lorna Breen Heroes' Foundation calls for solutions on first Health Workforce Well-Being Day," press release, March 18. Available at: https://drlornabreen.org/press-release-first-health-workforce-wellbeing-day/ (accessed October 13, 2025).
[f] Dr. Lorna Breen Heroes' Foundation. n.d. "More than 2 million of our country's 22 million health workers can access mental health support without fear of professional repercussions," press release. Available at: https://drlornabreen.org/more-than-2-million-of-our-countrys-22-million-health-workers/ (accessed October 12, 2025).

to address overlapping public health crises and an aging population. The authors believe that the widespread consequence of this dilemma, for many, will be significant physical and moral distress—and, by extension, the possibility of worsened patient care.

Medicaid, the insurance program hit hardest by recent spending cuts, is jointly funded by the federal and state governments. When hundreds of billions of dollars are withdrawn from federal Medicaid funding, states will be forced to fill the gap by tightening eligibility, demanding more frequent

paperwork renewals, raising out-of-pocket costs, or slashing payments to clinicians—each of which results in people losing health care coverage.

For clinicians, these policy shifts are not abstract. They play out in everyday encounters with patients and families—encounters that leave caregivers torn between their professional duty and demanding systemic barriers. The following scenarios illustrate the possible emotional and ethical impacts:

- A patient with heart disease loses Medicaid coverage and can no longer afford to see her cardiologist. The cardiologist, who has a years-long relationship with the patient and her family, knows the likely consequences of an interruption in care, but can do little to help her.
- A low-income working mother brings her child to the pediatrician for a wellness visit and immunizations. However, she learns after the visit that she has failed to keep up with a new state requirement for Medicaid re-enrollment. She must choose between forgoing the essential care or receiving the care along with a bill that she and the pediatrician know she cannot pay.
- A patient with type 2 diabetes cannot afford the increased copay for Medicaid-covered services in her state. She informs her physician that she is unable to keep up with the recommended exams and testing. The patient, a mother who is the primary caretaker of her young children, is worried. She asks the physician if she will be okay if she can no longer keep up with her diabetes management.
- A community clinic that provides care for low-income families is no longer reimbursed for seeing Medicaid patients at a rate that can sustain the practice. The owner is forced to close her doors, knowing that there are few remaining options for care in the area.

As these vignettes make apparent, the people most likely to be harmed by Medicaid restrictions are those with few financial resources. Medicaid serves nearly half of America's children, almost one in six elderly adults, two in five non-elderly adults with disabilities, and countless families in rural and underserved communities (AAP, 2025; Burns and Cervantes, 2025; CBPP, 2025). These are people—not statistics—who need care.

Untenable Choices Could Lead to Moral Distress

Moral distress arises when professionals are unable to act in accordance with their ethical convictions. For clinicians, being blocked from providing care due to systemic barriers, financial constraints, or policy limitations presents just such a quandary. When Medicaid patients lose coverage, clinicians face an impossible choice: deny necessary care or provide it without reimbursement—risking the financial viability of their practices, institutions, and teams.

Many clinicians choose and make a lifelong commitment to their profession precisely because of a desire to care for people in need. When that mission is compromised, the result is not simply burnout or emotional distress, but moral injury and a deeper erosion of professional identity and purpose.

The impact may extend far into the future. Disturbingly, medical, nursing, and other health professional students are already voicing disillusionment. Many fear that they are entering a system that will prevent them from delivering the care that drew them to these professions in the first place. For young clinicians driven by values of service and caring for the vulnerable, the gap between ideals and reality may lead to early burnout, career doubts, and a loss of faith in the institutions they had hoped to serve.

Clinicians have long been advocates for expanding access to care—from community health pioneers to modern-day physicians and nurses pushing for broader insurance coverage to reduce the financial burden of health care. The current moment feels like a reversal of that legacy. Rather than building on past gains, health care professionals are now bracing for a retraction that not only harms patients but also undermines the very ethos of care.

Conclusion

As policy makers debate the future of Medicaid, the stakes are not only fiscal but profoundly human.

Patients will lose coverage. Clinicians will lose their ability to fulfill the most basic promise of their profession. Unless this moral dimension is recognized, cuts to Medicaid risk deepening a crisis that the workforce—already strained and struggling—cannot afford to endure.

Health care access and clinician well-being are two sides of the same coin. The authors call on their fellow clinicians and actors across the health sector to raise awareness of the consequences of reducing access to care—and the benefits of extending it—for patients, professionals, and the health system at large. Policy makers and the public should be alert to the possible negative impacts on the health care workforce and potential consequences for the quality of care.

References

AAP (American Academy of Pediatrics). 2025. *AAP analysis: 49% of children insured by Medicaid or CHIP*. AAP News. Available at: https://publications.aap.org/aapnews/news/31491/AAP-analysis-49-of-children-insured-by-Medicaid-or (accessed October 13, 2025).

Burns, A., and S. Cervantes. 2025. *5 key facts about Medicaid coverage for people with disabilities*. Available at: https://www.kff.org/medicaid/5-key-facts-about-medicaid-coverage-for-people-with-disabilities (accessed October 13, 2025).

CBPP (Center on Budget and Policy Priorities). 2025. *Introduction to Medicaid.* Available at: https://www.cbpp.org/research/health/introduction-to-medicaid (accessed October 15, 2025).

Dr. Lorna Breen Heroes' Foundation. 2024. "Dr. Lorna Breen Heroes' Foundation calls for solutions on first Health Workforce Well-Being Day," press release, March 18. Available at: https://drlornabreen.org/press-release-first-health-workforce-wellbeing-day (accessed October 13, 2025).

Dr. Lorna Breen Heroes' Foundation. n.d. "More than 2 million of our country's 22 million health workers can access mental health support without fear of professional repercussions," press release. Available at: https://drlornabreen.org/more-than-2-million-of-our-countrys-22-million-health-workers/ (accessed October 12, 2025).

IOM (Institute of Medicine). 2002. *Care without coverage: Too little, too late.* Washington, DC: The National Academies Press. https://doi.org/10.17226/10367.

IOM. 2009. *America's uninsured crisis: Consequences for health and health care.* Washington, DC: The National Academies Press. https://doi.org/10.17226/12511.

NAM (National Academy of Medicine). 2022. *National Plan for Health Workforce Well-Being.* Washington, DC: The National Academies Press. https://doi.org/10.17226/26744.

NAM. n.d.a. *NAM Change Maker Campaign for Health Workforce Well-Being.* Available at: https://nam.edu/our-work/programs/clinician-resilience-and-well-being/cwb-change-makers/ (accessed October 12, 2025).

NAM. n.d.b. *Health Workforce Well-Being Day.* Available at: https://nam.edu/our-work/programs/clinician-resilience-and-well-being/health-workforce-well-being-day/ (accessed October 12, 2025).

Ortaliza, J., M. McGough, C. Cox, K. Pestaina, R. Rudowitz, and A. Burns. 2025. *How will the One Big Beautiful Bill Act affect the ACA, Medicaid, and the uninsured rate?* KFF. Available at: https://www.kff.org/affordable-care-act/how-will-the-2025-budget-reconciliation-affect-the-aca-medicaid-and-the-uninsured-rate/ (accessed October 12, 2025).

S. Res. 567, 118th Cong. (2024).

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