



**COVERED
CALIFORNIA**

Media Clips

COVERED CALIFORNIA BOARD CLIPS

Nov. 9, 2018 - Jan. 15, 2019

Since the Nov. 8 board meeting, high-visibility media issues include: Covered California's sixth open enrollment and bus tour, a Texas judge ruling that the Affordable Care Act is unconstitutional, and the new governor of California putting health care high on his agenda. The following clips represent a cross-section of media and coverage.

COVERED CALIFORNIA PRESS RELEASES AND REPORTS

[California's Open Enrollment for Individuals Ends Jan. 15; Consumers Have One Week to Sign Up for Health Care Coverage](#)

Jan. 8 4

[Statement from Peter V. Lee on Gov. Newsom's Health Care Agenda for California](#)

Jan. 7 7

[Covered California Reminds Consumers to Enroll by Midnight for Jan. 1 Coverage](#)

Dec. 21 8

[Covered California Extends Deadline for Jan. 1 Coverage Until Friday, Dec. 21](#)

Dec. 15 10

[Consumer Interest Surges as First Key Deadline Approaches for Covered California and the Individual Market](#)

Dec. 13 13

[Covered California's Open Enrollment Is off to a Solid Start as the First Key Deadline Approaches](#)

Dec. 4 15

[Covered California's Iconic Bus Tour Rolls into the Greater Bay Area to Promote Enrollment and Show How "Life Can Change in an Instant"](#)

Nov. 8 18

We also issued bus tour stop press releases from the Bay Area, San Jose, Salinas, the Central Coast, Los Angeles, San Diego, Coachella Valley, Inland Empire, Bakersfield and Fresno.

PRINT

Articles of Significance

[Covered CA offers three-day grace period](#)

San Diego Union-Tribune

Jan. 16 23

[Deadline looms at midnight for signing up for health care with Covered California](#)

The Sacramento Bee

Jan. 15 25

[Tuesday is the last day to sign up for Covered California health plan program](#)

L.A. Times

Jan. 14 27

[California should transition retired public employees to Covered California](#)

San Francisco Chronicle

Jan. 15 29

[Gavin Newsom Takes Over as California Governor and Pledges Fight for Equality](#)

The New York Times

Jan. 7 32

[Gov. Gavin Newsom throws California into battle against health care costs](#)

San Francisco Chronicle

Jan. 7 35

[Gov. Gavin Newsom proposes healthcare mandate, Medi-Cal expansion to more immigrants without legal status](#)

The San Diego Union-Tribune

Jan. 7 36

[DOJ asks for extension in ObamaCare lawsuit due to shutdown](#)

The Hill

Jan. 7 39

[Democrats Fight Back Against Lawsuit Threatening Health Law](#)

Kaiser Health News

Jan. 4 40

[California Leaps To Defense Of Obamacare In Fight That Pits Blue States Against Red Ones](#)

Capital Public Radio

Jan. 4 42

[Will the Supreme Court Save Obamacare Again?](#)

The New York Times	
Dec. 28	43

[Covered California extends enrollment period after ‘ridiculous’ court decision](#)

The Modesto Bee	
Dec. 18	46

[Texas Judge Strikes Down Obama’s Affordable Care Act as Unconstitutional](#)

The New York Times	
Dec. 14	48

[Will the Supreme Court Save Obamacare Again?](#)

The New York Times	
Dec. 14	52

[Study: 4.2 million uninsured people eligible for free ObamaCare coverage](#)

The Hill	
Dec. 11	55

[Covered California bus tour comes to Bakersfield to promote open enrollment](#)

Bakersfield Californian	
Nov. 15	56

[Covered California bus stops in Riverside to urge people to enroll](#)

Riverside Press-Enterprise	
Nov. 15	58

[Covered California’s Bus Tour Stops In The Valley To Promote Healthcare Insurance](#)

NBC Palm Springs	
Nov. 14	59

[Covered California hits the road to promote health plan](#)

San Diego Union-Tribune	
Nov. 13	60

[Covered California leaps into open enrollment with multi-city tour featuring dance](#)

Sacramento Bee	
Nov. 9	62



News Release

Media line: (916) 206-7777

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FOR IMMEDIATE RELEASE

Jan. 8, 2019

California's Open Enrollment for Individuals Ends Jan. 15; Consumers Have One Week to Sign Up for Health Care Coverage

- *Consumers have through Jan. 15 to sign up and select a plan through Covered California or directly with health plans for coverage that will begin on Feb. 1.*
- *The final week of open enrollment comes on the heels of Gov. Newsom's announcing sweeping proposals, including a new requirement for having coverage and expanded subsidies.*
- *While open enrollment ended for much of the nation in December, California's final deadline is about two weeks earlier than it was in previous years, when open enrollment ran through the end of the month.*
- *More than 238,000 consumers had selected a plan through Dec. 31.*

SACRAMENTO, Calif. — Covered California is launching a final statewide enrollment tour to get the word out that the current open-enrollment period ends Jan. 15. For those interested in enrolling in a quality health insurance plan, next week's deadline will mark the last opportunity for many to get coverage for all of 2019. This year's deadline is shorter than in previous years, when open enrollment ran through the end of January.

"Covered California knows that many consumers are deadline driven and often wait until the final few days to sign up for health insurance," said Covered California Executive Director Peter V. Lee. "We want to make sure they know that this year's deadline is earlier than it has been in the past, and they must take action in the next week in order to get the peace of mind and protection they deserve in 2019."

(more)

California is one of six marketplaces across the nation still enrolling consumers through open enrollment, accounting for a quarter of the United States population. California's Jan. 15 deadline is due to a state law that established that open enrollment would run from Oct. 15 through Jan. 15 each year. Open enrollment is the one time of the year when consumers can sign up for coverage without needing to meet any conditions.

"Do not wait until the last minute, or let this deadline go past, without checking your options," Lee said. "In only a few minutes at coveredca.com, you can see which plans are available in your area and whether you qualify for financial help to bring the price of coverage within reach."

Covered California's announcement comes one day after [Gov. Gavin Newsom announced, as his first official act, that he will focus on making health care more affordable.](#)

"We applaud Gov. Newsom for building on the strong foundation of the Affordable Care Act in his first official action," Lee said. "At a time of ongoing uncertainty in Washington, the governor is not only embracing policies that will lower the cost of coverage for millions in the individual market, but he is also offering increased help to those who are struggling with rising costs."

The governor proposes to make health care more affordable and restore the individual shared responsibility provision, which was repealed by the federal government in 2019, as part of his goal to continue toward universal coverage.

"Gov. Newsom's proposals mark concrete and meaningful steps to lower health care costs for millions and increase enrollment," Lee said. "We look forward to action from Sacramento in the weeks and months ahead, but today the action is happening in local communities across California where individuals can embrace this reminder from the governor of the importance of coverage and sign up through Jan. 15."

The majority of uninsured Californians who are eligible for financial help either do not know or mistakenly think they do not qualify. Nearly nine out of 10 Covered California consumers receive financial help. The average Covered California enrollee pays about \$5 per day for coverage, but many pay far less. One out of every three Covered California consumers who receive financial help can purchase a Silver plan — which provides the best overall value — for \$50 or less per month. Nearly three out of five of these consumers can get a Silver plan for \$100 or less per month.

Consumers can easily find out if they are eligible for financial help and see which plans are available in their area by entering their ZIP code, household income and the ages of those who need coverage into Covered California's [Shop and Compare Tool](#).

(more)

As of Dec. 31, more than 238,000 consumers had signed up and selected a plan during the current open-enrollment period, which remains in line with projections that there would be decline in enrollment due to recent federal policies and ongoing confusion sowed at the national level. In addition, Covered California previously announced that roughly 1.2 million existing consumers had renewed their coverage for 2019.

Those interested in learning more about their coverage options should go to www.CoveredCA.com, where they can get help to enroll. They can explore their options and find out if they qualify for financial help by using the Shop and Compare Tool. They can also get free and confidential enrollment assistance by visiting www.coveredca.com/find-help/ and searching among 700 storefronts statewide or 16,000 certified enrollers who can assist consumers in understanding their choices and enrolling, including individuals who can assist in other languages. In addition, consumers can reach the Covered California service center by calling (800) 300-1506.

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.

###



**COVERED
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STATEMENT

Media line: (916) 206-7777

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Statement from Peter V. Lee on Gov. Newsom's Health Care Agenda for California

SACRAMENTO, Calif. — Covered California Executive Director Peter V. Lee released the following statement following the release of Governor Gavin Newsom's first official act:

"We applaud Governor Newsom for building on the strong foundation of the Affordable Care Act in his first official action. At a time of ongoing uncertainty from Washington, the governor is not only embracing policies that will lower the cost of coverage for millions in the individual market, he is also offering increased help to those who are struggling with rising costs.

The governor's plan to make health care more affordable and restore the individual shared responsibility provision, which was repealed by the federal government in 2019, will lower health care costs for millions and increase enrollment. We believe the provision will help ensure stability so that California continues to build on its success to reach universal coverage.

As we enter Covered California's final week of open enrollment, this is a clear signal for Californians to sign up for coverage through Jan. 15.

Covered California looks forward to working with the Newsom Administration, as we have with the state legislature, to provide technical assistance regarding plans to increase and expand subsidies to enhance affordability."

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News Release

Media line: (916) 206-7777

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FOR IMMEDIATE RELEASE
Dec. 21, 2018

Covered California Reminds Consumers to Enroll by Midnight for Jan. 1 Coverage

- *Consumers who sign up and select a plan by midnight on Dec. 21 will have their coverage start on Jan. 1, 2019.*
- *Covered California's open-enrollment period continues through Jan. 15. Customers who sign up between Dec. 21 and Jan. 15 will have their coverage start on Feb. 1.*

SACRAMENTO, Calif. — Covered California is announcing that the first key open-enrollment deadline is tonight. Consumers must sign up and select a plan by midnight in order to have their coverage begin on Jan. 1, 2019.

In addition, while open enrollment has ended for most of the country, Covered California reminds consumers that they will be able to sign up for a quality health plan through Jan. 15, 2019. Consumers who sign up after Dec. 21 and by Jan. 15 will have their health care coverage begin on Feb. 1.

Consumers can easily find out if they are eligible for financial help and see which plans are available in their area by entering their ZIP code, household income and the ages of those who need coverage into Covered California's [Shop and Compare Tool](#).

The majority of uninsured Californians who are eligible for financial help either do not know or mistakenly think they do not qualify. Nearly nine out of 10 Covered California consumers receive financial help. The average Covered California enrollee pays about \$5 per day for coverage, but many pay far less. One out of every three Covered California consumers who receive financial help can purchase a Silver plan — which provides the best overall value — for \$50 or less per month. Nearly three out of five of these consumers can get a Silver plan for \$100 or less per month.

(more)

Those interested in learning more about their coverage options should go to www.CoveredCA.com, where they can get help to enroll. They can explore their options and find out if they qualify for financial help by using the Shop and Compare Tool. They can also get free and confidential enrollment assistance by visiting www.coveredca.com/find-help/ and searching among 700 storefronts statewide or 16,000 certified enrollers who can assist consumers in understanding their choices and enrolling, including individuals who can assist in other languages. In addition, consumers can reach the Covered California service center by calling (800) 300-1506.

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News Release

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FOR IMMEDIATE RELEASE
Dec. 15, 2018

Covered California Extends Deadline for Jan. 1 Coverage Until Friday, Dec. 21

- *Texas District Court's ruling on the constitutionality of the Affordable Care Act has no impact on Covered California's open enrollment period.*
- *Covered California is extending today's deadline to Friday, Dec 21, for consumers who want health care coverage that starts on Jan. 1, 2019.*
- *Consumers who enroll after Dec. 21, and by Jan. 15, will have their coverage start on Feb. 1.*
- *While open enrollment ends in 44 states on Saturday, California is one of seven health insurance marketplaces which will enroll consumers after Dec. 15, serving 25 percent of the U.S. population.*
- *58,000 consumers have signed up since Monday, including 17,000 on Friday.*

SACRAMENTO, Calif. — Covered California announced an extension of the first major deadline to have health insurance starting Jan. 1 in response to a surge of interest in enrollment and to ensure consumers have ample time to enroll amid news reports of a legal ruling on the Affordable Care Act. The announcement comes on the final day of the federal open enrollment period, and hours after a Texas United States Court District Court Judge declared the Affordable Care Act unconstitutional.

"Open enrollment is full-steam ahead and continues in California and other states for several more weeks," said Covered California Executive Director Peter V. Lee. "No one in California should let this ruling discourage them from enrolling in health coverage or be worried about using the health plan they have."

(more)

Federal officials have indicated that the law will remain in place pending appeal.

"This case will wind its way through the courts and I'm confident the Supreme Court will once again do the right thing and uphold the Affordable Care Act," Lee added.

While the open-enrollment period for health insurance ends for most of the country on Saturday, Covered California reminds consumers that they will be able to sign up all the way through Jan. 15, 2019.

"For most of the nation, the open-enrollment period ends tonight, but that's not the case in California," Lee said. "Covered California will be open for another month. We put consumers first, making sure they have time to find the plan that best fits their needs."

In addition to reminding consumers about Covered California's longer open-enrollment period, Californians will also have more time to sign up for coverage that starts on New Year's Day. While Saturday marked the original deadline, consumers will now have through Friday, Dec. 21, to select a plan that will start on Jan. 1.

Consumer interest has surged in the past week, with approximately 58,000 people signing up for coverage since Monday, including 12,000 on Thursday and 17,000 on Friday. The increased pace brings the number of new enrollees to select a plan during the current open enrollment period to 179,000. An additional 1.2 million Covered California consumers have renewed their existing coverage for 2019.

"We have seen tens of thousands of people flood into Covered California over the past week, and we want to make sure that everyone can start the new year off right by being covered," Lee said. "While we have been considering a deadline extension for some time, the potential confusion surrounding this ruling means giving our consumers five more days to enroll is the right thing to do."

Consumers can easily find out if they are eligible for financial help and see which plans are available in their area by entering their ZIP code, household income and the ages of those who need coverage into Covered California's [Shop and Compare Tool](#).

"We know that four out of five uninsured Californians who are eligible for financial help either do not know or mistakenly think they do not qualify," Lee said. "If you have checked before, take the time to check again, and don't leave money on the table when you can get the peace of mind and protection that comes with health care coverage."

Nearly nine out of 10 Covered California consumers receive financial help. The average Covered California enrollee pays about \$5 per day for coverage, but many pay far less. One out of every three Covered California consumers who receive financial help can purchase a Silver plan — which provides the best overall value — for \$50 or less per month. Nearly three out of five of these consumers can get a Silver plan for \$100 or less per month.

(more)

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###



News Release

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FOR IMMEDIATE RELEASE
Dec. 13, 2018

Consumer Interest Surges as First Key Deadline Approaches for Covered California and the Individual Market

- *More than 150,000 new consumers selected a plan through Dec. 12.*
- *Consumer interest is surging, with more than 28,000 consumers selecting a plan during the past three days.*
- *Consumers must sign up by Dec. 15 in order to have their coverage start on Jan. 1, 2019. Open enrollment in California continues through Jan. 15.*

SACRAMENTO, Calif. — Covered California announced today that 150,191 new consumers signed up for coverage through Dec. 12. Consumer interest is once again surging ahead of a key deadline, with more than 10,000 people signing up on Wednesday, and more than 28,000 selecting a plan within the past three days.

“Deadlines matter, and once again Covered California is seeing tens of thousands of people signing up for coverage now so that they can be covered at the start of the year,” said Covered California Executive Director Peter V. Lee. “Californians who sign up by Dec. 15 can rest easy knowing that they will be covered on Jan. 1 with a quality plan that will protect them and their families.”

Unlike the federal open-enrollment period, which ends on Dec. 15, consumers can continue to sign up with Covered California through Jan. 15, 2019. Consumers who select a plan after Dec. 15 will have their coverage start on Feb. 1.

California is one of six states across the nation, representing a quarter of the U.S. population, which have an open enrollment period that extends beyond Dec. 15.

(more)

In addition to the 150,000 new consumers who have signed up for coverage during the current open-enrollment period, 1.2 million people have renewed their Covered California plan for 2019.

“Covered California continues to see strong interest, but we are seeing new enrollment that’s about 10 percent lower than last year, which we largely attribute to the removal of the individual mandate penalty,” Lee said.

Roughly 1.1 million uninsured Californians are currently eligible for coverage in Covered California or Medi-Cal. Covered California’s research shows that four out of five uninsured consumers who are eligible for financial help either do not know or do not think they qualify. Consumers can find out if they are eligible for financial help and see which plans are available in their area by using the [Shop and Compare Tool](#).

“Consumers can find out in just a few minutes if they are eligible for financial assistance that can help bring quality coverage within reach,” Lee said. “Nine out of 10 Covered California customers receive financial help, which saves them an average of 80 percent off the price of their coverage.”

Covered California data shows that more than 50,000 of its members were either diagnosed with or treated for cancer in 2017. Another 22,000 members fractured, dislocated or sprained their arm or shoulder.

“Being covered means you are protected from medical bills that can range from tens of thousands of dollars into the millions,” Lee said. “Take a moment to check your situation and options; you may find out that coverage is more affordable than you think.”

The average Covered California enrollee pays about \$5 per day for coverage, but many pay far less. One out of every three Covered California consumers who receives financial help can purchase a Silver plan — which provides the best overall value — for \$50 or less per month. Nearly three out of five of these consumers can get a Silver plan for \$100 or less per month.

Those interested in learning more about their coverage options should go to www.CoveredCA.com, where they can get help to enroll. They can explore their options and find out if they qualify for financial help by using the Shop and Compare Tool. They can also get free and confidential enrollment assistance by visiting www.coveredca.com/find-help/ and searching among 700 storefronts statewide or 16,000 certified enrollers who can assist consumers in understanding their choices and enrolling, including individuals who can assist in other languages. In addition, consumers can reach the Covered California service center by calling (800) 300-1506.



News Release

Media line: (916) 206-7777

Email: media@covered.ca.gov

FOR IMMEDIATE RELEASE
Dec. 4, 2018

Covered California's Open Enrollment Is off to a Solid Start as the First Key Deadline Approaches

- *More than 90,500 new consumers selected a plan through Nov. 30.*
- *While plan selections are ahead of the pace set in 2016, when Covered California also delayed its marketing until after Election Day, they are slightly behind the pace set during 2017.*
- *Roughly 1.2 million Covered California enrollees have been renewed for 2019, similar to last year's totals.*
- *An estimated 1.1 million uninsured Californians are eligible to enroll in Covered California or Medi-Cal. New research shows that 82 percent of uninsured consumers surveyed, who are eligible for financial assistance, do not know that they qualify.*
- *Consumers must sign up by Dec. 15 in order to have their health insurance start on Jan. 1, 2019. Open enrollment in California continues through Jan. 15.*

SACRAMENTO, Calif. — Covered California announced today that more than 90,500 new consumers signed up for coverage through Nov. 30. The number of plan selections is well ahead of the pace set in 2016, which marked the last time Covered California delayed its marketing push until after Election Day, when 80,000 consumers signed up through November.

"Covered California is off to a solid start, signing up tens of thousands of people who understand the importance of having quality health care coverage, but it's just a start," said Covered California Executive Director Peter V. Lee. "For most of the nation, the open-enrollment period is done in two weeks, but that's not the case in California."

(more)

Covered California's enrollment period began on Oct. 15 and continues through Jan. 15, 2019. Unlike the federal open-enrollment period, which ends Dec. 15, California continues to have a three-month enrollment period. Consumers who want their coverage to begin on Jan. 1 will need to sign up by Dec. 15.

"We know that deadlines matter to people, and for Covered California the two key deadlines coming up are Dec. 15 and Jan. 15," Lee said. "Sign up by Dec. 15 and you can be covered on New Year's Day, and if you miss that deadline you will still have until Jan. 15 to sign up for quality health care coverage that meets the needs of you and your family."

While the number of plan selections is ahead of the pace set during the last election year, it is slightly behind the pace set last year when 102,000 consumers signed up through November. Lee notes that while it is too early to draw conclusions, there could be several possible explanations for why enrollment is behind last year's pace. In addition to delaying marketing until after the election, there is less media attention on open enrollment as the debate over "repeal and replace" has faded, and consumers may not sign up because of the removal of the individual mandate penalty.

Covered California projected the removal of the mandate penalty would result in a drop in enrollment in 2019 that ranges from 7 to 18 percent, with a base projection of 12 percent.

"While we know that the financial help offered through Covered California is the big motivator for many people to enroll, with the penalty removed we do expect some consumers to roll the dice and go without health coverage," Lee said. "We also know that life can change in an instant, and it's important to have health coverage when it does."

Covered California data shows that more than 50,000 of its members were either diagnosed with or treated for cancer in 2017. Another 22,000 members fractured, dislocated or sprained their arm or shoulder.

"Being covered means you are protected from medical bills that can range from tens of thousands of dollars into the millions," Lee said. "That's why it is so important for Californians to take a look at their options and find out if they are eligible for financial assistance to help bring that coverage within reach."

Roughly 1.1 million uninsured Californians are currently eligible for coverage in Covered California or Medi-Cal (see Table 1: Remaining Uninsured by Metro Area in 2017).

New research shows that four out of five of the uninsured consumers surveyed by Covered California, who are eligible for financial help, either do not know or do not think they qualify. Consumers can find out if they are eligible for financial help, and what plans are available in their area by using Covered California's [Shop and Compare Tool](#). Nearly nine out of every 10 Covered California consumers receive some level of financial help, which pays an average of 80 percent of their monthly premium.

(more)

The average Covered California enrollee pays about \$5 per day for coverage, but many consumers pay far less. One out of every three Covered California consumers who receives financial help can purchase a Silver plan — which provides the best overall value — for \$50 or less per month. Nearly three out of five of these consumers can get a Silver plan for \$100 or less per month.

Table 1: Remaining Uninsured by Metro Area in 2017

California Metro Areas	Uninsured	Estimated Eligible for Coverage ¹
Bakersfield	67,173	27,541
Fresno	74,842	30,685
Los Angeles-Long Beach-Anaheim	1,141,590	468,052
Oxnard-Thousand Oaks-Ventura	71,580	29,348
Riverside-San Bernardino-Ontario	351,398	144,073
Sacramento-Roseville-Arden-Arcade	114,572	46,975
San Diego-Carlsbad	249,592	102,333
San Francisco-Oakland-Hayward	209,695	85,975
San Jose-Sunnyvale-Santa Clara	82,876	33,979

Source: U.S. Census Bureau, American Community Survey, 2017

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(more)

¹ Covered California estimate when accounting for those ineligible for coverage due to immigration status.



News Release

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FOR IMMEDIATE RELEASE

Nov. 8, 2018

Covered California Launches Iconic Bus Tour to Promote Enrollment and Show How “Life Can Change in an Instant”

- *Covered California’s statewide bus tour will travel the state to promote enrollment and encourage consumers to see if they are eligible for financial help in obtaining quality health insurance.*
- *An estimated 1.1 million uninsured Californians are eligible to enroll in Covered California and new research shows that 82 percent of uninsured consumers surveyed, who are eligible for financial assistance, do not know that they qualify.*
- *Covered California launched an ad campaign today that shows that the average consumer pays \$5 a day for health insurance, with many paying much less.*
- *The tour focuses on how “life can change in an instant” and will feature original performances by dance crews across the state.*
- *Consumers must sign up by Dec. 15 in order to have their coverage begin on Jan. 1, 2019. Enrollment will continue through Jan. 15.*

SACRAMENTO, Calif. — Covered California launched its open-enrollment tour on Thursday to encourage consumers to sign up for health care coverage during the current open-enrollment period. The tour comes just days after voters across the country listed health care as a top issue in the midterm elections.

“Voters of every political stripe spoke loudly and clearly that they want quality health care. The Affordable Care Act is now irrevocably woven into the fabric of America,” said Covered California Executive Director Peter V. Lee. “We are not going back to the days when health insurance companies were allowed to turn people away because of a pre-existing condition. Instead, we are looking forward to strengthening a system that is working and building on the historic gains we have made.”

(more)

The 10-day, 23-stop kickoff tour will travel more than 1,600 miles in November. The tour will begin in Sacramento and travel to Oakland, San Jose, Salinas, Monterey, Santa Barbara, Los Angeles, San Diego, Palm Desert, Riverside, Bakersfield, Fresno and San Francisco.

[Watch and download time-lapse video of the Covered California bus being wrapped.](#)

The tour will feature individuals who have been enrolled through Covered California since the exchange first opened its doors. Local dance crews will also be depicting the idea that life can change in an instant, which ties to Covered California's award-winning advertising campaign that features ads showing individuals slipping down stairs, falling off a ladder, getting in a bicycle accident and cutting one's hand in the kitchen.

"We know that life can change in an instant, and it's important to have health coverage when it does," Lee said. "Dance transcends culture, language and age. These performances from around the state will help Covered California encourage enrollment using a medium that resonates with Californians."

The first dance on the tour will be performed by Rob Schultz's Sacramento Crew. Schultz is an internationally known choreographer whose work has been featured in television, film, commercials, tours, award shows and live events. In addition to his extensive portfolio, Schultz is a former Covered California consumer whose coverage gave him the freedom to focus on his work. [Watch Schultz's story here.](#)

In addition to the live performances during the bus tour, the dances will be captured on video and shared through social media and on [Covered California's website.](#)

"Californians will be able to share these dramatic performances with their family and friends," Lee said. "We hope the videos spark conversations and get people interested in seeing how affordable it can be to get quality coverage."

Affordable Coverage

Covered California also launched a new ad campaign that began airing Thursday. The television and radio spots center on how affordable coverage can be and urge consumers to see what they would pay for a health plan. Current enrollees getting financial help pay less than \$5 per day for their health insurance.

"New research shows that four out of five of the uninsured consumers we surveyed, who are eligible for financial help, either do not know or do not think they qualify," Lee said. "You can get a quote within a minute by using our [Shop and Compare Tool](#), so even if you have checked before, check again and do not leave money on the table."

[See the new television ad here.](#)

(more)

While each situation is different depending on a consumer's income, one out of every three Covered California consumers could purchase a Silver plan — which provides the best overall value — for \$50 or less per month. Nearly three out of five consumers could get a Silver plan for \$100 or less per month.

Even consumers who currently purchase their coverage off-exchange directly from a health carrier could benefit from financial help through Covered California. Two recent analyses estimated that roughly 30 percent of consumers enrolled in off-exchange coverage are potentially eligible for financial help that would lower the cost of their net premiums.

The Remaining Uninsured

Since first opening its doors in 2014, Covered California has helped cut the state's uninsured rate to a historic low of 6.8 percent. New data from the U.S. Census Bureau shows there are an estimated 2.7 million remaining uninsured consumers in California. However, an estimated 59 percent of the remaining uninsured are not eligible for coverage due to their immigration status. When you take that into account, roughly 1.1 million Californians are currently eligible for coverage in Covered California or Medi-Cal.

Table 1: Remaining Uninsured by Metro Area in 2017

California Metro Areas	Uninsured	Estimated Eligible for Coverage
Bakersfield	67,173	27,541
Fresno	74,842	30,685
Los Angeles-Long Beach-Anaheim	1,141,590	468,052
Oxnard-Thousand Oaks-Ventura	71,580	29,348
Riverside-San Bernardino-Ontario	351,398	144,073
Sacramento-Roseville-Arden-Arcade	114,572	46,975
San Diego-Carlsbad	249,592	102,333
San Francisco-Oakland-Hayward	209,695	85,975
San Jose-Sunnyvale-Santa Clara	82,876	33,979

Source: U.S. Census Bureau, American Community Survey, 2017

“Nine out of ten Covered California consumers receive financial help, which saves them an average of 80 percent off the price of their coverage,” Lee said. “The savings mean more money in your pocket and peace of mind for you and your family.”

(more)

Life Can Change in an Instant

Covered California data also shows that when life does change in an instant, it can be extremely costly.

In 2017, Covered California consumers were protected from a wide variety of medical claims: More than 11,000 were diagnosed with either breast, lung or prostate cancer; 22,000 consumers fractured, dislocated or sprained their arm or shoulder; nearly 3,000 suffered a lower back injury and 1,600 were diagnosed with Type 2 diabetes with complications.

Diagnosis or Injury	Number of Covered California Claims in 2017	Potential Cost of Care Without Coverage*
Breast cancer	7,701	\$78,536
Lung cancer	1,306	\$260,866
Prostate cancer	2,335	\$72,180
Broken, dislocated or sprained arm or shoulder	22,158	\$11,559
Lower back injury	2,784	\$13,822
Type 2 diabetes with complications	1,616	\$54,724

*Source: California Healthcare Compare

“Life can change in an instant, and Covered California members were protected from medical bills that totaled in the tens of thousands, hundreds of thousands and even millions of dollars,” Lee said. “No one wants to face a million-dollar medical bill alone, which is why you need health insurance, and a plan through Covered California to protect you and your family when you need it.”

Five Years Strong

As Covered California prepares to enter its sixth year as a marketplace offering affordable health insurance for Californians, long-term enrollees say the effect of the coverage has been life-changing. Those enrollees will be featured at events across the state and highlighted at bus stops during the open-enrollment tour.

(more)

Among the five-year enrollees are:

- A Sacramento man who was born with a heart condition. While his pre-existing condition never caused him any issues, it prevented him from getting health insurance.
- An Oakland woman who says Covered California saved the lives of her four children, who have health conditions including asthma to autism.
- A Los Angeles-area woman who runs a thriving marshmallow-manufacturing business. She followed her dream to start the business only because she was able to buy health insurance on the individual market. Before the Patient Protection and Affordable Care Act, she was not eligible due to a pre-existing condition.
- A business owner who operates a collision-repair shop in Pleasanton. He decided to get health insurance for his employees through Covered California for Small Business. He said this employee coverage helps him attract and retain the best workers.

Getting Help Enrolling

Consumers will need to sign up by Dec. 15 in order to have their coverage begin on Jan. 1, 2019. Enrollment will continue through Jan. 15.

Those interested in learning more about their coverage options should go to www.CoveredCA.com, where they can get help to enroll. They can explore their options and find out if they qualify for financial help by using the Shop and Compare Tool. They can also get free and confidential enrollment assistance by visiting www.coveredca.com/find-help/ and searching among 700 storefronts statewide or 16,000 certified enrollers who can assist consumers in understanding their choices and enrolling, including individuals who can assist in other languages. In addition, consumers can reach the Covered California service center by calling (800) 300-1506.

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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The San Diego Union-Tribune

Covered CA offers three-day grace period

Paul Sisson

Jan. 16

Once again, Covered California is providing a grace period for those who need a little more time to finish their 2019 health insurance applications.

The state health insurance exchange added a little extra time for anyone who started an application before midnight Tuesday. That is the official deadline to sign up for a Covered California plan, but as it has in the past, the organization granted a little last-minute wiggle room. Those who started their applications by the deadline will have until Friday at midnight to complete the process.

Craig Gussin, a San Diego-area health insurance broker, said in an email Tuesday afternoon it has not been particularly hectic, but three more days is still a boon for last-minute shoppers.

"It has been quiet this week, and I don't expect it to change," Gussin said. "Yesterday we had three or four calls from people we have been working with already, and we are helping them finish their applications. I don't expect many calls the rest of the week unless it is people we are already working with who heard about the extension."

Covered California made similar moves in 2016, 2017 and 2018, adding a few more days after what was then a Jan. 31 deadline, allowing a similar grace period but only if applications were started before the deadline.

Golden State residents already enjoy a significantly looser standard than those in states where the federal government operates Affordable Care Act exchanges. In those states, the deadline was Jan. 15, and there was no grace period afforded to stragglers.

Federally-operated or facilitated exchanges in 39 states reported a total of 8.4 million plan selections for 2019, down nearly 4 percentage points from the 2018 total of 8.7 million.

That's better than some projected might be the case given significant rate increases in some markets and zeroing out of previous "individual mandate" tax penalties in 2019. Those penalties have been levied on pretty much anyone who doesn't purchase health insurance since 2014, the first year that Obamacare-era health exchanges started selling policies under the Affordable Care Act.

When it filed its budget in June, Covered California projected that elimination of the mandate and other factors would cause its total enrollment to shrink nearly 10 percent,

falling from 1.37 million to 1.2 million. But, so far, the exchange is on track to beat that estimate by about 100,000 enrollees.

Though it has not released numbers for most of January yet, Covered California has signed up 1.45 million people across the state, somewhat less than the 1.52 million it had at the end of open enrollment in 2018.

Every year, the exchange sees its total enrollment figure dwindle. Some don't pay their first or subsequent monthly payments or disenroll because they end up getting a job with employer-based health insurance. Applying the same shrinkage rate that the exchange saw last year, the organization would be on pace to end the year with more than 1.3 million enrollees, which would be a decrease of about 5 percentage points, half the rate that was expected during last year's budget preparation.

Deadline looms at midnight for signing up for health care with Covered California

Cathie Anderson

Jan. 15, 2019

Covered California is offering a reprieve to consumers who try to sign up for health insurance by midnight today but can't get it done in time because of the last-minute surge in volume on the agency's website. Open enrollment in the state's Affordable Care Act marketplace ends Tuesday.

"If you started the process, we're going to get you across the finish line," said Peter V. Lee, the executive director of Covered California. "You have to get online, go to www.coveredca.com and you've got to start enrolling.

"If you can show that you've logged in, but you weren't sure whether you should choose Kaiser or Blue Shield, and you want to talk with an insurance agent, we ... will then say, 'Go see an insurance agent on Wednesday or Thursday.' We will give people until Friday to get across the finish line."

A surge of consumers - more than 15,000 of them - signed up on Monday. Lee said it's typical to see a lot of people waiting until the last week to get health insurance.

The sickest people sign up right away, he said, but many healthy people weigh their decision for some time, trying to determine whether they will roll the dice on whether they'll need to see a doctor.

Lee's typical advice to healthy consumers is that life can change in an instant, and he has mounds of statistics showing how otherwise healthy people benefited by buying coverage from Covered California or its agents. They displaced shoulders or broke their arms, and avoided having to make big payouts for medical care.

If consumers finish up their applications by Friday, they will have coverage starting Feb. 1. If you do not want to use the website, you can reach the Covered California service center at (800) 300-1506. It will be open until midnight Tuesday and from 8 a.m. to 10 p.m. Wednesday through Friday. If you would rather speak to someone in person, Covered California has about 725 enrollment centers around the state. Find one at www.coveredca.com/find-help/.

Gov. Gavin Newsom urged Californians to get coverage, saying: "An estimated 1.1 million (uninsured) Californians are eligible for quality health care coverage, either through

Covered California or Medi-Cal, so do not miss this chance to get coverage that will protect you and your family.”

The Covered California exchange began covering consumers in 2014, and since then more than 3.5 million people have purchased health insurance through it. Roughly 4 million others have gotten coverage through the state’s Medi-Cal program. Those gains have cut the rate of the uninsured in California to a low of 6.8 percent as of June 2017, down from 17 percent in 2013.

Tuesday is the last day to sign up for Covered California health plan program

Soumya Karlamangla
Jan. 14

Officials from state health exchange Covered California are ramping up efforts to enroll people in health coverage as the deadline to sign up looms.

Tuesday is the last day to enroll in a health plan in California, two weeks earlier than the end-of-the-January deadline set in previous years.

Consumers who start an application before midnight will have through Jan. 18 to finish the process.

The push comes amid some confusion around the Affordable Care Act, which led to the creation of the Covered California exchange, where residents can buy subsidized private insurance coverage. This year is the first since the law, better known as Obamacare, took effect that people will not have to pay a fine for not having health insurance.

People who sign up for plans now will begin their coverage on Feb. 1.

"We're actually expecting a last-minute flood of sign-ups," said Covered California executive director Peter Lee. "It constantly boggles my mind how much we all wait until the last minute."

On Monday, 15,000 people enrolled in coverage, he said.

As of mid-December, 1.2 million people in California had renewed their Covered California plans and 150,000 new customers had signed up for coverage, according to state data.

However, there are roughly 1.1 million people in the state who probably are eligible for subsidized coverage through the exchange but have not yet enrolled, Lee said.

The Affordable Care Act mandated that everyone sign up for health insurance or pay a penalty. But Congress undid that provision of the law, a change that experts fear will lead to fewer people signing up.

A study released this month in the journal Health Affairs found that 19% of Californians who signed up for coverage through the exchange in 2017 would not have done so if not for the penalty.

"Our study found that younger enrollees and those without chronic conditions were

more likely to not purchase insurance if there had been no penalty,” said report author Vicki Fung, who works at the Mongan Institute Health Policy Center at Massachusetts General Hospital. “Moreover, Hispanic enrollees, those with lower income and education levels, and those who had been uninsured in the prior year were also more likely to say they would not have purchased insurance.”

In California, only about 7% of the population buys insurance through the individual market, according to data from the Kaiser Family Foundation. The most common insurance sources are through an employer — 47% — and Medi-Cal, the state’s low-income health plan — 26%.

San Francisco Chronicle

California should transition retired public employees to Covered California

David Crane

Jan. 15, 2019

Last month I turned 65 and became eligible for Medicare, the national health insurance program for people my age and older. Medicare is fantastic — and fantastically cheap — health insurance. But, believe it or not, if I were a retired California state employee, both I and my dependents would be entitled to health insurance subsidies.

This fiscal year (2018-19), retiree health benefits will cost the state \$2.6 billion, more than double the cost 10 years ago.

There's no reason for California to shortchange current employees, impair discretionary programs or charge taxpayers to provide unnecessary subsidies when generous federal subsidies are available and not every retiree needs a subsidy.

Retired state employees aged 65 and older get subsidies, even though their retirement income is not included in their Medicare Part B premium calculations.

Retired state employees under 65 get subsidies even if Affordable Care Act subsidies are available.

Both groups get subsidies without regard to their incomes and even if they're earning money from consulting or other endeavors.

Active state employees and California residents pay the price through lower salaries, higher insurance premiums and reduced state services.

If you think the state's retiree health costs are growing fast just because overall health care costs are growing fast, think again.

Health costs for the state's active employees grew at half the pace of the state's retired employees' health spending. Retiree health spending is growing fast because elected officials have created huge and fast-growing retiree health liabilities approaching \$100 billion.

These costs are now the state's second-largest retirement liability (\$91 billion), after teachers' pensions (\$103.4 billion).

They even exceed the expense of the state's general obligation bonds, which — unlike retiree health obligations — require voter approval.

Fortunately, the city of Glendale provides a model for how the state could reduce its retiree

health liabilities and free up billions of dollars for active employees and other services while still ensuring satisfactory health coverage for retired employees.

By transitioning retired employees to Covered California (the state's excellent health care exchange under the federal Affordable Care Act), unblending the medical insurance premium rates paid by active and retired employees, and limiting subsidies to retirees with less than \$50,000 in household income, Glendale reduced in 2015 its retiree health liabilities and spending by more than 90 percent.

If that model was applied to the state's 2017 retiree health liability, it would allow the state to reduce its liabilities by more than \$80 billion and to save more than \$2 billion per year. Unblending active and retired medical insurance premium rates would also lower the insurance premiums paid by active state employees.

The \$2.6 billion cost of health care for retired state and California State University system employees might seem small compared to the state's \$140 billion General Fund, but because most of the state's spending is determined by:

- Entitlements (e.g., Medi-Cal)
- The California Constitution (e.g., kindergarten through grade 12 education and community colleges) and
- Elected officials (who protect funding for state prisons), the consequences of retiree health spending fall disproportionately on discretionary programs such as courts, the University of California and the California State University system.

Looked at that way, this year, the \$2.6 billion spent on retiree health represents:

- 10 percent (about) of discretionary spending.
- 35 percent more than the state will spend on courts,
- 70 percent (or almost) of what the state will provide to CSU and UC each, and
- An amount equal to (perhaps most revealing) 13 percent of salaries paid to active employees.

The state should make full use of Covered California and means-test retiree health subsidies. In so doing, it would set an example for California's many school districts and local governments suffering from similar unnecessary liabilities created by their elected officials.

For example, last year San Francisco Unified School District spent more than \$30 million on retiree health subsidies. Saving that \$30 million could translate into a

\$9,000-per-year raise for every active SFUSD teacher, who would also have lower insurance costs.

Likewise, the City and County of San Francisco has more than \$4 billion of retiree health liabilities draining funds that could otherwise be use to enhance active employee salaries and improve city services.

The City of Glendale made the change because “the City’s first obligation is to residents” and “allocating scarce resources to our current employees who serve the community is our primary focus.”

The state should make full use of federal subsidies and means-test insurance subsidies for its retired employees.

The New York Times

Gavin Newsom Takes Over as California Governor and Pledges Fight for Equality

Adam Nagourney and Jose A. Del Real

Jan. 7, 2019

SACRAMENTO — Gavin Newsom was sworn in Monday as the 40th governor of California, ending the era of Jerry Brown with a broad promise of a more aggressive government that would turn its attention to the sharp economic disparities that have plagued this state.

Mr. Newsom stepped into the national spotlight as he took the oath just before noon from Tani Cantil-Sakauye, the state's chief justice. He pledged that California, the nation's most populous state, would act as a barrier to policies being pushed by Republicans in Washington that he described as a threat to the state's — and the nation's — well-being.

"People's lives, freedom, security, the water we drink, the air we breathe — they all hang in the balance," Mr. Newsom told thousands of people sitting in tents that had been set up after the state capital was whipped by drenching rain and high winds. "The country is watching us. The world is waiting on us. The future depends on us. And we will seize this moment."

Mr. Newsom did not mention President Trump by name in his 25-minute speech, but said that California would "offer an alternative to the corruption and incompetence in the White House."

The new governor spoke, often vaguely, of the problems his state faced even during a time of prosperity. He pledged to start a "Marshall Plan" to combat the state's housing and homelessness epidemic; to implement some sort of single-payer health care system; and to resolve issues of economic and educational inequality. He said these "serious challenges" had often been "deferred for too long."

"Even in a booming economy, there is a disquieting sense that things are not as predictable as they once were," he said. "That we must now run faster just to stay in place. Stagnant wages. Costs that keep rising — rent, utilities, visiting the doctor — the basics are increasingly out of reach. We face a gulf between the rich and everyone else — and it's not just inequality of wealth, it's inequality of opportunity."

"These aren't merely policy problems," he said. "They are moral imperatives. So long as they persist, we are all diminished."

Mr. Newsom signaled the tone of his new administration moments after the ceremony concluded, as his office announced that he would sign an executive order to change how prescription drugs are purchased, consolidating Medi-Cal drug purchases and negotiations under the Department of Health Care Services. The administration said the intended goal was to give the state more bargaining power on behalf of Medi-Cal users.

The new governor also said he would propose in his new budget, due out later this week, mandating that all Californians obtain health care insurance, in direct response to the Republican tax bill last year that removed the mandate from the Affordable Care Act. Such a mandate in California would require approval of the Legislature, which is far from assured.

His office also announced that he would create a surgeon general position for the state by executive order. His aides said the governor's first budget would seek to expand Medi-Cal coverage to undocumented youths up to age 26.

Mr. Newsom, 51, had been the state's lieutenant governor — largely a ceremonial position — for eight years under Mr. Brown. Before that, he served as mayor of San Francisco, where he positioned himself, for the most part, on the liberal side of the spectrum. He was an early promoter of same-sex marriage and the legalization of recreational marijuana.

On Monday, he used his speech to laud Mr. Brown's tenure; the mention of his predecessor's name drew a standing ovation. But Mr. Newsom left little doubt that he had a broader view of government than the moderate Mr. Brown. The departing governor inherited a \$28 billion deficit and left Mr. Newsom a \$14 billion surplus; he also created an \$18 billion so-called rainy day fund to help the state get through what is widely viewed as an inevitable coming recession.

Mr. Brown's insistence on holding onto state revenues was a source of continued friction with Democratic allies in the Legislature, who wanted to use the money to restore spending cuts that had been in place during the Great Recession.

Mr. Newsom's agenda is likely to be costly, and thus likely to face obstacles as the new governor prepares to offer a new budget. Mr. Brown, among others, has warned that California is heading into a recession, and there are concerns in the business community and among some moderate Democrats that the former San Francisco mayor might take a decidedly different approach to spending than Mr. Brown.

Anthony Rendon, the Democratic speaker of the State Assembly, said in an interview Monday morning that while he supported some of Mr. Newsom's initiatives, he had strong reservations about raising taxes to pay for them, as Mr. Newsom's aides have suggested.

'I'm not sure that folks are necessarily ready to run out and raise taxes again, particularly when we have an \$18 billion budget reserve and things are going well," he said. "So I'm not sure folks are all that excited about it."

Mr. Rendon signaled his thoughts on how the political environment would change with a new governor in town, saying the \$14 billion surplus that Mr. Brown had squirreled away should be spent "particularly on programs that make a difference in the long term."

Mr. Newsom's inauguration stood in sharp contrast to Mr. Brown's inauguration. The state is in far better shape than it was at the time. Mr. Newsom's speech was longer — Mr. Brown always made a point of keeping his inaugural speeches short.

The room on Monday was more energetic and spirited, powered along by a gospel choir that started the proceedings. And the crowd burst into laughter as Mr. Newsom's youngest son, Dutch, 2, bounded onto the stage and leapt into his father's arms.

It was a reminder of how life was going to change in Sacramento after the tenure of Mr. Brown, 80, who got married in 2005 and never had any children. Now, four children — Brooklyn, Hunter, Montana, and the now-famous Dutch — will have their run of the stairways and chambers in the governor's mansion, the home in which Mr. Brown spent time when his own father, Pat, was governor.

San Francisco Chronicle

Gov. Gavin Newsom throws California into battle against health care costs

Joe Garofoli

Jan. 7, 2019

SACRAMENTO — Gov. Gavin Newsom proposed a broad overhaul of health care on his first day in office Monday, promising to throw the state's financial power into an effort to lower prescription drug costs, expand Obamacare so middle-class families can receive subsidies to buy insurance, and offer Medi-Cal coverage to undocumented immigrants up to age 26.

Newsom aides said the expansion of Affordable Care Act subsidies would be funded by a California version of the individual mandate, the former federal requirement that people either carry health insurance or pay a penalty on their taxes. Congressional Republicans and President Trump repealed the mandate in 2017, although the penalty does not disappear until the 2019 tax year. Newsom would reinstate it on the state level.

Newsom offered little detail about how much the proposals would cost or what other changes would be needed to pay for them. Aides said more details would be available when the governor unveils his first budget Thursday. But leaders in the Democratic-dominated Legislature say there is general support for the ideas.

"These are things we've supported in the past," said Assemblyman Phil Ting, D-San Francisco, chair of the Budget Committee.

The ideas represent a step toward universal coverage for all California residents, Newsom's aides said. Three million Californians, half of them undocumented immigrants, do not have health insurance, and premiums for many people who do have coverage are soaring.

The San Diego Union-Tribune

Gov. Gavin Newsom proposes healthcare mandate, Medi-Cal expansion to more immigrants without legal status

Melody Gutierrez

Jan. 7, 2019

Gov. Gavin Newsom announced sweeping proposals to tackle the state's healthcare needs shortly after taking office on Monday, outlining a dramatic Medi-Cal expansion that would cover young immigrant adults who are in the U.S. illegally, require that all consumers in the state carry health insurance and increase subsidies for middle-class families to help those who need it.

The Day 1 announcement was as much a rebuke to the Trump administration as it was an attempt by Newsom to make good on his campaign promise to fix a fragmented healthcare system that leaves many priced out or underinsured. The governor also signed executive orders to consolidate the state's prescription drug purchases into a state-run program and to create a new surgeon general position to look at health disparities before they manifest, as Newsom put it.

"Every person should have access to quality, affordable healthcare," Newsom said earlier Monday in his inaugural address. "Far-away judges and politicians may try to turn back our progress. But we will never waver in our pursuit of guaranteed healthcare for all Californians."

Newsom campaigned on a universal healthcare platform and has said the issue would be among his top priorities. His announcement on Monday stopped short of the single-payer system demanded by activists that would cover all residents' healthcare costs, but was characterized as the first step down that path.

The new governor sent a letter to Congress and the White House asking for changes to federal laws so that the state can have the regulatory freedom to overhaul California's healthcare system and move toward single payer.

"We are very pleased that this is a governor who has put forward the vision of universal healthcare and also seeks to make tangible Year 1 steps to increase access and improve care," said Anthony Wright, executive director of Health Access California, a consumer advocacy group. "These are key steps toward universal guaranteed coverage."

Some of the new healthcare proposals will be included in Newsom's state budget that will be released Thursday and vetted in the coming months by the Legislature, when the details and costs of the plan will be reviewed.

“These complex proposals require a lot of scrutiny to fully understand the consequences — both good and bad,” said Assemblyman Chad Mayes (R-Yucca Valley), the vice chairman of the Assembly Health Committee. “We agree on the goals of reduced costs, increased competition and better quality healthcare for all Californians. Government has an important role to play in holding the healthcare industry accountable; however it must be balanced and not overreach or hinder innovation.”

California would be the first state to cover immigrants without legal status who are younger than 26 through Medi-Cal, the state’s health program for people with low incomes. California already covers undocumented children until they turn 19, with Newsom’s plan increasing the age cut-off to mirror that of the Affordable Care Act, which allows young adults to stay on a parent’s health insurance plan until turning 26.

“It’s the right thing to do,” Newsom said in a Facebook Live feed announcing the proposal. “It’s the fiscally conservative thing to do. It’s the moral thing to do ... When we talk about universal healthcare, it means everybody. When everybody pulls together, it means lower costs to each and every one of you.”

A legislative proposal last year pegged the cost of extending Medi-Cal to undocumented immigrants under 26 at \$250 million a year. That cost would fall solely to California, despite the mix of federal and state money that typically comprises Medi-Cal funding because the Affordable Care Act prohibits the use of federal dollars for covering immigrants who are in the U.S. illegally.

Cynthia Buiza, executive director of the California Immigrant Policy Center, called the proposal a “historic commitment that takes us one step closer to upholding the vital principle that no human being should suffer or die from a treatable condition, no matter what they look like or where they were born.”

“All youth deserve reliable access to healthcare, which will allow them to focus on living happy and productive lives,” said Brianna Lierman of the Local Health Plans of California, a trade association representing not-for-profit health plans.

Newsom’s proposal would also create an individual mandate in California to thwart predicted drops in the state’s health insurance market after the federal government removed financial penalties for uninsured consumers beginning this year. The requirement that consumers have health insurance or face financial penalties propped up the Affordable Care Act, or Obamacare, and its elimination is expected to drive up premiums.

Without the individual mandate, all consumers will experience rate increases this year, said officials for Covered California, the state's official health insurance marketplace. Covered California Executive Director Peter Lee said Newsom's proposal would bring stability to the market and is a critical step toward reaching universal healthcare.

"At a time of ongoing uncertainty from Washington, the governor is not only embracing policies that will lower the cost of coverage for millions in the individual market, he is also offering increased help to those who are struggling with rising costs," Lee said in a statement Monday.

Newsom's plan to create a individual mandate for Californians could be a heavy lift, even in the Democrat-dominated state Legislature, where such a requirement could require a two-thirds vote.

Representatives for the governor's office said requiring people to carry health insurance is central to another proposal to increase financial subsidies for middle-income families. Newsom's budget will propose that the income cap be raised so that individuals earning up to \$72,840 and families of four earning up to \$150,600 could qualify for lower premiums.

"Gov. Newsom is backing up his words with action, helping make healthcare affordable and available to all Californians," said David Aizuss, president of the California Medical Association.

While those proposals have to withstand legislative scrutiny, Newsom took his pen on Monday to an executive order that does not.

Newsom signed an order to create a surgeon general oversight position in the state and to consolidate pharmaceutical purchases in hopes of lowering drug costs for the state and consumers. Under the current system, Medi-Cal and state agencies separately negotiate prescription drug prices. Under the order, Newsom's office said the state would become the largest single purchaser of prescription drugs.

The governor's order would allow small businesses or individuals to join the state-run collective at the same bulk purchasing price points.

Consolidating prescription drug purchasing in the state has been proposed in the Legislature over the past several years, but has fizzled in part due to lobbying by powerful drug interests and the complexity of consolidating the current system.

"We are in essence taking all of these disparate pieces of state government that are currently negotiating for drug prices and bringing all them together in a scope and scale that is unlike any other in the United States of America," Newsom said.



DOJ asks for extension in ObamaCare lawsuit due to shutdown

NATHANIEL WEIXEL

Jan. 7, 2019

The Department of Justice (DOJ) is asking a federal judge to pause all briefings related to a motion filed by House Democrats in an ongoing ObamaCare lawsuit, saying they cannot complete their work properly due to the government shutdown.

Assistant Attorney General Jody Hunt said DOJ lawyers “are unable to prepare their opposition at this time due to the lapse in appropriations.”

The motion was filed on Friday but appeared in the docket on Monday.

Last week, House Democrats officially filed a motion asking the court to allow the House to intervene as a defendant in a Republican-led lawsuit against ObamaCare, alongside a group of Democratic state attorneys general, since the Trump administration has declined to defend the law.

The federal government opposes the motion. Their opposition, as well as the other parties’ responses, is currently due on Jan. 24, but DOJ attorneys are not permitted to work during the shutdown.

The DOJ’s motion is not likely to impact the case, but it’s a further example of the wide-ranging impact of the government shutdown, which is now into its third week.

The lawsuit in question was filed last year by 20 GOP-led states seeking to overturn the Affordable Care Act. A federal judge in Texas last month ruled in the states’ favor, saying ObamaCare is unconstitutional. The ruling, though, will not take effect while it is appealed.

Hunt wrote that DOJ “greatly” regrets “any disruption caused to the Court and the other litigants.”



Democrats Fight Back Against Lawsuit Threatening Health Law

Julie Rovner

Jan. 4, 2019

Democrats on Thursday officially launched their pushback against a December federal court decision that declared the Affordable Care Act unconstitutional.

A group of 17 Democratic state attorneys general formally appealed the Dec. 14 decision in *Texas v. U.S.* issued by U.S. District Judge Reed O'Connor. In the case filed by 18 Republican state attorneys general and two GOP governors, O'Connor ruled that when Congress in 2017 reduced the tax penalty for not having insurance to zero, the rest of the law became invalidated.

"Our coalition of attorneys general has been working around the clock to challenge the decision from the Northern District of Texas that threatens our entire health care system," said California AG Xavier Becerra, who is leading the Democratic group. "This case could impact children, seniors, women, families and workers who have their own insurance through employers," he said.

The far-reaching impact of invalidating the law cannot be overstated. Even Republican health efforts — including many Trump administration initiatives — would be threatened by the disappearance of the ACA.

There was a brief lag between O'Connor's opinion and the Democrats' appeal because the judge did not issue last month's ruling as a formal, final decision, given it didn't address other aspects of the GOP challenge. At the request of the Democratic attorneys general, on Dec. 30 the judge finalized his findings for this part of the case, and clarified that the law would remain in effect during the appeals process.

Separately, the brand-new Democratic majority in the U.S. House voted to support the appeal of the decision on their first day in charge of the chamber.

They approved language authorizing House Speaker Nancy Pelosi "to intervene, otherwise appear, or take any other steps in any other cases involving the Patient Protection and Affordable Care Act," better known as the ACA.

House Democrats also filed a motion to intervene in the defense of the ACA against the GOP-led lawsuit.

Republicans on the House floor were not impressed. “That effort does not preserve preexisting conditions,” Rep. Greg Walden (R-Ore.), now the ranking member of the House Energy and Commerce Committee, said on the floor. Walden, who helped lead the GOP’s unsuccessful “repeal-and-replace” effort in the last Congress, suggested that lawmakers should instead pass a law reaffirming the preexisting condition protections. Some backers of the law agreed with Walden. “The House should pass a bill. Send it to the Senate. See what happens,” tweeted University of Michigan law professor Nicholas Bagley.

In an op-ed written with fellow Michigan law professor Richard Primus, Bagley said Congress could more effectively remove the legal threat to the law by raising the mandate penalty to a dollar, by repealing the mandate entirely or by clarifying that eliminating the mandate penalty does not require the invalidation of the rest of the law.

“Any of these solutions could be accomplished in a one-sentence statute, and any one of them would end the Texas lawsuit,” they wrote.

California Leaps To Defense Of Obamacare In Fight That Pits Blue States Against Red Ones

Ben Christopher and Elizabeth Aguilera, CALmatters

Jan. 3, 2019

California is once again defending the Affordable Care Act, leading a coalition of Democratic states against a small army of Republican lawmakers seeking to undo the Obama administration's signature healthcare law.

This morning, state Attorney General Xavier Becerra and 16 other attorneys general appealed last month's ruling by a federal judge in Texas that declared the entirety of the Affordable Care Act, also known as Obamacare, unconstitutional.

"I've seen how the ACA has transformed lives and I've seen it up close," Becerra said in a phone call with the press this morning. "That is why so many of us are committed to defending the ACA."

Many legal experts, both liberal and conservative, have predicted that the Texas ruling will be overturned by a higher court. Last month, Judge Reed O'Connor of Fort Worth ruled on a lawsuit filed against the federal government by top law enforcement officers and other elected leaders of 20 states, including Texas and Florida. That legal coalition of red states argued that the individual mandate, which requires people to either buy insurance or pay a fee, was unconstitutional. The Texas judge agreed — and argued that the healthcare law should be nixed in its entirety.

In 2012, the United States Supreme Court gave the green light to the mandate, arguing that Congress had the right to penalize the uninsured through its power to impose taxes. When Congress eliminated that fee as part of its sweeping change to the federal tax code last year, Republican lawmakers argued that the mandate could no longer be upheld as a tax.

Though the federal Justice Department disagreed that the entire law should be struck down, it declined to defend either the individual mandate or the requirement that insurance providers offer coverage to those with pre-existing medical conditions.

Last month, Becerra and this same blue coalition of lawmakers requested that the Texas court's decision be suspended while the legal challenge makes its way through the court system. That process takes another step today as the Fifth Circuit Court of Appeals must now decide whether to take up the challenge.

"We are going to take it wherever we need to take it," said Becerra.

The New York Times

Will the Supreme Court Save Obamacare Again?

The Editorial Board

Dec. 28, 2019

The last time Chief Justice John Roberts took it upon himself to write the opinion fending off a challenge to the Affordable Care Act, he seemed to signal that he was done entertaining existential threats to the law.

“In a democracy, the power to make the law rests with those chosen by the people,” he wrote in *King v. Burwell* in 2015. “Our role is more confined — to say what the law is. That is easier in some cases than in others. But in every case we must respect the role of the Legislature, and take care not to undo what it has done.”

His message was quite clear: Stop trying to get us to blow up Obamacare. If you don’t like it, go see Congress.

Except Republicans in Congress couldn’t agree on what they wanted to do with the law. All lawmakers could muster the votes for was the elimination of the tax penalty associated with the so-called individual mandate — the law’s central requirement that most people buy health insurance.

That should have been the end of it. But earlier this month a federal judge in Texas went where Congress was unwilling to go and ruled that an individual mandate without teeth means that the entirety of the Affordable Care Act is unconstitutional — under a theory that legal scholars across the ideological spectrum have found, for lack of a better word, ridiculous. The judge, Reed O’Connor, has a record of ruling against Democratic policies. This time he said the A.C.A.’s individual mandate cannot be separated from the rest of the law — and so all of it, down to Obamacare’s minutest detail, must go.

Now there’s a real possibility that the Supreme Court may yet again be faced with a demand to settle the fate of the law.

One way the Supreme Court can avoid getting dragged into another drama over health care is if the appeals court set to review the Texas ruling, the United States Court of Appeals for the Fifth Circuit, finds grounds to reverse it. That would give the justices cover to duck the issue altogether by declining to review whatever the Fifth Circuit decides.

But one of the few accomplishments of President Trump’s first two years in office has been the appointment of conservative judges to federal appellate courts. In the Fifth Circuit alone, already very conservative, President Trump has placed five right-leaning judges.

So there's a chance that the entire Fifth Circuit will end up affirming the Texas ruling.

And with more judges jumping on board, suddenly a legal theory that should have been doomed from the start will have attracted enough credibility to force the Supreme Court to weigh in and have the final say. Again.

The effects of Judge O'Connor's ruling, if upheld, could be devastating, including a sharp rise in the number of uninsured and a substantial weakening of coverage guarantees.

This is a repeat of what happened in 2010 and 2013, as long-shot challenges to Obamacare that were once largely academic gained traction in the lower courts. And, with that, something else happened: Politicians began rallying behind the lawsuits. The media covered the cases. Legal academics debated and wrote about the disputes. The public started paying attention. Before long, the cases slithered their way to the nation's highest court.

Rinse, repeat.

Jack Balkin, a professor at Yale Law School, calls this the off-the-wall/on-the-wall theory of constitutional change. "The history of American constitutional development, in large part, has been the history of formerly crazy arguments moving from off the wall to on the wall, and then being adopted by courts," Mr. Balkin wrote in an article in *The Atlantic* in 2012, as the Supreme Court was readying its first big ruling on Obamacare.

In Mr. Balkin's view, the reason that seemingly bizarre legal arguments reach the mainstream is that politicians and others in power get behind them. Yes, support from the academy or from social movements moves the needle as well. But it is only when political actors — parties, elected officials, institutions — speak in favor of a position that it stands a chance of being taken seriously by the courts.

So it matters that attorneys general and officials from Texas and 19 other states brought the latest lawsuit. And that the Trump administration, which otherwise has a duty to defend duly enacted laws, agreed with the shakiness of their argument. Now a federal judge has given the green light, and Mr. Trump is loving it. Soon the Fifth Circuit will get a bite at the apple.

For now, nearly every actor with a stake in this controversy is in agreement that Obamacare should stay put while the ruling gets sorted out.

A day after the new ruling, Professor Balkin applied his off-the-wall/on-the-wall theory to the circumstances of this case. "I have seen this movie before," he wrote in his popular legal blog, *Balkinization*. But he added that aside from victory laps from Mr. Trump and a few other Republicans, the response this time around is much more muted.

After suffering staggering defeats in November's election after efforts to dismantle Obamacare, congressional Republicans may well decide to sit this one out. Or maybe even reach across the aisle and pass legislation to stop the lawsuit dead in its tracks. Why not go a step further and ameliorate some of the acknowledged flaws in the health care law?

Congress could be confident that Chief Justice Roberts, for one, would be deeply grateful. So would their fellow Americans.

The Modesto Bee

Covered California extends enrollment period after ‘ridiculous’ court decision

Ken Carlson

Dec. 18

Covered California gave consumers another week for enrollment after a federal judge’s ruling on the Affordable Care Act last week. Judge Reed O’Connor of the U.S. District Court in Texas declared the entire health reform law is unconstitutional because of the original mandate requiring individuals to have insurance.

A year ago, Congress passed legislation that eliminates the ACA’s penalty for the uninsured, starting in 2019, which has led to projections that California’s progress in shrinking the uninsured population would be reversed.

State Attorney General Xavier Becerra is expected to appeal O’Connor’s ruling; any effects on coverage for consumers will be delayed as appeals are heard in the courts. Millions of California residents would lose coverage if the ruling is eventually upheld and it would gut protections for consumers, who historically faced coverage denials based on pre-existing health conditions.

“This completely ridiculous court decision, if upheld, would be catastrophic for our health system,” Anthony Wright, director of Health Access California, said in a news release. “We can’t let one right-wing judge in Texas undo all the coverage expansions and consumer protections that voters just resoundingly endorsed in the last election.”

Covered California continued the enrollment opportunity for a week out of concern people might be discouraged or confused by the court ruling in Texas. A fall enrollment period closed Saturday for most of the nation. The California exchange also said it witnessed a surge in enrollment in what was supposed to be the final week for enrolling in coverage beginning Jan. 1.

According to a press release, Covered California helped 58,000 people with signups last week. The exchange said it brought in almost 180,000 new enrollees this fall in addition to the 1.2 million Californians who renewed coverage, though enrollments are reportedly down somewhat from a year ago. Covered California offers a variety of health plans through Anthem Blue Cross, Blue Shield of California, Kaiser Permanente and HealthNet in Stanislaus and San Joaquin counties and provides more limited choices in Merced County. A vast majority of the customers in the region use tax credits to reduce their monthly premiums.

“We have seen tens of thousands of people flood into Covered California over the past week, and we want to make sure that everyone can start the new year off right by being covered,” said Peter Lee, executive director of Covered California.

After Friday’s deadline for coverage starting New Year’s Day, people have until Jan. 15 to sign up for coverage beginning Feb. 1.

The health plans can be reviewed at www.CoveredCA.com. For customer service, call (800) 300-1506.

The New York Times

Texas Judge Strikes Down Obama's Affordable Care Act as Unconstitutional

Abby Goodnough and Robert Pear
Dec. 14, 2018

WASHINGTON — A federal judge in Texas struck down the entire Affordable Care Act on Friday on the grounds that its mandate requiring people to buy health insurance is unconstitutional and the rest of the law cannot stand without it.

The ruling was over a lawsuit filed this year by a group of Republican governors and state attorneys general. A group of intervening states led by Democrats promised to appeal the decision, which will most likely not have any immediate effect. But it will almost certainly make its way to the Supreme Court, threatening the survival of the landmark health law and, with it, health coverage for millions of Americans, protections for people with pre-existing conditions and much more.

In his ruling, Judge Reed O'Connor of the Federal District Court in Fort Worth said that the individual mandate requiring people to have health insurance “can no longer be sustained as an exercise of Congress’s tax power.”

Accordingly, Judge O'Connor, a George W. Bush appointee, said that “the individual mandate is unconstitutional” and the remaining provisions of the Affordable Care Act are invalid.

At issue was whether the health law’s insurance mandate still compelled people to buy coverage after Congress reduced the penalty to zero dollars as part of the tax overhaul that President Trump signed last December.

When the Supreme Court upheld the mandate as constitutional in 2012, it was based on Congress’s taxing power. Congress, the court said, could legally impose a tax penalty on people who do not have health insurance.

But in the new case, the 20 plaintiff states, led by Texas, argued that with the penalty zeroed out, the individual mandate had become unconstitutional — and that the rest of the law could not be severed from it.

The Justice Department’s response to the case was highly unusual: though it disagreed with the plaintiffs that the entire law should be struck down, it declined this year to defend not just the individual mandate, but the law’s provisions that protect people with pre-existing conditions. That prompted a coalition of 16 states and the District of Columbia, led by California, to intervene and defend the law.

On Friday night, a spokeswoman for Xavier Becerra, the California attorney general, said California and the other defendant states would challenge the ruling with an appeal in the United States Court of Appeals for the Fifth Circuit in New Orleans.

“Today’s ruling is an assault on 133 million Americans with pre-existing conditions, on the 20 million Americans who rely on the A.C.A.’s consumer protections for health care, on America’s faithful progress toward affordable health care for all Americans,” Mr. Becerra said in a statement. “The A.C.A. has already survived more than 70 unsuccessful repeal attempts and withstood scrutiny in the Supreme Court.”

Attorney General Ken Paxton of Texas, who initiated the lawsuit, applauded the decision, saying in a statement, “Today’s ruling enjoining Obamacare halts an unconstitutional exertion of federal power over the American health care system.”

He added, “Our lawsuit seeks to effectively repeal Obamacare, which will give President Trump and Congress the opportunity to replace the failed social experiment with a plan that ensures Texans and all Americans will again have greater choice about what health coverage they need and who will be their doctor.”

Mr. Trump, who has consistently sought the law’s repeal and has weakened it through regulatory changes, posted a response to the ruling on Twitter late Friday night: “As I predicted all along, Obamacare has been struck down as an UNCONSTITUTIONAL disaster! Now Congress must pass a STRONG law that provides GREAT healthcare and protects pre-existing conditions.”

The White House, in a separate statement late Friday, said: “We expect this ruling will be appealed to the Supreme Court. Pending the appeal process, the law remains in place.”

If Judge O’Connor’s decision ultimately stands, about 17 million Americans will lose their health insurance, according to the Urban Institute, a left-leaning think tank. That includes millions who gained coverage through the law’s expansion of Medicaid, and millions more who receive subsidized private insurance through the law’s online marketplaces.

Insurers will also no longer have to cover young adults up to age 26 under their parents’ plans; annual and lifetime limits on coverage will again be permitted; and there will be no cap on out-of-pocket costs.

Also gone will be the law’s popular protections for people with pre-existing conditions, which became a major talking point in the November midterm elections, as Democratic candidates constantly reminded voters that congressional Republicans had tried to repeal the law last year.

Many Democrats successfully centered their midterm campaigns on protecting the

Affordable Care Act's insurance mandates for pre-existing conditions.

Senator Joe Manchin III of West Virginia, one of the few Democratic senators to save his seat in a heavily Trump-friendly state, excoriated his opponent, West Virginia's attorney general, Patrick Morrisey, for joining the lawsuit decided in favor of the Republicans on Friday.

Democrats in Wisconsin campaigned on a pledge to withdraw the state from the suit, and after they won, that state's Republican Legislature passed legislation blocking the newly elected Democrats from withdrawing. That legislation was signed into law on Friday by Gov. Scott Walker, who lost his bid for re-election in November.

But most Republican candidates insisted during the campaign that they did not want to withdraw protections for pre-existing conditions, and most were silent after Friday's ruling.

Without those protections, insurers could return to denying coverage to such people or to charging them more. They could also return to charging people more based on their age, gender or profession.

The Kaiser Family Foundation, a nonpartisan research organization, estimates that 52 million adults from 18 to 64, or 27 percent of that population, would be rejected for coverage under the practices that were in effect in most states before the Affordable Care Act.

"If this Texas decision on the ACA is upheld, it would throw the individual insurance market and the whole health care system into complete chaos," Larry Levitt, a senior vice president of the Kaiser Family Foundation, wrote on Twitter. "But, the case still has a long legal road to travel before that's an immediate threat."

Democrats immediately attacked the ruling as absurd. Representative Nancy Pelosi of California said that when the party took control of the House next month, with her as speaker, it would "move swiftly to formally intervene in the appeals process to uphold the lifesaving protections for people with pre-existing conditions and reject Republicans' effort to destroy the Affordable Care Act."

In his ruling, Judge O'Connor agreed with the plaintiffs that the individual mandate could not be severed from the rest of the Affordable Care Act because it was "the keystone" of the law, essential to its regulation of the health insurance market.

"The individual mandate is inseverable from the entire A.C.A.," he declared.

The judge said he would not "parse the A.C.A.'s provisions one by one," but had to invalidate the whole law, including the expansion of Medicaid and the requirement for employers to offer coverage to workers. "The Medicaid-expansion provisions were

designed to serve and assist fulfillment of the individual mandate,” he wrote.

At oral arguments before Judge O’Connor in September, California and the other intervening states had argued that the mandate could not be unconstitutional if it was not forcing people to pay penalties anymore. But even if Judge O’Connor threw it out, they said, the rest of the law could legally be severed from it and survive.

The ruling came a day before the end of the fifth open enrollment season for Affordable Care Act coverage in most states, one in which sign-ups for “Obamacare,” as the coverage sold through the law’s marketplaces is known, have declined so far by about 12 percent compared with last year.

The New York Times

Will the Supreme Court Save Obamacare Again?

The Editorial Board

Dec. 28, 2018

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That should have been the end of it. But earlier this month a federal judge in Texas went where Congress was unwilling to go and ruled that an individual mandate without teeth means that the entirety of the Affordable Care Act is unconstitutional — under a theory that legal scholars across the ideological spectrum have found, for lack of a better word, ridiculous. The judge, Reed O’Connor, has a record of ruling against Democratic policies. This time he said the A.C.A.’s individual mandate cannot be separated from the rest of the law — and so all of it, down to Obamacare’s minutest detail, must go.

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Circuit alone, already very conservative, President Trump has placed five right-leaning judges.

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The effects of Judge O'Connor's ruling, if upheld, could be devastating, including a sharp rise in the number of uninsured and a substantial weakening of coverage guarantees.

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So it matters that attorneys general and officials from Texas and 19 other states brought the latest lawsuit. And that the Trump administration, which otherwise has a duty to defend duly enacted laws, agreed with the shakiness of their argument. Now a federal judge has given the green light, and Mr. Trump is loving it. Soon the Fifth Circuit will get a bite at the apple.

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Why not go a step further and ameliorate some of the acknowledged flaws in the health care law?

Congress could be confident that Chief Justice Roberts, for one, would be deeply grateful. So would their fellow Americans.



Study: 4.2 million uninsured people eligible for free ObamaCare coverage

Peter Sullivan

Nov. 11, 2019

A new analysis from the Kaiser Family Foundation finds that 4.2 million uninsured people are eligible for ObamaCare coverage at no cost at all.

The study, published Tuesday, finds that those people can find an ObamaCare plan for \$0 in premiums due to the financial assistance under the health-care law being high enough to completely cover the cost of the cheapest ObamaCare options, known as bronze plans.

The availability of no-cost coverage could be an enticement for more people to sign up for ObamaCare coverage, but a lack of awareness could still be a problem.

"The question is, will they find out about that and sign up before the December 15 deadline in most states?" Larry Levitt, one of the authors of the study, wrote on Twitter.

ObamaCare enrollment is currently running about 10 percent lower than last year. The deadline to sign up for 2019 coverage is this Saturday.

Ironically, part of the reason that so many people are eligible for free coverage after financial assistance is that President Trump canceled key ObamaCare payments last year. That move had the unintended effect of increasing financial assistance to many people, since insurers raised premiums in response to the move and the financial assistance increases when premiums rise.

Despite the availability of free coverage, it could be a better deal for some people to pay somewhat more in premiums and get a more generous silver plan because they would have significantly lower deductibles.

Covered California bus tour comes to Bakersfield to promote open enrollment

Joseph Luiz

Nov. 15

Life can change in an instant.

That's the message Covered California officials tried to convey during a pit stop in Bakersfield on Thursday as part of a statewide bus tour to encourage people to sign up for health coverage during open enrollment, which lasts through Jan. 15.

The event, held at Mill Creek Park, included a dance performance by the Penn Point Dance Academy in Bakersfield, depicting a group participating in a jog when a member has an accident and tears a tendon in her foot. The goal of the performance was to show that accidents can happen at any time.

"We've reduced the rate of the uninsured to historically low levels, but we want to leave nobody behind," said Covered California Executive Director Peter V. Lee. "One reason some people don't sign up for insurance is 'Oh, I'm healthy. I don't need insurance.' They're wrong. Life can change in an instant. None of us can predict what's going to happen."

Lee said nearly half of uninsured Californians — 1.1 million — are eligible for coverage under Covered California. In Bakersfield, an estimated 27,000 are eligible. A total of 67,173 people in the Bakersfield area are estimated to have been uninsured last year, according to the U.S. Census Bureau.

Lee noted that only American citizens are eligible.

Many of those who are eligible but are still uninsured believe they can't afford insurance, Lee said. However, he said 9 in 10 people who sign up for Covered California can get financial help, something he wants to make more people across the state aware of.

"As good as the work we've done in California is, we have more work to do, and we look forward to building on those accomplishments," he said.

One of the organizations that is helping with the effort locally is Kern County-based health provider Clinica Sierra Vista.

"Because of Covered California, we have made a difference in getting people covered

with health insurance and giving them access to health care through Clinica's programs," said CEO Brian Harris. "Having health insurance helps make the community healthier."

Around 2,500 people enroll in Covered California every year through the organization.

California isn't the only state looking to expand health coverage. Health care was a major focus in this month's election, including the future of the Affordable Care Act.

"We saw across the nation states like Idaho, Nebraska and Utah vote to expand their Medicaid programs," Lee said. "People of every political stripe were saying no one should be denied coverage because they have a preexisting condition. With these elections, the Affordable Care Act is now woven into the fabric of the nation and it can never go back, and that's great news for all Americans."

THE PRESS-ENTERPRISE

Covered California bus stops in Riverside to urge people to enroll

Nov. 14

The 10-day, 23-stop tour features individuals who have been enrolled through Covered California and dance crew performances. Skullie Nation, led by choreographer Quinell “Bash” Dixon from Los Angeles, performed at the Cesar Chavez Community Center on Riverside’s Eastside.

The event was part of the annual statewide healthcare open enrollment, a Covered California news release states. It coincides with a new radio and TV ad campaign that discusses the affordability of coverage and urges consumers to see what they would pay for a health plan.

The Covered California “In An Instant” Bus Tour came Wednesday, Nov. 14, to the César Chavez Community Center in Riverside. (Courtesy photo)
Consumers must sign up by Dec. 15 to have coverage start Jan. 1. Enrollment continues through Jan. 15.

Information: 800-300-1506 or www.CoveredCA.com.



COVERED CALIFORNIA'S BUS TOUR STOPS IN THE VALLEY TO PROMOTE HEALTHCARE INSURANCE

Kitty Alvarado

Nov. 14

A large dance troop took the stage at College of the Desert campus in Palm Desert on Wednesday with an interpretative dance, with one message: life can change in an instant. That's the motto of the Covered California bust tour.

Peter Lee, executive director of Covered California says they're taking this message on the road to promote the open enrollment period, "Many people think I'm healthy 'Ha, I'm healthy, I don't need health insurance,' the reality is 50,000 people with covered California last year had a cancer diagnosis, none of them planned to get cancer."

Officials hope this message resonates with the uninsured and encourages them to sign up for the state run health insurance, "We're now in open enrollment, this is the one time each year when no one can be turned away from getting health insurance and millions can actually get financial help."

Linda Evans, Mayor of La Quinta who is also a community advocate with the desert's hospitals says this promotes what her city and Desert Health Network stand for, "We as a network of hospitals and clinics serve all people in our community, we work very hard for the uninsured to become insured and covered California was an avenue to do that."

Covered California complies with the the federal mandated affordable care act commonly known as "Obamacare", something that has been confusing to many.

"People can go to coveredcalifornia.com and find local insurance agents right here in the valley who can help people sign up because health insurance can be confusing but you can get answers with an instant right here in the Coachella Valley," says Lee.

Lee says while they're already changing lives in the valley like the ones of Isidro Chavez and his family who says he's glad he signed up, there's more work to do, "But there are still many more that are eligible who haven't signed up, we want to make sure we leave no one behind."

The deadline is January 15, 2019.

Covered California hits the road to promote health plan

Paul Sisson

Nov. 13

Peter Lee, director of Covered California, the state's health insurance exchange, stopped in San Diego Tuesday midway through a 13-city, 23-stop promotional bus tour.

His goal: to fight a big change in federal health policy change that allows people to skip health insurance without paying a penalty next year.

With San Diego Bay in the background, Lee took a temporary stage on the mezzanine at the San Diego Convention Center and noted that, though the health insurance exchange currently covers 1.4 million Californians, there are many more who qualify but haven't signed up. That number is estimated to be about 100,000 in San Diego County alone.

He noted that those who have been covered by the policies his organization sells saw a total of 22,000 broken or dislocated arms or shoulders and more than 50,000 cancer diagnoses last year, hinting at the "life can change in an instant" theme of this year's tour.

"Not one of those people that got a cancer diagnosis, not one of those people that broke a leg thought, 'oh, this is the year that I'm going to break a leg, this is the year I'm going to get cancer,'" Lee said.

Before his speech, Lee said that his organization projects that the Trump administration's decision in 2017 to do away with the Affordable Care Act's "individual mandate," the requirement that most Americans must buy health insurance if they don't have it or pay a penalty, is going away in 2018.

Unlike most health insurance exchanges in the United States, Covered California, because it is independent and not operated by the federal government, did not see its marketing budget cut this year and plans to spend upwards of \$100 million this fall getting the word out just as it has in previous years.

Tuesday's appearance in San Diego came as the American Public Health Association was nearing the end of its 2018 annual meeting inside the convention center and Georges Benjamin, the organization's executive director, stepped out on the terrace to make it clear that Covered California's work has been noticed beyond the Golden State.

"California is leading the way. You folks have shown all of us around the nation what you can do by rolling up your sleeves and getting people covered," Benjamin said.

The Covered California tour bus was headed for Palm Desert and Riverside after departing San Diego.

Covered California open enrollment continues through Jan. 15 though those who wish to have their coverage start on Jan. 1 must select a plan by Dec. 15.



Covered California leaps into open enrollment with multi-city tour featuring dance

Cathie Anderson

Nov. 9

Covered California, the Golden State's health insurance marketplace, leaped into its open enrollment period at its headquarters in Sacramento on Thursday morning, commissioning a choreographer and dancers to depict how unexpected life events can leave people thankful they have medical coverage.

"Health insurance is ... not about what you plan for," said Peter V. Lee, Covered California's executive director. "It's about what you don't plan for. One out of 10 of the people in Covered California will have health care costs over \$5,000, most of which will be covered by insurance."

In 2017, Lee said, roughly 22,000 of Covered California's 1.4 million consumers had a dislocated, sprained or broken arm or shoulder, nearly 9,000 enrollees were treated for whiplash or back injuries, and more than 6,000 had broken ankles. These are a few statistics to illustrate how life changed in an instant for many Californians.

"Those are on the 'small' end" in terms of cost, Lee said. "Let's take that up a notch: About 15,000 of our enrollees had health-care costs of over \$50,000. Dozens have had claims over \$1 million. And, yes, many of those are cancer....If you get cancer, you don't want to be worrying about your mortgage or holding onto your house. You want to be worried about getting the best care possible, and that's what good insurance provides: access to the best possible care."

The choreographer for Thursday's dance routine, Rob Schultz, said that working on this project had brought his health-care journey full circle. In 2003, Schultz said, he learned he had a birth defect that left him susceptible to pancreatitis. It wasn't a quick diagnosis, however.

"I got misdiagnosed three different times until I went to Cedars-Sinai," said Schultz, a Detroit-area native who moved to Los Angeles to work in the entertainment industry. "My family flew out because the doctors didn't know what was happening and my body was shutting down. They didn't know whether I would make it."

He was in the hospital for a month and lost more than 50 pounds, he said, and the bill was \$285,000.

At the time, Schultz's health insurance coverage all depended on whether he made enough income to qualify for coverage from his union, the Screen Actors Guild. That year, he did, he said, but in 2017, he didn't.

"I wasn't getting paid enough to get insurance, and I was freaking out," Schultz said. "I checked into Covered California, and I didn't know if I would even be considered. I applied and I got covered. The subsidy made it affordable."

Lee said that nine out of every 10 Covered California enrollees qualify for a subsidy from the federal government that will help reduce their premiums. It's vital, Lee said, that the population who receive subsidies include a large base of healthy people. Otherwise, costs go up for those who don't get assistance with their premiums.

Covered California estimates that 1.1 million state residents are currently eligible for coverage but haven't signed up, Lee said, and without big spending on marketing, his agency won't attract the healthy risk pool that allows insurers to control payouts. Covered California will spend \$40 million on television, radio and digital advertising, four times as much as the federal government will spend on advertising in its 34 marketplaces.

Covered California also asked Schultz and other choreographers to come up with dance routines that capture the spirit of one of the organization's slogans: "Life can change in an instant."

Every year, Lee embarks on a multi-day, multi-city bus tour where he hosts open enrollment kickoff events and uses the arts to promote health coverage. Schultz, who choreographed routines for both Los Angeles and Sacramento, said he usually sees moving images in his mind that he feels will tell a story.

The Sacramento routine starts in a parklike setting where a skateboarder has an unexpected fall and a young mother goes into labor, he said, and they end up going to the hospital at the same time.

"There's this moment where it's like, 'Oh, gosh, what will happen?'" Schultz said. "Then we take them behind a curtain that represents the hospital, and through the number, they show the freedom of knowing that they're covered. I don't think people really understand sometimes that having insurance is a blessing. You don't have to stress out. All that money doesn't have to come out of your pocket."

Insurance agent Bubi Gorgevich, with Health Markets in Citrus Heights, said his clients are often surprised by just how little they have to pay toward their premiums when they qualify for subsidies. Some enrollees pay nothing, Lee said, and others pay as little as \$50 a month.

Gorgevich said he tries to help people understand that, when they don't have health insurance, they and their family members are less likely to seek preventive care or to go to the doctor when they feel sick.

"Early detection of diseases helps survival," he said "If you have people in your family ... not getting coverage, they're going to neglect doctor visits because they don't have coverage, so there's a ripple effect. It could lead to procedures that are very expensive, and people have to sell their houses, declare bankruptcy or do whatever it takes for them to survive."

Even people with employer-based coverage don't think they're going to get sick until they get sick, Lee said, and that's why Covered California's marketing and advertising efforts encourage, remind and perhaps even harangue potential enrollees. Unless state residents lose their jobs or have another special life circumstance, they can sign up for coverage from Covered California only during open enrollment. It ends Jan. 15, but to ensure coverage begins on Jan. 1, consumers must sign up by Dec. 15.

California and nearly a dozen other states opted to create state-based health exchanges under the Patient Protection and Affordable Health Care Act, often referred to as Obamacare, that went into law in 2010. That act also mandated that insurers could not deny coverage to people with pre-existing conditions at no additional cost, and it defined what health benefits are considered essential as part of any policy.

Covered California has taken this concept a step further by ensuring that enrollees in its most popular plans do not have to pay any deductible fees when seeking outpatient services. In most employer-based plans, workers must annually pay deductibles totaling thousands of dollars before their insurance coverage starts.

"The last thing we want is to have insurance (plan designs) being a barrier to you getting the care you need when you need it," Lee said. "That's why every one of the health plans we offer have the same benefit designs that don't play gotcha games with the coverage."