



Media Clips

COVERED CALIFORNIA BOARD CLIPS Sept. 12, 2018 – Oct. 12, 2018

Healthcare and preservation of the ACA – especially the provision that protects people with pre-existing conditions – tops voters’ priorities in many polls and is driving the political debate as the midterms election nears, multiple news outlets have reported throughout the month. It’s topping jobs and taxes in [midterm ads](#). Fear and anger over the GOP’s health policies are driving a majority of Democratic voters to the polls in an effort to flip control of the House and put the brakes on the Trump administration’s agenda, according to [POLITICO-Harvard](#) polling gauging voter attitudes before the midterm elections. More than half of Democrats likely to vote in House races rank health care as “extremely important” in determining their vote, the new survey found. That’s more than any other factor in an election cycle that Democratic candidates have cast as a referendum on Republican attempts to dismantle the Affordable Care Act.

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News Release

FOR IMMEDIATE RELEASE
Sept. 21, 2018

Covered California Wins National Award for Its Outreach and Education Efforts to Inform the Public About Critical Health Care Issues

- *Covered California won in the External Publications category for its work on “issue briefs” that outline the agency’s practices and the implications of federal policy changes on health care.*
- *Covered California was also honored in three additional categories for its outreach and education efforts to help consumers get health insurance.*

SACRAMENTO, Calif. — Covered California on Friday was honored for its public policy research, studies and reports on the Patient Protection and Affordable Care Act at the prestigious PR News Platinum Awards, a national contest recognizing outstanding public relations efforts.

“This national recognition underscores the work of our staff and community partners do to inform, educate and enroll Californians in affordable health insurance,” said Peter V. Lee, executive director of Covered California. “The main reward of our outreach is in the enrollment of thousands of Californians, but these rewards validate the good work our team is doing on consumers’ behalf.”

The 2018 PR News Platinum Award winners set industry benchmarks for excellence across all areas of communications. Entrants include U.S.-based and international public relations agencies, corporations, nonprofits, associations and government organizations.

Covered California was recognized as the top organization in the External Publications category and received honorable mention in three other categories: Media Event, Multicultural Campaign and the WOW! Award.

In the External Publications category, Covered California was honored for its “issue briefs” – a series of studies, reports and analyses – which highlighted the agency’s

experiences and lessons in implementing the Affordable Care Act. These reports addressed the [implications of federal policy changes](#), the [benefits of legislative and administrative changes being considered at the state and federal level](#) and the [value of marketing and outreach](#).

The issue briefs and reports illustrate key elements of Covered California’s approach to creating a successful competitive marketplace in California, where the rate of the uninsured has been cut by more than half since 2013, and premiums for those who do not receive subsidies have increased by only modest amounts over the past four years.



Covered California was recognized in three additional categories. Two nominations were for the Media Event category and the WOW! Award for the agency’s outreach and education work during the ["Covered in Art" bus tour and mural campaign. The statewide campaign](#) promoted enrollment and illustrated that health care is part of the fabric of

every community in California. Covered California worked in partnership with its public relations contractor, Ogilvy, on the tour, which took place between Nov. 1, 2017, and Jan. 31, 2018.

Covered California's in-house communications team was also recognized in the category of Multicultural Campaign for its targeted [outreach and media activities](#) to reach Latinos, African Americans, Asian/Pacific Islanders and LGBTQ communities throughout the state.

Overall, Covered California competed with nationally known public relations firms that represented companies such as Intel, 21st Century Fox, HP and Kentucky Fried Chicken, among others.

"We couldn't do this great work without the talented team of communications professionals and policy experts working in-house at Covered California," Lee said.

About Covered California

Covered California is the state's health insurance marketplace, where Californians can find affordable, high-quality insurance from top insurance companies. Covered California is the only place where individuals who qualify can get financial assistance on a sliding scale to reduce premium costs. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Depending on their income, some consumers may qualify for the low-cost or no-cost Medi-Cal program.

Covered California is an independent part of the state government whose job is to make the health insurance marketplace work for California's consumers. It is overseen by a five-member board appointed by the governor and the Legislature. For more information about Covered California, please visit www.CoveredCA.com.

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News Release

FOR IMMEDIATE RELEASE

Sept. 13, 2018

Covered California for Small Business Announces Rates and Plans for 2019 with an Average Premium Increase of 4.6 Percent

- *The weighted average rate change is the lowest in the five years since Covered California for Small Business (CCSB) launched in 2014.*
- *CCSB has more than 47,000 members to date, an increase of more than 30 percent over a year ago.*
- *The small business program continues with five carriers offering coverage for employees around the state.*
- *Covered California produced a new video, capturing the experience of one of its CCSB members: <https://vimeo.com/286219647/abfb86c5b2>.*

SACRAMENTO, Calif. — Covered California for Small Business (CCSB) unveiled the health plan choices and rates for small-business employers and their employees for the upcoming 2019 plan year. The statewide weighted average rate change will be 4.6 percent for employers and their employees, which represents the lowest annual increase in the program's five-year history.

“Our small-business exchange continues to grow as we offer a wide range of plan options to business owners and their employees across the state,” said Covered California Executive Director Peter V. Lee. “The modest rate change and increase in signups reflect the strides we have made as we seek to offer employers coverage options more tailored to each employee’s needs.”

This year’s rate change of 4.6 percent is lower than the most recent year-over-year trend of 6 percent that larger employers are experiencing (see Table 1) and reduces the program’s five year average increase to 5.9 percent.

“The success of Covered California for Small Business is yet another example of how this new era of health care is working for Californians,” Lee said. “The stability and competitive rates of our small business product helps put competitive market pressure on the entire small employee sector.”

Table 1: Covered California for Small Business Average Rate Change, by Year

Year	Rate Change (Percentage)
2015	5.2
2016	7.9
2017	5.9
2018	5.6
2019	4.6
CCSB 5-year Average	5.9
Avg. Large Business Rate Change in 2017 and 2018¹	6.0

CCSB will be offering five plans in 2019, including two preferred provider organization (PPO) plans from Blue Shield of California and Health Net, both offering their broadest provider networks, and two health maintenance organization (HMO) plans — which are provider and hospital-based — from Kaiser Permanente and Blue Shield. Rounding out the 2019 portfolio of health plans are Chinese Community Health Plan in San Francisco and Sharp Health Plan in San Diego. Also, Health Net will be launching new offerings in the final quarter of 2018.

¹ Source: [Willis Towers Watson](#), “Cost increases without plan changes are 6.0% for both 2017 and 2018.”

CCSB has experienced double-digit percentage growth in membership for four consecutive years. Currently, more than 47,000 individuals have insurance through CCSB, representing a growth of approximately 12,000 individuals, or a 33 percent gain in membership over this time last year.

The steady growth makes CCSB one of the largest small-business health options programs in the nation.

“We are seeing a growing interest from the Agent community, as they see the value in our full PPO networks for their consumers and the choices we provide for them and their employees,” said Terri Convey, director of Covered California’s Outreach and Sales Division. “This market is working for consumers, bringing the power of choice and stability to California businesses.”

One of those small business owners enrolled in CCSB is George Osorio, the owner of California Collision in Pleasanton. When George first started his business, he realized that many of his employees did not have health insurance, so he worked with CCSB to get his employees the coverage and care they needed. You can view and download George’s story here: <https://vimeo.com/286219647/abfb86c5b2>.

Just like in Covered California’s individual market, consumers may be able to limit increases in their rates, or perhaps even save money on their premiums, by shopping and switching to the lowest-cost plan in the same metal tier.

CCSB’s web-based enrollment and renewal portals for employers, agents and general agents will begin its second enrollment period after a successful launch in 2018. The exchange remains invested in enhancements that allow CCSB to be a leader in moving the small-group insurance market to an e-commerce industry. Additionally, as of September, CCSB has expanded its distribution channels to include two new General Agents, BenefitMall and Beere & Perves.

“We see opportunity in working with both of these organizations in expanding both our Northern California and Southern California reach,” Convey said. “Our goal remains to provide California businesses and their employees’ affordable and dependable health care coverage.”

Businesses with up to 100 employees can apply for health insurance coverage for their workers through Covered California for Small Business. Federal tax credits may be available to employers with 25 or fewer employees. Visit www.CoveredCA.com/for-small-business/ for information on how to apply.

Family dental plans are optional and are provided by Delta Dental of California, Liberty Dental Plan of California, Dental Health Services, and California Dental Network.

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a sliding scale to reduce premium costs. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Depending on their income, some consumers may qualify for the low-cost or no-cost Medi-Cal program.

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News Release

FOR IMMEDIATE RELEASE
Sept. 12, 2018

California's Uninsured Rate Falls to a New Historic Low as the National Rate Holds Steady

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- *New data from the U.S. Census Bureau shows California's uninsured rate dropped to 7.2 percent in 2017, which represents a nearly 60 percent drop since the Affordable Care Act was launched in 2014.*
 - *Overall, the national uninsured rate remained statistically unchanged at 8.8 percent, despite continued uncertainty and turmoil at the federal level.*
 - *California's 10 point drop in the uninsured rate between 2013 and 2017 is the largest decline in the nation for any state.*
 - *More than 3.7 million Californians have obtained health insurance coverage since 2013, which means health care costs for those with employer coverage have also been dramatically reduced.*
-

SACRAMENTO, Calif. — As Covered California’s open-enrollment period prepares to start in the fall, a new report from the U.S. Census Bureau shows that California continues to make historic gains in the effort to reduce the state’s uninsured rate. According to the data released on Wednesday, California’s uninsured rate fell to a new historic low of 7.2 percent in 2017, which represents a decline of 10 percentage points from the pre-Affordable Care Act rate of 17.2 percent.

“The Census figures are the gold standard and what the numbers show is that California continues to make history in reducing the rate of the uninsured,” said Covered California Executive Director Peter V. Lee. “Californians are joining the millions of Americans across the nation who continue to benefit from the coverage expansion made possible by the Affordable Care Act.”

California’s drop in the uninsured rate from 17.2 percent in 2013 to 7.2 percent, a decrease of 10 points, is the largest decrease of any state in the nation over that time period.

In addition, the report showed that 3.7 million Californians have gained health insurance coverage since 2013, which is a greater number than the next three states — Florida, New York and Texas — combined.

“California embraced the Affordable Care Act by expanding Medi-Cal and creating a competitive marketplace in Covered California that puts consumers first,” Lee said. “We know that life can change in an instant, and now millions of Californians and their families are protected and have access to the best medical care in the state.”

Lee noted that the Census report shows that Americans across the country continue to benefit from the Affordable Care Act despite continued uncertainty and turmoil at the federal level. Overall the national uninsured rate remained statistically unchanged at 8.8 percent. The report highlighted California and two other states, Louisiana and New York, as states that saw a reduction in their uninsured rate in 2017, while 34 other states had uninsured rates that remained unchanged.

A recent study shows there are an estimated 3 million Californians who remain without comprehensive health care coverage. Of those that remain uninsured, an estimated 59 percent² are not eligible to enroll in health care coverage due to their immigration status. When you exclude those that are ineligible for coverage, California's "eligible uninsured" rate drops to roughly 3 percent.

"We are getting to a point where we are nearing universal coverage in California for those who are eligible, but we cannot rest on our laurels," Lee said. "In the coming open-enrollment period, we will again be crisscrossing the state, making sure that Californians know about their health care options and the financial help that is available to bring quality coverage within reach."

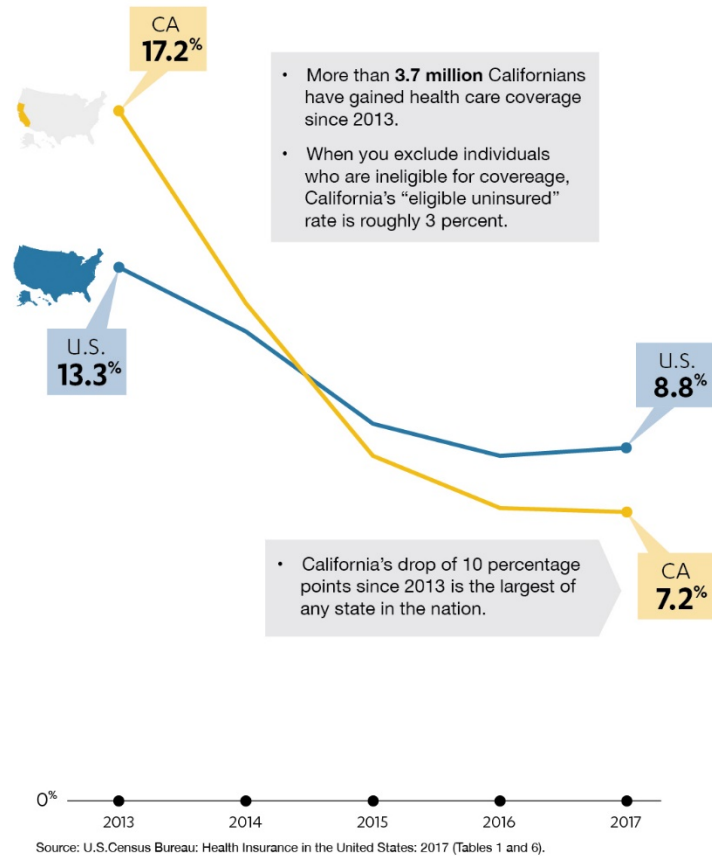
Interested consumers should go to www.CoveredCA.com to find out if they qualify for financial help and find free local help to enroll. They can contact the Covered California service center for enrollment assistance by calling (800) 300-1506. Qualified consumers can enroll in Medi-Cal year round.

The full Census report can be viewed here:

<https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>.

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² Preliminary CalSIM v 2.0 Regional Remaining Uninsured Projections:

<http://laborcenter.berkeley.edu/pdf/2016/Preliminary-CalSIM-20-Regional-Remaining-Uninsured-2017.pdf>

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Los Angeles Times

Obamacare premiums are looking good. They'd be even better if they hadn't been sabotaged by the GOP

By Jon Healey

In baseball, the winning pitcher is the one who was on the mound just before his team took the lead for good — regardless of how well he pitched. So a reliever who gets hammered, turning a three-run lead into a two-run deficit, nevertheless will get credit for the win if his teammates retake the lead the next time they're at bat.

Keep that in mind whenever President Trump talks (or writes) about health insurance premiums for Obamacare policies, which are sold to people not covered by a large employer's group plan.

The administration announced Thursday that the average premium for the "benchmark" Obamacare plan — the second-lowest-cost plan that covers 80% of the customer's expected medical costs — will drop 1.5% in 2019 in the 27 states where the federal government operates the marketplaces (called exchanges) for Obamacare policies. That's the first decrease since the program's inception in 2014. Nationwide, analysts at Avalere Health project that average premiums will go up a little more than 3% — a far smaller increase than previously seen.

That's great, as is the news that more insurers are entering and expanding in the exchanges. According to the U.S. Centers for Medicare and Medicaid Services, the number of state exchanges with only one insurer will drop to five, half of the number this year.

Now, imagine how much better off the exchanges and the consumers who rely on them would be if not for the work of this administration and congressional Republicans.

Trump all but eliminated the marketing budget for Obamacare policies and drastically shortened the open enrollment period, steps that could only reduce the number of people signing up. He cut off reimbursements for insurers that provided federally

mandated subsidies to poor Americans for their out-of-pocket costs, raising premiums for millions of people who don't have health benefits at work. He signed a Republican tax bill that eliminated the tax penalty for those who go without insurance, giving healthy people less incentive to obtain coverage. And he's issued rules promoting short-term, "junk" insurance policies and association health plans, both of which could draw younger, healthier people out of the exchanges.

The cumulative effect of these moves, along with the unrelenting criticism of Obamacare, has been to hold down enrollment and leave insurers covering the least healthy, most expensive consumers who aren't eligible for a workplace or government health plan. That's one of the main reasons the average premium for a benchmark policy went up by 25% for 2017 and 37% for 2018.

Of course, most people shopping at the exchange didn't feel the pain. The vast majority of enrollees are low- to moderate-income Americans who qualify for federal subsidies that shield them from premium increases. Instead, taxpayers pick up the tab.

The administration has taken a handful of steps to slow premium growth and stabilize the Obamacare market, granting several states permission to use tax dollars to subsidize their exchanges. The biggest boon to insurers, however, was consecutive years of sharp premium increases mainly on federally subsidized shoppers who felt none of the sticker shock. The higher rates enabled them to absorb the cost of covering a riskier, less healthy pool of customers.

Insurers appear to be betting that they'll feel no significant effect from the expansion of association and "junk" health plans, neither of which have to provide the comprehensive coverage that Obamacare plans do. That means they could exclude coverage for costly prescription drugs, chronic ailments and, in the case of junk plans, the health problems applicants had before they signed up.

Make no mistake, though, the whole point of the administration's efforts on junk policies and association health plans is to draw people out of the exchange. And the people who leave are likely to be healthy — they're the ones willing to trade off comprehensive coverage in exchange for lower premiums — leaving the exchanges with an even sicker, riskier audience. If junk or association health plans catch on, that would only drive premiums in the exchange higher.

With this in mind, Senate Democrats sought this week to block the administration's rule promoting junk policies, only to be defeated by GOP opposition. The proposal fell one vote short of a majority Wednesday, with all but one Republican (Susan Collins of Maine) in the "no" column.



Donald Trump: Democrats “Medicare for All” plan will demolish promises to seniors

By Donald J. Trump

Oct. 10, 2018

Throughout the year, we have seen Democrats across the country uniting around a new legislative proposal that would end Medicare as we know it and take away benefits that seniors have paid for their entire lives.

Dishonestly called “Medicare for All,” the Democratic proposal would establish a government-run, single-payer health care system that eliminates all private and employer-based health care plans and would cost an astonishing \$32.6 trillion during its first 10 years.

As a candidate, I promised that we would protect coverage for patients with pre-existing conditions and create new health care insurance options that would lower premiums. I have kept that promise, and we are now seeing health insurance premiums coming down.

I also made a solemn promise to our great seniors to protect Medicare. That is why I am fighting so hard against the Democrats' plan that would eviscerate Medicare. Democrats have already harmed seniors by slashing Medicare by more than \$800 billion over 10 years to pay for Obamacare. Likewise, Democrats would gut Medicare with their planned government takeover of American health care.

The Democrats' plan threatens America's seniors

The Democrats' plan means that after a life of hard work and sacrifice, seniors would no longer be able to depend on the benefits they were promised. By eliminating Medicare as a program for seniors, and outlawing the ability of Americans to enroll in private and employer-based plans, the Democratic plan would inevitably lead to the massive rationing of health care. Doctors and hospitals would be put out of business. Seniors would lose access to their favorite doctors. There would be long wait lines for appointments and procedures. Previously covered care would effectively be denied.

In practice, the Democratic Party's so-called Medicare for All would really be Medicare for None. Under the Democrats' plan, today's Medicare would be forced to die.

The Democrats' plan also would mean the end of choice for seniors over their own health care decisions. Instead, Democrats would give total power and control over seniors' health care decisions to the bureaucrats in Washington, D.C.

My family escaped socialism, now my fellow Democrats think we should move the party in its direction

Bernie Sanders: Trump lies about 'Medicare for All' and he's made health care worse

The first thing the Democratic plan will do to end choice for seniors is eliminate Medicare Advantage plans for about 20 million seniors as well as eliminate other private health plans that seniors currently use to supplement their Medicare coverage.

Next, the Democrats would eliminate every American's private and employer-based health plan. It is right there in their proposed legislation: Democrats outlaw private health plans that offer the same benefits as the government plan.

Americans might think that such an extreme, anti-senior, anti-choice and anti-consumer proposal for government-run health care would find little support among Democrats in Congress.

Unfortunately, they would be wrong: 123 Democrats in the House of Representatives — 64 percent of House Democrats — as well as 15 Democrats in the Senate have already formally co-sponsored this legislation. Democratic nominees for governor in Florida, California and Maryland are all campaigning in support of it, as are many Democratic congressional candidates.

Democrats want open-borders socialism

The truth is that the centrist Democratic Party is dead. The new Democrats are radical socialists who want to model America's economy after Venezuela.

If Democrats win control of Congress this November, we will come dangerously closer to socialism in America. Government-run health care is just the beginning. Democrats are also pushing massive government control of education, private-sector businesses and other major sectors of the U.S. economy.

Every single citizen will be harmed by such a radical shift in American culture and life. Virtually everywhere it has been tried, socialism has brought suffering, misery and decay.

Indeed, the Democrats' commitment to government-run health care is all the more menacing to our seniors and our economy when paired with some Democrats' absolute commitment to end enforcement of our immigration laws by abolishing Immigration and Customs Enforcement. That means millions more would cross our borders illegally and take advantage of health care paid for by American taxpayers.

Today's Democratic Party is for open-borders socialism. This radical agenda would destroy American prosperity. Under its vision, costs will spiral out of control. Taxes will skyrocket. And Democrats will seek to slash budgets for seniors' Medicare, Social Security and defense.

Republicans believe that a Medicare program that was created for seniors and paid for by seniors their entire lives should always be protected and preserved. I am committed to resolutely defending Medicare and Social Security from the radical socialist plans of the Democrats. For the sake of our country, our prosperity, our seniors and all Americans — this is a fight we must win.

Donald J. Trump is the president of the United States. Follow him on Twitter:
[@realDonaldTrump](https://twitter.com/realDonaldTrump)



Fact check: President Trump's claims on Medicare, Democrats

Robert Farley, Lori Robertson and D'Angelo Gore, FactCheck.org
Oct. 11, 2018

EDITOR'S NOTE: With the Nov. 6 midterms just weeks away, President Donald Trump has hammered on a campaign trail theme in which he has painted Democrats' health care policies as "socialist" and has suggested their plans could put health coverage for senior citizens at risk.

Many of Trump's arguments relitigate the visceral debate that played out for months before Congress approved Obamacare in 2010. But in a [USA TODAY op-ed](#) published on Wednesday, Trump also focused heavily on a proposal to broaden health care coverage through a "Medicare for All" program.

An examination of the president's claims by [FactCheck.org](#), a partner of USA TODAY, showed several instances where he misrepresented the facts and made misleading statements about Medicare and health insurance in general.

Op-ed from President Trump: [Democrats 'Medicare for All' plan will demolish promises to seniors](#)

Here are the findings from FactCheck.org:

- The president claimed that the Medicare for All Act, one of several Democratic-sponsored health insurance bills, would "cost an astonishing \$32.6 trillion during

its first 10 years.” That’s an estimate of the cost to the federal government, but that ignores the offsetting savings in health care costs for individuals, employers and state governments.

- Trump wrote that the Medicare for All Act would “take away benefits” from seniors. The plan calls for adding new benefits to Medicare coverage, including dental, vision and hearing aids, and eliminating deductibles.
- The president overstates the consensus when he says “we have seen Democrats across the country uniting around” the Medicare for All Act. There are competing bills that would expand insurance coverage by increasing access to Medicare or Medicaid.
- Trump claimed he kept his campaign promise to “protect coverage for patients with pre-existing conditions.” But the administration supports a lawsuit that it says would lead to the elimination of the Affordable Care Act’s pre-existing condition protections.
- The president also said he has kept his promise to “create new health insurance options” to lower premiums, “and we are now seeing health insurance premiums coming down.” But not all premiums are “coming down.”

Trump wrote his [op-ed](#) under the headline “Democrats ‘Medicare for All’ plan will demolish promises to seniors.” And, as the headline implies, the piece is largely about the [Medicare for All Act](#), introduced by Sen. Bernie Sanders on Sept. 13, 2017.

But it also makes sweeping, unsupported attacks on the “radical socialist plans of the Democrats.” The president falsely claims, for example, that Democrats support “open borders” and says, without evidence, that the Democrats “will seek to slash budgets” for Medicare and Social Security.

The cost of Medicare for All

Trump starts his op-ed with the claim that Medicare for All would “cost an astonishing \$32.6 trillion during its first 10 years.” That’s one estimate of the cost to the *federal government*. But that doesn’t take into account the offsetting savings in health care costs for others.

Under the plan, as the expense of health care shifts entirely to the federal government, people, employers and state governments would pay less for health care. So the cost to the federal government might be \$32 trillion, but the overall health expenditures would not increase by that amount. And supporters maintain it would result in overall net savings.

Trump, Oct. 10: Dishonestly called “[Medicare for All](#),” the Democratic proposal would establish a government-run, single-payer health care system that eliminates all private and employer-based health care plans and would cost an astonishing [\\$32.6 trillion](#) during its first 10 years.

Trump is referencing [an analysis](#) by the Mercatus Center at George Mason University of the Medicare for All Act, as introduced by Sanders. The paper concluded the bill would cost the federal government an additional \$32.6 trillion over its first 10 years of full implementation.

That the federal government would pay more under Medicare for All is a given. The government would absorb all of the cost of health care. But that also would mean people would no longer have to pay for private health insurance, or foot the bill for co-pays, deductibles and other costs from employer plans.

So proponents of Medicare for All argue that the increase or decrease in overall health care expenditures is the true “cost” of the plan.

What the Mercatus paper says about the bill’s effect on overall health expenditures has been the center of intense political debate. Sanders claimed the study from the Mercatus Center – which gets some of its funding from the libertarian Koch brothers – showed that his bill would reduce overall health expenditures by \$2 trillion. But as [we wrote](#) in August, that calculation is based on assumptions in Sanders’ bill about reduced administrative and drug costs, as well as deeply reduced reimbursement rates to health care providers under a universal health care system. The author of the Mercatus paper contends those savings are unrealistic.

The Mercatus report considered another alternative scenario, one that assumed instead that payments to health care providers would “remain equal on average to the current-law blend of higher private and lower public reimbursement rates.” Under that scenario, the numbers showed a \$3.3 trillion net *increase* in health care spending. Still, not \$32 trillion.

An [Urban Institute analysis](#) of the Medicare for All plan proposed by Sanders during the 2016 presidential campaign (which differs a bit from the bill Sanders introduced in the Senate) also concluded the federal government would spend about \$32 trillion more over 10 years. (Though the estimates from Mercatus and Urban “seem remarkably similar,” the [Urban Institute noted](#) that its analysis is different. For example, the analyses looked at different 10-year windows and made different assumptions about how much the government would pay to health care providers.)

“The increase in federal spending is so large because the federal government would absorb a substantial amount of current spending by state and local governments, employers, and households,” the report states.

In other words, lead author John Holahan told us in a phone interview, yes, there would be an increase in federal government spending and an increase in taxes to pay for that. But, he said, private spending on health care would be nearly eliminated.

The Urban Institute analysis concluded national health expenditures would increase by \$6.6 trillion (16.6 percent) between 2017 and 2026. Part of that increase is tied to an expansion of long-term care benefits that was part of Sanders’ plan during the campaign but is not in the bill he ultimately introduced.

Sanders' office argues Medicare for All would save money on health care expenditures overall, due to savings such as administrative cost-sharing and reduced prescription drug costs.

There are lots of assumptions and speculation involved in analyzing such a massive health care overhaul, and we take no position on whether Sanders' plan would reduce national health care expenditures or increase them by several trillion dollars. The point is that Trump's claim that it would cost \$32.6 trillion is an estimate of what it would cost the federal government. It is not an estimate of the impact on national health expenditures.

'Take away benefits'?

An op-ed is an opinion piece, and the president offers his opinion that a "Medicare for All" plan would mean fewer benefits for seniors. The legislation as written, however, includes an increase in Medicare benefits.

Trump wrote that the proposal would "take away benefits that seniors have paid for their entire lives." And he goes on to say: "[T]he Democratic plan would inevitably lead to the massive rationing of health care. Doctors and hospitals would be put out of business. Seniors would lose access to their favorite doctors. There would be long wait lines for appointments and procedures. Previously covered care would effectively be denied."

In terms of benefits, the Sanders plan calls for adding new benefits to Medicare coverage, including dental, vision and hearing aids, and eliminating deductibles. That would be giving more benefits to seniors, not taking any away.

The president offers his opinion that it wouldn't work out that way. A White House spokesperson pointed to [longer wait times](#) in the United Kingdom, as detailed in a January New York Times story, and "[rationed care](#)" in Canada, as a column in the conservative National Review said in 2017. And, the spokesperson said, once people leave private plans, they would "undoubtedly" lose "access to certain coverage and doctors."

An [article](#) by Linda J. Blumberg and Holahan at the Urban Institute warns that if payment rates under a Medicare for All plan are reduced below the level of provider costs then the problems that Trump suggested in his op-ed could be a concern. Holahan says the Sanders bill, as written, would reimburse health care providers for patients at Medicare payment rates, which are currently below hospital costs.

Urban Institute, October 2018: A health reform that provides such a large increase in coverage with very broad benefits and essentially no cost-sharing requirements will lead to higher levels of national expenditures, even when private sector provider payment rates are reduced to the level of provider costs. Reducing provider payment rates further risks creating provider supply shortages and impeding access to necessary medical care.

Are Democrats 'uniting around' Medicare for all?

In his editorial, Trump also claimed: “As a candidate, I promised that we would protect coverage for patients with pre-existing conditions and create new health care insurance options that would lower premiums. I have kept that promise, and we are now seeing health insurance premiums coming down.”

But the administration supports a lawsuit that it says would lead to the elimination of the Affordable Care Act’s pre-existing condition protections. And not all premiums are “coming down.”

In the op-ed, there’s a link on [“pre-existing conditions”](#) to a Washington Post Fact Checker story that actually says Trump flip-flopped on his “promise.” Indeed, we also [found](#) that the president has misleadingly claimed in recent weeks that “preexisting conditions are safe” with him as president and that he “will always fight for ... patients with preexisting conditions.”

The fact is, the Department of Justice, “[a]fter careful consideration, and with the approval of the President of the United States” decided not to defend the U.S. government in a lawsuit seeking to overturn the Affordable Care Act, as a [June 7 letter](#) from Attorney General Jeff Sessions explains.

Sessions said that the administration sided with the plaintiffs but didn’t agree that the entire ACA would have to be eliminated, as the suit argues. The administration said two ACA provisions would need to be eliminated: those guaranteeing that people can’t be denied coverage by insurers or charged more based on certain factors.

Those provisions protect those on the individual market with pre-existing conditions from being denied a policy or charged higher premiums.

As we said when we addressed this claim last week, it’s disingenuous for the president to claim he kept a promise to “protect coverage for patients with pre-existing conditions,” given the administration’s stance in the lawsuit.

Also, the president says he promised to “create new health care insurance options that would lower premiums.” He has kept that promise. But one of the new options wouldn’t have to meet ACA prohibitions against denying or pricing coverage based on health status – in other words, it wouldn’t protect those with pre-existing conditions.

The administration [issued a final rule](#), which took effect Oct. 2, to expand short-term, limited-duration health insurance plans. An [Obama-era rule](#) had limited such plans to less than three months in duration; the Trump administration rule said the plans could be up to 12 months in duration and insurers could renew such policies for up to 36 months.

Short-term plans don’t have to meet ACA requirements. As the journal Health Affairs explains, “Short-term insurers can charge higher premiums based on health status, exclude coverage for preexisting conditions, impose annual or lifetime limits, opt not to cover entire categories of benefits (such as substance use disorder treatment or

prescription drugs), rescind coverage, and require higher out-of-pocket cost-sharing than under the ACA.”

The administration’s rule acknowledges that the plans could cause “reduced access to some services and providers for some consumers who switch from available individual market plans” and a “potential increase in out-of-pocket costs for some consumers, possibly leading to financial hardship.” But less-expensive, less-comprehensive coverage would be welcomed by others, it said. “This rule empowers consumers to purchase the benefits they want and reduce overinsurance.”

Trump’s administration also [expanded association health plans](#), through a rule that took effect in August, allowing associations to form to offer insurance for those in the same trade or industry, or for businesses in the same state or metropolitan area. These plans couldn’t deny coverage or charge more based on health status, but they wouldn’t have to cover the [10 essential health benefits](#) the Affordable Care Act requires of plans on the small-group market or individual market. They also could price plans based on age, gender or occupation.

So, those plans, too, would likely be less expensive than other options available on the individual market, but that could be because they offer more limited benefits.

And more spin on premiums

The president claimed that he “kept that promise” on new health insurance options and pre-existing condition protections – even though he hasn’t on the latter point – “and we are now seeing health insurance premiums coming down.” The op-ed links to a news article on Health and Human Services Secretary Alex Azar [announcing](#) that average premiums for benchmark plans in the states using HealthCare.gov are expected to decrease by 2 percent for the 2019 plans. But experts [told us](#) most administration actions in the past two years have driven premiums up.

The actions the administration has taken – such as a repeal-and-replace effort and the elimination of cost-sharing subsidies on the ACA exchanges – “by and large have destabilized the market,” said [Cynthia Cox](#), the director of the program for the study of health reform and private insurance at the Kaiser Family Foundation.

And while the new insurance options Trump cites would likely have lower price tags themselves, they would actually drive up premiums on HealthCare.gov. The nonpartisan Congressional Budget Office [said in a May report](#) that it expects healthier individuals to join association and short-term plans, which would then increase premiums for those remaining in the individual and small-group markets by an estimated 2 to 3 percent “in most years.”

When we looked at premiums for the individual market recently, health care experts told us lower growth was expected for 2019 for several reasons: less political uncertainty this year compared with 2017, slower growth in medical expenses, an overpricing of plans last year and insurers’ growing familiarity with the market.

Kelley Turek, executive director of employer and commercial policy at the insurer trade group America's Health Insurance Plans, told us that after several years under the ACA, "we are getting to a point where issuers are getting a better sense of this market," she said, such as the population, their health costs and how to price plans.

Meanwhile, premiums for employer-sponsored plans, where [nearly half of Americans](#) get their coverage, have continued to grow. Family premiums went up by 5 percent from 2017 to 2018, [according to the Kaiser Family Foundation's annual employer health benefits survey](#).

No cuts to Medicare under Obamacare

The president also repeated some claims on border enforcement, the Affordable Care Act and Medicare's finances.

Trump: Indeed, the Democrats' commitment to government-run health care is all the more menacing to our seniors and our economy when paired with some Democrats' absolute commitment to end enforcement of our immigration laws by abolishing Immigration and Customs Enforcement. That means millions more would cross our borders illegally and take advantage of health care paid for by American taxpayers.

Today's Democratic Party is for open-borders socialism.

As [we've written](#) before, Democrats are not advocating open borders. Some rank-and-file Democrats in Congress have called for ending Immigration and Customs Enforcement, but they have also said many of ICE's functions should be redistributed to other government agencies. Only one member of the [Senate](#) or [House](#) Democratic leadership – Sen. Elizabeth Warren – is among those calling for ICE to be abolished.

No Democrat has called for abandoning border enforcement, as Trump suggests.

Trump: Democrats have already harmed seniors by slashing Medicare by more than \$800 billion over 10 years to pay for Obamacare.

Republicans have been [using a version of this misleading attack](#) for years. The fact is, there were no cuts to Medicare benefits under the Affordable Care Act. Instead, the health care law reduces the future growth of spending over a decade, primarily by slowing the growth of payments to hospitals. One benefit of the law was the closing of the so-called "doughnut hole" in Medicare Part D prescription drug coverage for seniors.

Even though he claims these Medicare changes in the ACA "have already harmed seniors," Trump supported legislation that would have kept them in place. The GOP repeal bills in 2017 – including the House-passed [American Health Care Act](#) and the Senate's [Graham-Cassidy-Heller-Johnson bill](#) – would have retained the ACA's reductions to Medicare Advantage and provider payment growth, [according to](#) analyses by the nonpartisan Kaiser Family Foundation.

The president also repeated some spin about his "promise" to "protect Medicare."

Trump: I also made a solemn promise to our great seniors to protect Medicare. That is why I am fighting so hard against the Democrats' plan that would eviscerate Medicare.

As we [wrote before](#), Medicare's finances have actually gotten worse since Trump took office. The Medicare Part A trust fund, which covers payments to hospitals, will run out of money by 2026, three years earlier than the Medicare trustees projected just last year, according to [the latest trustees report](#). The tax cut law Trump signed in 2017 is partly to blame, for reducing Medicare revenues and increasing expenses.



Democratic health care proposal fails in the Senate

By Elizabeth Landers and Ted Barrett
Oct. 10, 2018

A Democratic measure aimed at eliminating short-term health care plans that don't cover pre-existing conditions failed in the Senate on Wednesday in a tied vote of 50-50.

Maine Sen. Susan Collins was the sole Republican to vote for the measure, put forth by Democrats.

The resolution was aimed at rebuffing a Trump administration rule that allowed some plans not to require coverage of pre-existing conditions, the latest action from the minority party's push [to focus on the issue of health care going](#) into the midterms.

Democratic Sen. Tammy Baldwin of Wisconsin used the Congressional Review Act to force a vote to overturn the Trump administration rule [to expand short-term insurance plans](#). Forty-nine Democratic senators supported the resolution and they would have needed an additional Republican vote -- besides Collins -- to reach the 51-vote threshold for the measure to pass, though the GOP-controlled House would likely not have acted on the legislation. That made the series of events Wednesday morning a largely symbolic vote aimed at forcing moderate Republicans to possibly take a politically difficult vote on the record.

Short-term health plans don't have to adhere to the Affordable Care Act's regulations that protect people with pre-existing conditions. These plans can deny coverage or charge higher premiums to Americans based on their medical histories. And they don't have to provide comprehensive coverage.

The Trump administration made it easier to buy these plans — allowing people to buy coverage for just under a year, versus the 90-day limit imposed by the Obama administration.

"The Trump administration is rewriting the rules on guaranteed health care protections that millions of Americans depend on," said Baldwin, who's up for re-election this year in a state President Donald Trump won in 2016, in a statement before the vote. "These junk insurance plans can deny coverage to people with pre-existing conditions and don't have to provide essential health services like prescription drugs, emergency room visits and maternity care."

Baldwin also touted in her statement that more than 20 health organizations, like the American Heart Association and Planned Parenthood Federation of America, supported her effort.

Collins cited the lack of protections for those with pre-existing conditions in a statement explaining her vote.

"Short-Term Limited Duration plans do not provide protections for enrollees who suffer from pre-existing conditions," Collins said. "As I have often emphasized, it is essential that individuals who suffer from pre-existing conditions are covered. At the same time, we cannot ignore the fact that many individuals lack an affordable health insurance option. The underlying flaw in the Affordable Care Act is that it does not provide affordable coverage. But I believe this flaw can be addressed without jeopardizing protections for individuals with preexisting conditions."

The Congressional Review Act is a law that Republicans have used extensively since Trump came into office to overturn Obama-era regulations.

Sen. Lisa Murkowski, an Alaska Republican who voted against her party [to protect the Affordable Care Act in 2017](#), told CNN that she would not be supporting Baldwin's resolution.

GOP leaders blasted the Democratic proposal in advance of the vote, saying it would take away a low-cost insurance option for families who Republicans argue were hurt by the Affordable Care Act, more commonly referred to as Obamacare.

"Surely, they must have a better answer than snatching away one of the remaining options that some Americans still prefer to anything Democrats have been able to come up," Senate Majority Leader Mitch McConnell said before the vote. "Our constituents deserve more options, not fewer."

"I think the most important thing to remember is that Obamacare is not the only way to get pre-existing condition coverage. There are better ways to do it," said Senate Majority Whip John Cornyn said in advance of the vote. "That is what they would like to get people to buy into, and it's just fundamentally not true."

But Democrats, still stinging from the bitter fight [over the confirmation of now Supreme Court Justice Brett Kavanaugh](#), are emphasizing this new rallying cry during the final four week push to the midterms, with one senior Democratic aide telling CNN, "The vote this week puts Republicans on record, and is just the start of our relentless focus on health care down the stretch."

In remarks on the Senate floor on Tuesday, Senate Minority Leader Chuck Schumer called the Trump administration's rule on short-term health care plans "fundamentally misguided policy."

"All of my colleagues should vote for this, but I suspect my colleagues on the other side of the aisle have a different idea because ever since taking control of congress and the presidency, Republicans have deliberately, relentlessly undermined Americans' health care," he said.

CNN's Tami Luhby contributed to this reported.



Senate sends opioid legislation to Trump's desk

By Kimberly Leonard
Oct. 3, 2018

[Legislation](#) aimed at reducing addiction and deadly overdoses from opioids sailed through its final congressional hurdle on Wednesday, and was headed to President Trump's desk for his signature.

The Senate passed the legislation, called the SUPPORT for Patients and Communities Act, on Wednesday afternoon following months of hearings and negotiations that spread across multiple committees. The bill passed nearly unanimously, with Sen. Mike Lee, R-Utah, the only one to vote against it.

The move represents a bipartisan win both parties can leverage heading into the Nov. 6 midterm elections, since it shows they can work across the aisle to tackle a harrowing public health crisis.

The bill is meant to address several aspects of the opioid crisis — which involves overdose deaths from prescription painkillers and heroin — through medical research, expanding access to treatment, giving more tools to law enforcement, and allocating

roughly \$8.5 billion in funding authorized in appropriations bills passed earlier this year. The legislation [easily cleared the House](#) Friday.

Some Democrats have said they would like to see more money spent on the problem. Sen. Elizabeth Warren, D-Mass., and Rep. Elijah Cummings, D-Md., had introduced measures that would have provided \$100 billion toward the effort over a decade, which was modeled after the bill Congress passed to fight the HIV epidemic during the 1990s. Ahead of the vote, Sen. Lamar Alexander, chairman of the Health, Education, Labor, and Pensions Committee, called the situation "the most urgent public health epidemic facing our country today in virtually every community." He pointed to the appropriations bills amid criticisms about funding and said the opioid crisis needed to be solved by communities, rather than through a "moonshot."

"I wish we could have one ... This problem won't solve itself from here. We can't assign this to an agency and say, 'fix this in 10 years,' he said.

The opioid crisis, which resulted in more than 50,000 overdose deaths in 2017, began with the over-prescribing of painkillers by doctors. Patients then became hooked on the drugs, and many turned to heroin, a cheaper alternative. Fentanyl, an even stronger opioid that is more deadly, has caused the vast majority of deaths in recent years and is mixed with drugs, often without the users' knowledge.

The issue has [bled into other areas](#) of health and the economy. People who use drugs are unable to pass drug tests to secure jobs, and the spread of HIV and hepatitis C has increased in communities where sharing infected needles is common. Patients with severe pain have said they do not have an alternative allowing them to find relief, and patients who seek treatment for addiction often make several attempts and cycle through the criminal justice system. Drug users report that they have been revived with the drug naloxone during an overdose but then [did not receive treatment](#) for addiction, causing them to return to drug use and overdose again at a later time.

In large part because widespread drug use started with doctor prescriptions, lawmakers have [approached the issue](#) with a public health focus rather than drug wars of the past that stressed law enforcement.

The legislation passed Wednesday, which spans more than 650 pages, aims to tackle the crisis by going after different angles that have made it more difficult for healthcare workers to respond. It allows hospitals to take in more patients with addiction to receive government funding, allows more medical providers to prescribe addiction treatment, helps the postal service intercept fentanyl from being sent through the mail, and encourages the development of a non-addictive treatment to pain. Lawmakers stressed that they saw the bill as only the beginning.

"I and we will keep fighting," Sen. Shelley Moore Capito, R-W.Va., vowed from the Senate floor.

Sen. Patty Murray, the top Democrat on the HELP Committee, echoed the idea that Congress can't stop working on the problem.

"This is an important bill," the Washington lawmaker said. "It is an impactful step forward. It is not a final step by any means. The opioid crisis is ongoing and our efforts to address it must be as well."



Nearly six in 10 Americans said they are very concerned about the rise in individuals' health care costs

Oct. 3, 2018

This annual survey of employers provides a detailed look at trends in employer-sponsored health coverage including premiums, employee contributions, cost-sharing provisions, offer rates, wellness programs, and employer practices. The 2018 survey included 2,160 interviews with non-federal public and private firms.

Annual premiums for employer-sponsored family health coverage reached \$19,616 this year, up 5% from last year, with workers on average paying \$5,547 toward the cost of their coverage. The average deductible among covered workers in a plan with a general annual deductible is \$1,573 for single coverage. Fifty-six percent of small firms and 98% of large firms offer health benefits to at least some of their workers, with an overall offer rate of 57%.

Survey results are released in several formats, including a full report with downloadable tables on a variety of topics, a summary of findings, and an article published in the journal *Health Affairs*.

News release

- A news release announcing the publication of the 2018 Employer Health Benefits Survey is available [here](#).

summary of findings

- The Summary of Findings provides an overview of the 2018 survey results and is available under the [Summary of Findings](#) tab.

full report

- The complete Employer Health Benefits Survey report includes over 200 exhibits and is available under the [Report](#) tab. The "Report" tab contains 14 separate sections. Users can view each section separately or download the section exhibits from the right side of the respective section page.

health affairs

- The peer-reviewed journal *Health Affairs* has published an article with key findings from the 2018 survey: [Health Benefits In 2018: Modest Growth in](#)

[Premiums, Higher Worker Contributions at Firms with More Low-Wage Workers, More Workers Face a Deductible.](#)

related analysis

- This [related brief](#) on the Peterson-Kaiser Health System Tracker examines employer claims data to measure the uptake of telemedicine services by employees and their family members.

web briefing

- On Wednesday, October 3rd, 2018, the Kaiser Family Foundation held a [reporters-only web briefing](#) to release the 2018 Employer Health Benefits Survey.

interactive graphic

- This graphing tool allows users to look at changes in premiums and worker contributions for covered workers at different types of firms over time: [Premiums and Worker Contributions Among Workers Covered by Employer-Sponsored Coverage, 1999-2018.](#)

key exhibits-chartpack

- Nearly thirty overview slides from the 2018 Employer Health Benefits Survey are available as a [slideshow](#) or [PDF](#).

additional resources

- Standard errors for selected estimates are available in the Technical Supplement [here](#).
- Employer Health Benefits Surveys from 1998–2017 are available [here](#). Please note that historic survey reports have not been revised with methodological changes.
- Researchers may request a public use dataset by going to [Contact Us](#) and choosing “TOPIC: Health Costs.”

Researchers at the Kaiser Family Foundation and NORC at the University of Chicago designed and analyzed the survey.



California Uninsurance rate drops to 7.2 percent

Zac Self
Sept. 12, 2018

SAN DIEGO (KGTV) -- California's uninsured rate is seeing a downward turn, according to a new report from the U.S. Census Bureau.

Figures released Wednesday show that 7.2 percent of Californians lacked health insurance in 2017, down from 7.3 percent the year before.

Nationally, the uninsured rate was 8.8 percent. California embraced the Affordable Care Act and the state-run Medi-Cal program that now covers one in three Californians.

The state expanded Medi-Cal to young people with low incomes who are living in the country illegally.

Many of the state's remaining residents who are uninsured are not eligible for publicly funded health care due to their illegal status.

Others don't get employer-sponsored health plans and don't make enough to qualify for large subsidies under the Affordable Care Act.



Covered California kicks off plan renewal period for 2019

Oct. 2, 2016

People who currently have health coverage under Covered California can now renew their health plans for next year.

The renewal period started on Monday, with those looking to renew facing an 8.3 percent rate increase, according to the organization. However, that is below the state average of 8.7 percent. Customers have until January 15, 2019 to renew.

Covered California said customers can reduce their rate increase to 6.9 percent if they choose the lowest-cost plan in their tier.

“Covered California’s marketplace fosters competition that puts consumers in the driver’s seat and gives them the power to shop and save,” said Executive Director Peter V. Lee. “Healthcare is local, and the price of coverage varies by health plan and region, so consumers will be encouraged to shop when they renew this fall.”

The organization said there are more than 17,000 Covered California members in Kern County. Customers in this area will be able to choose plans from Blue Shield, Health Net and Kaiser Permanente.

Those who don't currently have insurance with Covered California have a little longer to wait before they can sign up. The organization said open enrollment will start on Oct. 15 and will end in January.

People with special qualifying life events such as a move or loss of coverage can enroll anytime during the year. Medi-Cal enrollment is also year-round.

Customers may be able to qualify for financial help with their plan by using the Shop and Compare Tool.

Those who want to enroll or have questions about enrollment can visit CoveredCA.com or call (800) 300-1506



Governor Signs Leyva Bill Ensuring Continued Health Care Coverage for Californians

Sept. 18, 2018

Governor Jerry Brown signed legislation authored by Senator Connie M. Leyva (D-Chino) that will help Covered California continue to serve over 1.5 million California residents during this era of federal uncertainty.

SB 1245 will allow Covered California to have emergency rulemaking authority for nearly all of its regulatory packages until January 1, 2022. This legislation will also ensure that there will be enough time for the public to review and comment on the proposed regulations ahead of them being adopted by the Covered California Board of Directors.

“It is vital that Californians receiving health care coverage through Covered California and the Affordable Care Act are not endangered due to actions at the federal level,” Senator Leyva said. “SB 1245 will allow Covered California to promptly respond to any potential regulation conflicts with federal law so that there is continuity of care for the over one million Californians that rely on the exchange for health care coverage. I thank Governor Brown for supporting this important legislation that reinforces California’s commitment to providing affordable health care for our state’s residents.”

Since 2010, Covered California has made a deliberate effort to move to permanent regulations and has approved four permanent rulemaking packages. As the Affordable Care Act (ACA) stabilized, it was expected that Covered California would continue to effectively transition to the permanent rulemaking process. However, current federal policy discussions regarding the ACA indicate that there will potentially be significant changes to the rules governing health benefit exchanges, like Covered California. Due to potential future changes to the ACA and other related regulations, SB 1245 will allow

Covered California to create and adapt regulations more quickly than is possible through the permanent rulemaking process.

Taking effect on January 1, 2019, SB 1245 was supported by the California Pan-Ethnic Health Network, Consumers Union, Health Access California and Western Center on Law and Poverty during the legislative process.