Media Clips

COVERED CALIFORNIA BOARD CLIPS

Jan. 10, 2019 - Feb. 13, 2019

Since the Jan. 15 board meeting, high-visibility media issues include: The end of Covered California's sixth open enrollment, increased discussion by politicians about Medicare for All, and California's consideration of universal health care and concern for the rising cost of health care. The following clips represent a cross-section of media and coverage.

COVERED CALIFORNIA PRESS RELEASES AND REPORTS

PRINT

Articles of Significance

News Release

Media line: (916) 206-7777 @CoveredCANews media@covered.ca.gov

FOR IMMEDIATE RELEASE
Feb. 1, 2019

Covered California Presents Report to State Leaders on Potential Options to Improve Affordability for Consumers

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- *Covered California worked with stakeholders and economists to develop options to improve affordability for low- and middle-income consumers and increase the number of people insured in the state.*
- *The report examines how consumers would benefit with each approach, as well as the costs required and their impact on the individual market.*
- *Covered California submitted the report, which was required by law, to the Legislature, governor and the new Council on Health Care Delivery Systems.*

SACRAMENTO, Calif. — Covered California presented an extensive report, "Options to Improve Affordability in California's Individual Health Insurance Market," to state leaders on Friday. The report is the result of months of work with leading economists and stakeholders as California looks to continue to lead the way on implementing the Patient Protection and Affordable Care Act and improving access to quality care for its residents.

"This report provides policy options to decision-makers on ways to enhance the Affordable Care Act, from restoring the individual mandate penalty to increasing the amount of financial help for hundreds of thousands of consumers," said Covered California Executive Director Peter V. Lee. "We hope this menu of options will provide useful tools as California's elected leadership seeks to build on the success of the Affordable Care Act."

The report was prepared pursuant to California's 2018-19 budget trailer bill (Assembly Bill 1810, Chapter 34, Statues of 2018), which required Covered California to, in consultation with stakeholders and the Legislature, develop and submit to the Legislature by Feb. 1, 2019, options to improve affordability for low- and middle-income consumers. Covered California developed two approaches, with each approach containing different options for implementation.

The approaches include expanding the amount of premium and cost-sharing support for consumers, reinstituting a state-based individual mandate penalty and establishing a state reinsurance program.

The report estimates that, depending on the approach and options taken, more than 750,000 Californians could gain coverage compared to likely enrollment in 2021 without the adoption of these policies. The various approaches and increase in enrollment would also potentially allow consumers to save thousands of dollars in health care costs.

"We applaud California's leadership for continuing to look for ways to improve our health care system," Lee said. "Many of these options deserve active consideration by Congress and the administration, as they could be adopted nationally and benefit not only Californians but also millions of Americans across the nation."

Covered California's report examined several different scenarios to illustrate how Silver plan consumers could potentially benefit from reduced premiums and lower deductibles. The report highlights the personal experience of individuals and families at different income levels, living in different parts of the state to illustrate how the policies would affect Californians. For example, coupling a statewide individual mandate penalty with expanded and enhanced financial help would have these results for consumers in the following ages and income levels:

Consumer Impact Summary of Approach 1, Option 2

Age	Region	Income	New Net Premium	Monthly Savings	New Deductible
25	Low-cost	$25,000	$39	$97	$650
45	Medium-cost	$40,000	$194	$135	$0
45	Medium-cost	$50,000	$385	$335	$2,500
62 (Couple)	High-cost	$75,000	$578	$1,672	$5,000

In California, the governor and Legislature have already proposed significant policy changes that would expand financial support for Californians to get and keep coverage and reverse coverage losses that are already beginning due to the federal elimination of the individual mandate penalty.

While not explicitly modeled in the report, Gov. Newsom's proposed budget recognizes the need to improve health coverage affordability and would increase subsidies to individuals with incomes between 250 and 400 percent of the federal poverty level, and it would expand subsidies for individuals with incomes between 400 and 600 percent federal poverty level. Under the governor's proposal, the increased subsidies would be funded by revenues generated by establishing a state individual mandate.

"Health care is expensive and so is living in California. We know that affordability remains a major challenge for many," Lee said. "These options demonstrate that state investments could bring coverage within reach for more people and move us closer to the goal of universal coverage for California."

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

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

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News Release

Media line: (916) 206-7777 @CoveredCANews media@covered.ca.gov

FOR IMMEDIATE RELEASE
Jan. 30, 2019

Covered California Plan Selections Remain Steady at 1.5 Million, but a Significant Drop in New Consumers Signals Need to Restore Penalty

- *Covered California finishes open enrollment with 1.5 million plan selections, which is virtually identical to 2018's total, despite federal changes.*
- *A key reason for the steady enrollment is that more people entered the renewal process for 2019 coverage after a strong enrollment period for 2018.*
- *The federal removal of the individual mandate penalty appears to have had a substantial impact, leading to a decrease of 23.7 percent in new enrollment.*

SACRAMENTO, Calif. — Covered California announced that more than 1.5 million consumers selected a health plan for 2019 coverage during the most recent open-enrollment period, a figure in line with last year's total. There was a 7.5 percent increase in the number of existing consumers renewing their coverage and a 23.7 percent drop in the number of new consumers signing up for 2019.

"Covered California's overall enrollment has held steady, but recent actions at the federal level appear to be causing large drops in enrollment that will lead to more uninsured and higher premiums for all Californians," said Covered California Executive Director Peter V. Lee. "The federal removal of the individual mandate penalty appears to have had a substantial impact on the number of new consumers signing up for coverage."

The total number of net plan selections for 2019 is 1,513,883, which reflects 1,217,903 consumers having their coverage renewed and 295,980 consumers who newly signed up for coverage during open enrollment (see Table 1: Preliminary Analysis of 2019 Net Plan Selections). Overall, there is a difference of 7,641 fewer plan selections compared to 2018, a decrease of 0.5 percent.

Table 1: Preliminary Analysis of 2019 Net Plan Selections[1]

Category	2018	2019	Change
Renewals	1,133,180	1,217,903	+7.5%
New Sign-Ups[2]	388,344	295,980	-23.7%
Total	1,521,524	1,513,883	-0.5%

"While we end open enrollment in line with the number of plan selections we saw at this time last year, it is too early to draw any conclusions," Lee said. "We have seen the impact that federal decisions have had on new enrollment, and we do not yet know how that will play out for renewing consumers down the road.

In addition to the impact of the penalty, Covered California conducted analysis and has released an issue brief, "Covered California 2019 Open Enrollment: Early Observations and Analysis," that examines its open enrollment plan-selection demographic compared to last year. Covered California found larger differences in the share of Bronze consumers, unsubsidized consumers and those populations in which English is not the preferred spoken language. However, other demographics do not appear to be a factor.

"With the reduction being relatively evenly spread across demographics, the primary driver of the loss of new enrollees appears to be removal of the individual mandate penalty," Lee said.

In August, Covered California shared analysis from national experts that projected that the removal of the penalty could lead to a reduction in enrollment ranging from 7 to 26 percent across the entire individual market. As part of its budgeting process, Covered California projected that the federal removal of the individual mandate penalty would reduce effectuated enrollment at the end of fiscal year 2018 to 2019 by between 7 and 18 percent, with the midpoint estimate of 12 percent. When combined with other factors, this would result in approximately 162,000 fewer consumers insured at the end of June 2019.

"The drop in new enrollment affirms the leadership Gov. Gavin Newsom has taken to propose an individual mandate and enhanced subsidies aimed at making coverage more affordable for Californians," Lee said.

(more)

1 The number of net plan selections, whether through renewal or open enrollment, reflects any cancellations made by a consumer during the three-month sign-up period.

2 During the previous two years, Covered California reported both gross and net plan selections made during open enrollment. This year Covered California is focusing on net plan selections, which are the numbers submitted to the federal government. Covered California saw 423,484 gross plan selections for 2018 and 325,458 for 2019. These numbers allow for consistent comparisons dating back to 2014. Both figures show that the reduction in new enrollment is between 23 and 24 percent.

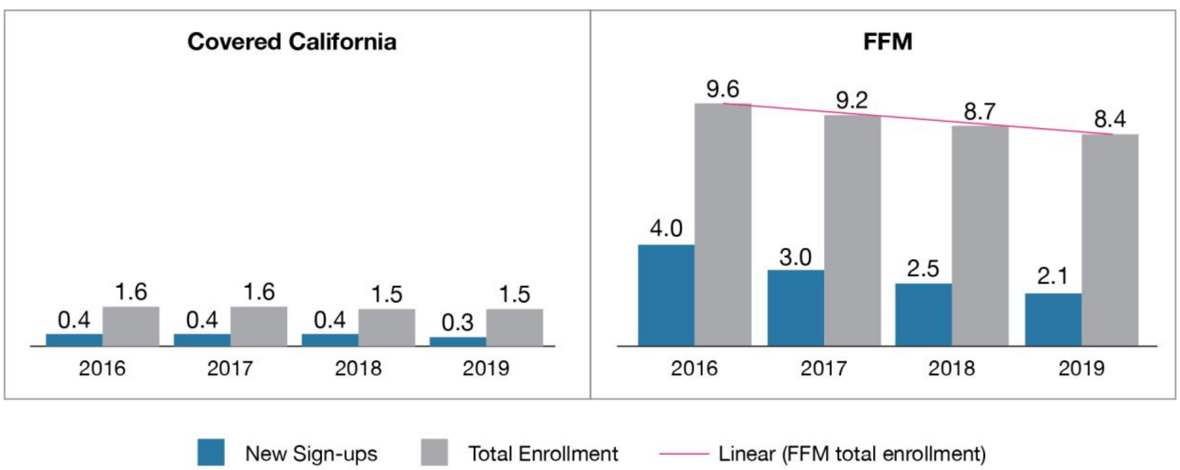
In addition to the federal removal of the mandate penalty, other potential factors affecting new enrollment could include the continued challenges of affordability and Covered California's previous success in signing up healthy consumers.

"California has done tremendous work in building one of the healthiest consumer pools in the country," Lee said. "One impact of successfully enrolling so many healthy Californians in previous years is that there may be fewer people newly eligible in California to enroll in this period — meaning that those who can sign up are more susceptible to being influenced by the federal removal of the penalty."

While plan selections in Covered California have remained steady over the past four years, the number of consumers in federally facilitated marketplace (FFM) states newly enrolling continues to drop, from 9.6 million in 2016 to 8.4 million in 2019.

In addition, during the past three years that the current federal administration has made policy decisions to dramatically cut back on promoting enrollment, one result has been a substantial decrease in the number of new enrollees signing up for coverage: declining 49 percent from 4 million in 2016 to 2.1 million in 2019. (See Figure 1: Comparing Total Net Plan Selections in Covered California and the FFM.)

Figure 1: Comparing Total Net Plan Selections in Covered California and the FFM, in millions



"When the federal government pulled back on marketing and cut their enrollment period in half, they shut the door on hundreds of thousands of Americans," Lee said. "The data shows that going into 2019, almost 1.5 million Americans who could have enrolled through FFM states were already priced out of coverage or opted not to enroll."

Among the other major findings of the Covered California issue brief are:

- Covered California's drop in new enrollment is higher than the average 15.8 percent drop of the 39 states served by the federally facilitated marketplace this year. The difference is likely explained by the fact that the FFM states have already experienced sharp decreases in new enrollment in each of the past four years, putting their decrease on top of an already diminished pool of healthy consumers opting out of coverage. California has maintained strong new enrollment in each of the prior four years, leaving it more susceptible to drops in new enrollment due to the loss of the penalty and other factors.

- In addition to the impact of the penalty on Covered California's new enrollment, early analysis also indicates that affordability remains a key obstacle for many, especially those who do not receive subsidies.

- The analysis also found that enrollment by other demographics, including age and income level for those receiving subsidies, did not appear to be substantially different.

While open enrollment is over, consumers can still sign up for health care coverage if they experience a life-changing event, such as losing their health insurance, getting married, having a child or moving. For more information on special-enrollment rules, visit https://www.coveredca.com/individuals-and-families/getting-covered/special-enrollment/.

Eligible consumers who are interested in signing up can visit Covered California's website where they can get help enrolling, explore their options and find out if they qualify for financial help by using the Shop and Compare Tool.

About Covered California
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News Release

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FOR IMMEDIATE RELEASE
Jan. 15, 2019

Covered California Offers to Help Consumers Who Get Caught in Surge of Last-Minute Shoppers on Final Day of Open Enrollment

- *Covered California's open-enrollment period ends at midnight tonight.*
- *Consumers who start an application before midnight will have through Friday, Jan. 18, to finish the process with the help of a service center representative or certified enroller.*
- *Covered California has thousands of certified enrollers available to help consumers get across the finish line.*

SACRAMENTO, Calif. — Covered California announced on Tuesday that it would give consumers who begin their enrollment application before midnight tonight three additional days to complete the process. The move comes after a surge of interest that saw more than 15,000 consumers sign up and select a plan on Monday.

"Covered California is still here for you, but you have to hurry," said Covered California Executive Director Peter V. Lee. "We know that thousands of people wait until the final day, and if that is you, Covered California will help you get across the finish line."

Consumers who began their application before the end of Jan. 15 will have until midnight on Jan. 18 to complete the process with the help of a certified enroller such as a Certified Insurance Agent or service center representative, as well as community enrollment partners such as Certified Enrollment Counselors, Certified Application Counselors and Plan-Based Enrollers.

They can also visit Covered California's website and sign up to have a certified enroller call them. Most calls are returned within 30 minutes and it is free and confidential.

(more)

Those who finish their application by Jan. 18 will have their health care coverage start on Feb 1.

On Monday, Gov. Gavin Newsom urged uninsured Californians to take action before open enrollment ends.

“An estimated 1.1 million 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,” Newsom said.

To find local help to complete the enrollment process, consumers should go to www.coveredca.com/find-help/. Covered California has 725 enrollment centers statewide, and more than 17,000 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. The service center will be open until midnight on Tuesday, and from 8:00 a.m. to 10:00 p.m. from Wednesday through Friday.

Customers can explore their options online and find out if they qualify for financial help by using the Shop and Compare Tool.

Open enrollment is the one time of the year when people can sign up for coverage without needing to meet any conditions.

“Our top priority is making sure consumers who are trying to sign up for health insurance get the time and assistance they need,” Lee said. “Life can change in an instant, and no one should be turned away just because they get caught up in a wave of last-minute shoppers.”

Once open enrollment ends, consumers may sign up only if they experience a life-changing event such as losing their health care coverage, getting married, having a child or moving. Medi-Cal enrollment is year-round.

Since 2014, more than 3.5 million people have purchased health insurance through Covered California, and nearly 4 million have enrolled in the state’s Medi-Cal program. Together, the gains have cut the rate of the uninsured in California from 17 percent in 2013 to a historic low of 6.8 percent as of June 2017.

The Washington Post

California gets it right with its new health-care initiative
by Editorial Board
January 10, 2019

CALIFORNIA GOV. Gavin Newsom (D) wasted no time making a splash, announcing on Monday, his inauguration day, a major new health-care initiative that would make his state a leader in resisting Republican efforts to unravel the Affordable Care Act. Mr. Newsom's plan is a promising reform that other states — and, if Congress and the president ever come to their senses, the federal government — should consider.

As have many progressive politicians, Mr. Newsom has embraced a Medicare-for-all-like "single payer" system. But his opening health-care push is more practical, adding to the existing Obamacare framework rather than scrapping it for a more radical change. The governor would start by reimposing the individual mandate that congressional Republicans killed in 2017. As when the federal government requirement was still enforced, the state-level mandate would compel every Californian to carry decent health-care coverage or pay a penalty. Doing so would draw more people — particularly younger and healthier people — into the state's insurance pool, keeping average costs down for everyone.

Mr. Newsom does not stress the mandate so much as the carrots he would like to offer Californians to get covered. His plan would use revenue raised from reimposing the mandate to make insurance easier to buy. Federal subsidies currently help Californians who buy their coverage on the individual insurance market to pay their premiums — but only if they make less than a certain amount. Mr. Newsom would expand these subsidies with state funds. This could make a huge difference to a group of people Obamacare has not served very well — those who do not get insurance from their employers but also do not qualify for federal individual market subsidies. These people have borne the full brunt of premium volatility. Under the governor's plan, many of them would no longer have to, meaning fewer of them would choose to go without coverage. Again, drawing more people into the system would keep average costs down and increase the stability of the system as a whole.

The state must do something. About 10 percent of its nonelderly population lacks coverage. A study by UCLA and the University of California at Berkeley last year projected a steady rise, finding that Republicans' Obamacare sabotage and other factors would increase the uninsurance rate to 13 percent by 2023, with about 1 million more uninsured Californians , barring a policy shift.

Many details and much legislative wrangling await, but Mr. Newsom’s initial push should get high marks. His two-pronged approach would go a long way toward stabilizing the Obamacare system nationwide. But with the federal government doing nothing helpful, states must act.

With a divided government, such a reform may not be possible in Virginia. But in Maryland, reimposing the individual mandate has already been discussed. Massachusetts has its own mandate and subsidy program, and it has the lowest uninsured rate in the nation. New Jersey, too, has a state-level mandate. Other states should follow suit.

House Democrats' plan to start protecting the Affordable Care Act, explained
Dylan Scott
Feb. 13, 2019

House Democrats promised in the 2018 campaign that they would beat back the Trump administration's attacks on the Affordable Care Act, and they are ready to begin their counteroffensive. They are narrowly focused for now — and there's good reason for that.

The influential Energy and Commerce Committee will hold a hearing Wednesday on four bills to undo recent actions by the administration that undermine the health care law. The bills are tightly targeted — reversing Trump-issued regulations and restoring funding for enrollment outreach cut by the Trump administration — but they still represent the first legislation to shore up the ACA to get a hearing in the new Democratic majority. They are starting with limited yet broadly popular ideas.

But looming in the background is the immediate existential threat to the health care law, a lawsuit brought by Republican states to overturn the entire statute. The new majority and their legal advisers have decided that, aside from a vote to join the law's defense in the courts, they should not pass legislation designed to prevent the courts from throwing out the law in its entirety.

Given the success of prior legal challenges thought to be ridiculous that still found their way to the Supreme Court, some liberal legal scholars have argued House Democrats should use their new majority to pass a bill or bills to protect Obamacare from this latest vulnerability.

"There's no such thing as risk-free litigation," Nicholas Bagley, a University of Michigan law professor who has laid out possible actions the House could take, told me. "You should do anything and everything you can to make this misbegotten lawsuit go away."

But other left-leaning lawyers and high-ranking Democrats see it differently. They believe there is no chance the Republican-led Senate would pass or President Donald Trump would sign such a bill. Moreover, they think Democrats would risk validating the case against the ACA if they tried to pass bills to fix it — by acknowledging that there is a problem to be fixed at all, when the House's position in the lawsuit is that Obamacare is constitutional as it is.

“Any proposed fixes will likely be partial, would open up the ACA to further amendment in the Senate, and would lend weight to plaintiff legislative history arguments,” says Tim Jost, a health law professor at Washington and Lee University. “This case is winnable in the courts and should stay there.”

That is the prevailing belief among House Democrats right now, and that is why, though they are preparing to start moving bills to shore up Obamacare, they are leaving the most worrisome threat to the law out of their legislative agenda for now.

Democrats are taking up three bills to reverse the Trump administration’s sabotage
The Energy and Commerce Committee will hear testimony Wednesday on a few different bills to reverse the Trump administration’s attacks on Obamacare, usually the precursor to a bill getting a committee vote and then advancing to the House floor.

1) A bill to repeal the Trump administration’s expansion of short-term limited-duration plans

Short-term limited-duration health insurance is not required to comply with the ACA’s requirements around preexisting conditions or essential health benefits. People can be denied coverage based on their medical history, and these plans don’t have to cover basic services like prescription drugs.

And under the Trump administration’s regulations, so-called “short term” insurance — previously limited to lasting just three months — can be renewed for up to 36 months.

The Trump administration projected that 200,000 or so Obamacare customers will switch from marketplace plans to short-term coverage in the coming year. Other groups project even more desertion. Those people will probably be younger and healthier, drawn to the plans by their cheaper prices and because they don’t think they’ll need robust insurance. Actuaries expect that as a result, premiums for Obamacare plans will increase by as much as 10 percent on average, unless states move to regulate short-term plans more stringently.

The Democratic bill would repeal the short-term insurance regulations, blocking them from going into effect.

2) A bill to block the Trump administration’s recent decision to relax regulations for plans sold on the ACA’s insurance marketplaces

The Trump administration released new guidance last fall that would loosen some of Obamacare’s rules for waivers that states can seek to pursue their own health care ideas. One provision would allow customers to use the law’s generous tax subsidies to pay for those short-term insurance plans, heightening the risk that more people would abandon Obamacare for Trump-approved coverage. The requirement that any waiver would cover the same number of people would also be also softened, opening up the possibility that states could get approval for waivers that actually cover fewer people.

The Democratic bill would likewise block the Trump administration's guidance from taking effect and prevent any similar changes from being implemented in the future.

3) A bill to increase funding for Obamacare enrollment and outreach efforts, which have been cut by the Trump administration

The Trump administration slashed federal funding for outreach and enrollment from $100 million to $10 million in its first year and kept outreach funding at that lower level in its second year. Obamacare enrollment fell off slightly in both those years, and research has shown that many uninsured people who are eligible for the ACA's financial assistance don't know that the law's marketplaces exist or that tax credits are available to them so they can buy health coverage.

The Democratic bill would require the administration to perform enrollment and outreach activities and provide $100 million annually for those efforts.

A fourth bill under consideration would not reverse Trump's actions, but it would instead force short-term plans to disclose they are not required to comply with Obamacare's rules for preexisting conditions.

The debate over whether House Democrats should pass a bill to stymie the Texas lawsuit

Notably missing from the Democratic menu is any item to address the ongoing lawsuit, brought by Texas and 19 other Republican-led states, to overturn the Affordable Care Act entirely. Legal experts dismiss the states' argument as "absurd," yet they worry it could find an audience among conservative jurists, given the prior success of anti-Obamacare lawsuits thought to be spurious that still found their way to the Supreme Court.

That argument has already won in a lower federal court, after all, though the decision is on hold pending appeal.

The foundation of the conservative state's case is that because the Republican Congress repealed the individual mandate penalty in the 2017 tax law, removing the provision that Chief Justice John Roberts used to justify upholding the law's constitutionality in 2012, the entire law must now fall under Roberts's theory. Legal scholars on the left and the right say it's a ridiculous case; Congress amends laws all the time, and the earlier Congress decided to repeal the mandate penalty while preserving the rest of the law. It's legally vacuous to try to now apply Roberts's old logic to a newly amended law.

Some left-leaning lawyers believe House Democrats should still pass a bill to neutralize the threat and either force Republicans to agree or use their inaction as a cudgel against them for failing to protect Americans from the lawsuit's potential fallout. Bagley and his Michigan colleague Richard Primus laid out some options in the Atlantic in December: 1) increase the mandate penalty to a nominal amount (even $1); 2) pass a bill declaring that the rest of Obamacare should stand even if the mandate falls; or 3) simply repeal the mandate entirely, as it is still technically on the books even though the penalty for not complying is $0.

If any of those options became law, they argued, it would leave the current lawsuit with no legal leg to stand on and remove the threat of conservative judges or the Supreme Court deciding to overturn the entire law, as one judge has already done. If Republicans refused to act, then House Democrats "could hang this case like an albatross around the neck of the Republicans," Bagley says.

"I'm tired of seeing Congress run for the courts. Protect your institutional interests," he told me. "This is political hardball being played out in the courts right now. Judges who are ruling against the ACA — they're not applying the law in a careful, thoughtful way. They are partisan actors in a partisan game."

But the argument hasn't found purchase among House Democrats or their legal advisers. The House voted the day Democrats took over to join the legal defense of the law in the Texas case, but leadership seems content to leave it at that.

House Democrats believe there is no chance Senate Republicans or the White House would agree to such a plan without serious concessions — noting that the Justice Department has joined in part the lawsuit overturning the ACA — and that if they moved to fix the law, they would give the Republican states fodder to bolster their case that the law has a legal vulnerability.

"We take very seriously the threat we could have a worst of all worlds: A legislative fix does not become law and only serves to undermine the position of the House, which is that the ACA is constitutional as is," one House aide told me.

Another source familiar with the situation elaborated: "If there was a chance that a clean fix could be enacted, it would be worthwhile. ... But there is zero chance that a clean fix could be enacted, and the downside is it creates all of these other things."

The internal debate seems to be settled; Democrats have chosen their path. That explains why, even as House Democrats are undertaking the work to protect the ACA, they have left the latest legal threat off their to-do list.

POLITICO

Newsom says California must address soaring health care costs
Angela Hart
Feb. 12, 2019

Gov. Gavin Newsom suggested today that one way to address soaring health care costs is to address the consolidation of hospitals and physician practices that critics say create health care monopolies.

“Our ability to invest in everything we care about is constrained by the pressure of rising health care costs,” Newsom said today during his State of the State address.

Through his budget proposal, Newsom has also sought to lower consumer health care costs by restoring in California the mandate to have health coverage or pay a tax penalty and expanding affordability assistance. He voiced support for the “long-term goal of single-payer financing,” but said the state must act more immediately to address rising costs across the system.

He said his prescription drug plan for bulk purchasing of pharmaceuticals could also lower rising costs. He praised President Donald Trump for calling attention to the high price of drugs in the State of the Union address last week, but said “with or without the federal government, California will lead.”

In his agenda, Newsom also is seeking an expansion of the health care system, which could drive up costs. He has proposed extending Medi-Cal eligibility to undocumented immigrants up to age 26 and boosting government subsidies to help consumers purchase insurance. He also called attention Monday to a lesser-known proposal to spend $1 billion this year to increase provider rates in Medi-Cal, to address California’s shortage of health care providers.

“But access is only part of the solution,” Newsom said. “Cost is another.”

THE SENTINEL

Senator Melissa Hurtado Introduces Bill to Help Californians Keep Health Coverage during Life Transitions
Feb. 12, 2019

SACRAMENTO – Senator Melissa Hurtado (D-Sanger) introduced legislation on Feb. 12 to help Californians keep health coverage during life transitions.

SB 260 will require health plans and insurers to give consumers who lose their coverage for any reason notices of the availability of Medi-Cal and Covered California coverage. The bill will also make it easier for Covered California to reach out to consumers, who have lost their coverage to help minimize gaps in their coverage.

“SB 260 is a critical piece of legislation for communities in the Central Valley and throughout California,” said Senator Hurtado. “Experiencing life transitions is inevitable, particularly in the Valley where communities face poverty at an alarming rate. This bill’s proactive approach eliminates the extra step for someone who is undergoing a transition in their life by ensuring that they maintain health coverage,” continued Senator Hurtado.

Today, many people who buy coverage as individuals actually cycle in and out of that coverage over a short period of time. For example, more than half of the 1.4 million people that buy coverage through Covered California actually leave because they gain other health coverage either from their new jobs or through Medi-Cal. With 4 million Californians estimated to be uninsured in 2020, SB 260 reduces these coverage gaps which can lead to long-term negative impacts on health and family finances.

“When someone loses Medi-Cal, they don’t have enough time to enroll in a Covered California plan that will start when their Medi-Cal ends. This legislation will help ensure consumers don’t face gaps in coverage just because they start earning a little more money,” said Jen Flory, Policy Advocate for Western Center on Law and Poverty.

“This legislation helps ensure that a pay raise doesn’t inadvertently lead to a gap in health coverage. When Californians make a change in their lives and income, whether moving to a new home, getting married, or losing a job, this bill ensures that consumers can get the direct help they need to re-enroll in health care coverage.” said Anthony Wright, Executive Director of Health Access California. “Keeping Californians consumers covered during life transitions helps not just the insured individual and family but the whole health system work better.”

San Francisco Chronicle

Universal health care in California: $17 billion a year, says one estimate
Catherine Ho
Feb. 11, 2019

Universal health care in California could cost $17.3 billion a year, under one plan proposed Friday by UC Berkeley health policy researchers.

The paper offers one path for getting about 3 million uninsured Californians health coverage. It is one of several recent estimates from researchers and legislators who have devised various ways to work toward universal coverage in the state. It is not a plan for a single-payer system.

The figure is significantly higher than other analyses, which found that working toward universal coverage by expanding Medi-Cal insurance for the poor would cost less than half of that. That is because the paper builds in the assumption that the uninsured would get on private health insurance plans, whereas other estimates factor in federal funding for getting more people on Medi-Cal, which is jointly paid for by the federal and state governments.

The paper, by Richard Scheffler and Stephen Shortell of Berkeley's School of Public Health, proposes a mix of new taxes on the health care industry, California employers and airline travelers, paired with contributions from the state's general fund and premium payments from individuals who are now uninsured.

The ideas, presented Friday to a group of California health policy researchers and advocates, are considered one early stab at financing universal coverage and are not included in legislative proposals.

The largest source of financing, 41 percent, would come from a 3 percent tax on the revenue of hospitals, nursing homes, drug companies, home care providers and insurance companies, which would generate an estimated $7.2 billion a year. The tax would not apply to public hospitals.

The next largest source of funding, 31 percent or $5.2 billion, would come from currently uninsured residents who would pay a monthly premium for a health plan — envisioned as a plan bought through the insurance marketplace Covered California. The premium would be paid by those who earn too much to qualify for Medi-Cal, the insurance program for the poor, and would average out to $123 a month per person. The authors do not specify how many people would pay this premium, or address how to incentivize this population — many of whom are undocumented and hesitant to participate in government programs — to buy into the system.

The paper also proposes a tax on international and business class travelers who fly into and out of California's five largest airports: Los Angeles International Airport, San Francisco International Airport, San Diego International Airport, Oakland International Airport and San Jose International Airport. The taxes would be $50 per ticket for domestic business class passengers, $60 per ticket for for economy international passengers and $250 per ticket for international business passengers. These five airports see a collective 188 million passengers each year, according to the authors' analysis of California Department of Transportation air passenger traffic data. The tax would generate $2.3 billion a year.

The remaining funding would come from the state's general fund in the amount of $1.7 billion, and a tax on employers that would generate $979 million. The employer tax would be modeled after Healthy San Francisco, a program started in 2007 to cover the city's 14,000 uninsured residents. It would require employers that don't provide insurance to their workers to pay into a fund by levying a 4 percent surcharge on customers. It would apply to for-profit employers with more than 20 workers and nonprofit employers with more than 50 workers.

Under the plan, the revenue generated through these proposed new taxes would go toward what's known as integrated care systems to expand their geographic reach and offer more insurance plans on Covered California. The biggest and most well-known integrated system is Kaiser, which provides both the insurance coverage and health care services to its patients, but others have started forming their own integrated care systems in recent years including Sutter Health's HMO plan, Sharp Health Care in San Diego and HealthCare Partners in Los Angeles. Those integrated care plans would be offered on Covered California.

Scheffler and Shortell say they hope their ideas are a starting point for debate and will inspire action by state legislators.

"We're hoping for some interest from Sacramento," Scheffler said.

Some policy experts who reviewed the paper raised questions about some of the proposed taxes and the cost estimate. Ken Jacobs, chair of the UC Berkeley Labor Center, said $17 billion is much too high for achieving universal coverage because it doesn't take into account the federal dollars that would be available if the state were to expand Medi-Cal to more uninsured people.

A state-level employer mandate could face legal challenges, as Healthy San Francisco did, because of federal preemption issues under the Employee Retirement Income Security Act, or ERISA, Jacobs said. Similarly, the airline tax might run afoul of federal laws regulating interstate commerce and airlines. And the tax on hospitals would need a two-thirds vote in the Legislature and buy-in from health care providers.

“I look at the (financing) as throwing some ideas on the table to start a discussion,” Jacobs said.

Californians want state to spend surplus on health care for...
Other proposed measures and analyses put different cost estimates for getting California closer to universal coverage. A report released this month by Covered California found that providing more financial assistance to consumers to buy plans would cost between $2.1 billion and $2.7 billion a year.

One bill, AB-4, proposes expanding Medi-Cal to all undocumented adults — a move the Legislative Analyst’s Office has estimated would cost $3 billion annually. Another bill, AB-174, aims to provide financial assistance to those making between $48,000 and $72,000 to buy insurance. It would cost $40 million to $75 million a year, according to estimates included in a previous bill.

Gov. Gavin Newsom’s proposed budget included expanding Medi-Cal coverage to undocumented young adults between ages 19 and 25, and providing state-funded financial assistance to help Californians buy insurance — both of which would be steps toward universal coverage in the state. It is unclear how much the initiatives would cost.

The New York Times

Democrats Unite to Begin Push to Protect Pre-Existing Condition Coverage
Robert Pear
Feb. 6, 2019

WASHINGTON — Democrats, claiming a mandate from voters, opened a legislative campaign on Wednesday to secure protections under the Affordable Care Act for people with pre-existing medical conditions, putting aside divisions over a more ambitious push for “Medicare for all” in favor of shoring up existing law.

“Health care was the single most important issue to voters in the 2018 election,” said Representative Anna G. Eshoo, Democrat of California, as she convened a hearing on a decision by a federal district judge in Texas that would invalidate the entire law.

In the court case, filed by Texas and 19 other states, the Trump administration has refused to defend provisions of the Affordable Care Act that protect people with pre-existing conditions.

But in his State of the Union address on Tuesday, he said it was now important “to protect patients with pre-existing conditions.” More than any other issue, health care was the policy that united Democratic campaigns last fall, specifically a promise to protect existing law that prohibits insurance companies from charging higher premiums or blocking coverage for customers with pre-existing medical conditions.

Now in charge of the House, Democrats are divided over how far and how fast to go to expand health insurance coverage — and whether to push for a single, government-run system like Medicare for all. But some lawmakers have expressed impatience with the pace of legislative efforts on the one issue they agree on: protecting pre-existing condition coverage.

Experts and ordinary citizens told Congress on Wednesday that Mr. Trump’s position in the Texas court case could be devastating to some patients.

“Families like mine — families with medically complex children — are terrified of what this lawsuit may mean for our kids,” said Elena Hung, whose 4-year-old daughter was born with chronic medical conditions that affect her lungs, heart and kidneys.

“Our lives are already filled with uncertainty — about diagnoses, the effects of medications and the outcomes of surgeries,” said Ms. Hung, who helped found a child advocacy group called Little Lobbyists. “The one certainty we have is the Affordable Care Act and the protections it provides.”

The priorities of the new House majority were on display on Wednesday as three subcommittees held hearings to investigate Mr. Trump's efforts to dismantle the Affordable Care Act in the last two years.

Democrats said they would try to strengthen the law and restore funds cut by the Trump administration for insurance counselors who help people enroll in health plans. They said they would also try to prevent the White House from granting waivers to state insurance programs that skirt the Affordable Care Act.

Representative Lauren Underwood, a freshman Democrat from Illinois, introduced a bill to increase protections for people with pre-existing conditions. Ms. Eshoo, the chairwoman of the Energy and Commerce subcommittee on health, said she would hold a hearing on it next week.

The bill would overturn a Trump administration rule that has allowed the proliferation of short-term health insurance policies. The policies are allowed to deny coverage or charge higher premiums to people with pre-existing conditions. And they often omit coverage of prescription drugs, mental health care and other benefits guaranteed as essential by the Affordable Care Act.

"A pre-existing condition shouldn't be some kind of scarlet letter Americans have to wear around their neck as they try to get the quality, affordable health care everyone deserves," Ms. Underwood said.

Ms. Underwood, a nurse, has a pre-existing condition that occasionally prevents her heart from maintaining a normal rhythm. "So this is personal," she said. "No insurer should ever have the option to discriminate against us."

For their part, Republicans said they, too, supported protections for people with pre-existing conditions and wanted to work with Democrats on the issue. But Republican proposals in the past have sometimes offered less protection than the Affordable Care Act provides. They would, for example, have prevented insurers from raising premiums for people with pre-existing conditions — but only if consumers maintained "continuous coverage" without a significant interruption.

A lapse in coverage could have allowed insurers to significantly raise premiums for the sick.

Republicans searched for divisions between Democrats hoping to shore up the Affordable Care Act and more progressive members pushing for a single, government-run insurance system. They taunted Democrats by demanding a public hearing on Democratic proposals for a single-payer health care system, known increasingly as Medicare for all.

“The American people should hear how House Democrats expect to address the massive costs associated with Medicare for all,” said Representative Greg Walden of Oregon, the senior Republican on the Energy and Commerce Committee. “They need to know about the $32 trillion price tag for such a plan and the tax increases necessary to pay for it.”

Some Medicare-for-all proposals could end employer-sponsored health plans that now cover more than 150 million people, Mr. Walden said.

One-third of Senate Democrats and more than half of House Democrats have endorsed proposals to open Medicare to all Americans, as have some of the party’s presidential candidates.

Representative Frank Pallone Jr., Democrat of New Jersey and the chairman of the Energy and Commerce Committee, said it was hypocritical for Republicans to seek hearings on Medicare for all, a plan they oppose as a government takeover of health care.

“Who are you kidding?” Mr. Pallone asked the Republicans. “You’re saying that you want to repeal the Affordable Care Act and then you want to have a hearing on Medicare for all. The cynicism of it!”

At a separate hearing, Representative Robert C. Scott of Virginia, the chairman of the Education and Labor Committee, said the ruling in the Texas case posed a serious threat to people with employer-sponsored coverage.

“All Americans, whether insured through an A.C.A. marketplace or through their employer, would lose the consumer protections we all take for granted,” Mr. Scott said.

Under the Affordable Care Act, employers generally cannot impose a waiting period for coverage of pre-existing conditions. The law requires employers to cover health screenings and other preventive services at no cost to employees, and it prohibits annual and lifetime limits on benefits.

Representative Donna E. Shalala, Democrat of Florida and a former secretary of health and human services, said that Republicans, “despite their long assault on the Affordable Care Act, have yet to develop an alternative that would continue to safeguard more than 133 million Americans with pre-existing conditions.”

California and other states that support the Affordable Care Act have appealed the decision in the Texas case by Judge Reed O’Connor of Federal District Court in Fort Worth.

89.3 KPCC

wExploring the factors behind the nearly 24 percent drop in new Covered California enrollees
Jan. 31

New enrollment in California's state healthcare insurance was down significantly this year, the agency reported on Wednesday.

Covered California executive director Peter Lee pointed toward the nullification of the Affordable Care Act's individual mandate as the main reason for the drop, saying in a statement "recent actions at the federal level appear to be causing large drops in enrollment that will lead to more uninsured and higher premiums for all Californians." California Governor Gavin Newsom has, in his first month in office, already proposed a state individual mandate that would require Californians to purchase coverage.

Others point to different reasons, like an overall increase in premiums, more people getting healthcare coverage through their workplace thanks to an increase in hiring and low unemployment, or simply a lack of desire among many Californians to purchase health insurance, since there's no longer an economic disincentive to not buying insurance and many view it as an added cost for a service they don't use often enough to justify paying for

What do you think are the reasons behind the drop in new enrollees? How much of a factor is the removal of the individual mandate at the federal level? What could be done to encourage more Californians who don't get coverage through their employer to enroll in Covered CA?

POLITICO

State lawmaker introduces California individual mandate bill
Angela Hart
Jan. 29, 2019

State Sen. Richard Pan has introduced legislation requiring that most Californians have health coverage or pay a tax penalty.

CA SB175 (19R) comes less than a month after Gov. Gavin Newsom called for restoring a state-based individual mandate.

Congress in 2017 zeroed out the tax penalty as part of the Republican tax overhaul, rendering the mandate ineffective. Estimates by the University of California, Berkeley Labor Center indicate that the loss of the individual mandate could lead to the state's uninsured rate rising to 12.9 percent by 2023. Insurance premiums in the individual market are projected to jump 10 percent over the same time period, due to the loss of the mandate.

A state individual health care mandate could generate in the range of $500 million per year, according to Newsom. Funds could support expanded state subsidies for those who purchase insurance through Covered California.

Newsom's budget calls for the state Franchise Tax Board to implement the mandate tax penalty and for Covered California to administer the subsidies.

Pan's bill could serve as the mechanism for Newsom's plan. It would enlist the state exchange to determine the penalty. It likewise calls on the Franchise Tax Board to collect annual mandate tax penalties and deposit them into a newly created "Health Care Coverage Penalty Fund."

The bill states the fund would "be used to improve the affordability of health care coverage for Californians."

POLITICO

Newsom makes health care the centerpiece of California's resistance to Trump
Victoria Colliver
Jan. 27, 2019

For California under Gov. Gavin Newsom, the resistance to President Donald Trump is about health care.

Much as his predecessor Jerry Brown made climate change the state's big challenge to Trump, Newsom has embarked on a health agenda that includes extending care to undocumented adults and direct government negotiation of drug prices.

Unlike the other potential and announced 2020 candidates pushing universal health care, Newsom isn't just talking theoretically, so there's much more at risk. If his innovations in expanding Obamacare, extending Medicaid to undocumented immigrants — itself a jab at Trump's hard-line immigration policies — and negotiating lower drug prices work, he could emerge as a hero of the Democratic Party. His policies could be templates for candidates pushing ahead on universal health care — an aspiration shared by Democrats even if they are still divided on what specific policies to pursue and how quickly to pursue them.

"In his first day in office, Gov. Newsom established himself as a major force on health care among Democrats and in the states, and that was never true of Gov. Brown," said Larry Levitt, a senior vice president at the Kaiser Family Foundation.

But the strategy carries a lot of peril. The push to extend care will cost the state hundreds of millions of dollars and could stress health systems by attracting more undocumented immigrants. Meanwhile, Newsom's reluctance to make single-payer health care his top priority after campaigning on it could antagonize the political left, including the California Nurses Association, which has thwarted past health legislation it deemed too timid.

The emerging 2020 Democratic field — and governors of other states — will be watching.

"He's among the first to try to do some of these things," Chris Jennings, who served as a health policy adviser in both the Clinton and Obama administrations said. Even though California's size offers more resources and leverage, "many of the policies he's pursuing can be replicated through individual states or collaborations, and a number of states are starting to think about those things."

Newsom at his Jan. 7 inauguration announced he wants California to be the first state to extend Medicaid coverage to undocumented adults, building on Brown's 2016 move to cover undocumented children. Newsom also wants to install an Obamacare-style individual mandate, which Congress effectively wiped out nationwide in the 2017 tax law. And he wants the state to harness its buying power to bring down drug prices by creating the largest direct purchaser of prescription drugs in the country.

The 51-year-old former San Francisco mayor and lieutenant governor is tapping into an issue that resonates with Californians. A new poll from the Kaiser Family Foundation and the California Health Care Foundation found 45 percent of residents surveyed ranked making health care more affordable as "extremely important" — just behind education and ahead of affordable housing as priorities for the governor and Legislature.

Newsom isn't the first California governor to elevate the issue. A decade ago, Arnold Schwarzenegger launched an ambitious bipartisan effort to reshape the state's health system based on a model pioneered by Massachusetts that later became the basis of the Affordable Care Act. It crashed after encountering resistance from single-payer advocates on the left who didn't think it went far enough and conservatives.

Newsom's Medicaid expansion, which will cost the state about $260 million a year, has already prompted pushback from Republicans in Congress, where a group of senators led by Bill Cassidy (R-La.) has introduced legislation that would strip a portion of California's federal Medicaid funding if it's determined federal dollars were paying for Medi-Cal services for undocumented adults. But California says that's moot because it's using its own funds — which also means it doesn't require the Trump administration's approval.

Though the response to Newsom's plan within the state has been more positive, with interest groups eager not to antagonize the new administration, Republican state legislators have questioned the long-term cost of such an open-ended entitlement expansion — and the wisdom of wading into a high-profile immigration debate.

State Sen. John Moorlach, a Republican from Orange County who was born in the Netherlands, said after Newsom unveiled his budget that he's troubled the Medi-Cal expansion might benefit those "who didn't come through the front door like my folks and I did."

"I'm just concerned with how do we pay for it, how does it work and is it fair." he said.

The governor's in-your-face start is "vintage Newsom," according to Ben Tulchin, a Democratic strategist and pollster, who called it a "clear push-off on the Trump administration's priorities on taking people's health care away from them and taking on immigrants."

Tulchin said Newsom, who implemented San Francisco's landmark universal health access program while he was mayor and issued marriage licenses to same-sex couples just weeks after he was inaugurated, has a "much stronger track record on social services and caring for people" than Brown, who blocked a number of costly health care initiatives in his last years in office, including legislation to enact a single-payer health system. "It's how he campaigned and is coming through in how he's governing."

"It's almost impossible to do anything in health care and not ruffle feathers," added Kaiser's Levitt. "The governor is walking quite a tightrope so far successfully in not bringing on significant opposition."

Newsom's plan to lower drug prices by having the state negotiate with drug companies on behalf of all state agencies, as well as leverage the power of its Medicaid drug purchasing, is sure to draw strong industry opposition and possibly litigation. Many details still need to be fleshed out, such as whether the state needs a federal waiver to increase its negotiating might for drugs purchased through Medi-Cal.

Newsom also is proposing to reinstate the Obamacare mandate to buy insurance after Congress zeroed out the penalty for noncompliance. Vermont, New Jersey and Washington, D.C., have weighed similar moves, despite the lingering unpopularity of the penalty. In California's case, Newsom is wagering the requirement will prod more middle-class residents into the state's Obamacare exchange, Covered California. Penalties for noncompliance could help subsidize coverage for people with incomes that are 400 to 600 percent of the federal poverty level.

Peter Lee, head of Covered California, said Newsom's announcement on the mandate demonstrated courage. "Penalties aren't fun," the state exchange director told POLITICO. "It really is an act of courage, which was one of the taglines of his campaign."

Anthony Wright, executive director of Health Access California, said the mandate shouldn't be the only source of that funding. "Our ideal world is when nobody pays the individual mandate penalty because everybody is signing up for coverage," he said.

Newsom is also likely to face continued pressure from the California Nurses Associations and other supporters of a "Medicare for all"-style system. Though he supports the concept, Newsom has adopted a go-slow approach that could yet antagonize supporters on the left who want it to remain a signature goal. Rep. Ro Khanna (D-Calif.), said California should pass single-payer legislation before the 2020 election, to establish a model if Democrats pull off a sweep and gain control of the White House and both houses of Congress.

David McCuan, a political analyst and professor at Sonoma State University, said Newsom's early actions on health appear calculated to draw a contrast with Trump and the climate in Washington.

The Washington Post

Democracy Dies in Darkness

The Health 202: House Democrats are divided on Medicare-for-all plans
Paige Winfield Cunningham
Jan. 23, 2019

Congressional Democrats have proposed about 50 shades of Medicare-for-All plans – but their leaders are treading carefully around the bold idea because most Americans don’t yet have a firm grasp of what it would mean for them.

Fifty-six percent of Americans said they support the idea of a national Medicare-for-all plan in a new poll from the Kaiser Family Foundation. But support faded 20 to 30 percentage points when people were told such an approach could result in higher taxes or longer wait times to see a doctor.

“I do think these results create some constraint for policymakers,” KFF polling director Mollyann Brodie said. “I think what our data show here is it’s pretty easy to move the dial on support and opposition.”

Think of these next two years as a laboratory for Democrats leading the House and those running for president in 2020 to experiment with how various degrees of Medicare expansion might play with the public. Democrats are unified on this goal: extending health coverage to all Americans. What they’re divided about is exactly how to bridge the gap between the 13.7 percent uninsured rate and universal coverage.

“Every Democrat that I know believes in the principle of universal health care,” freshman Rep. Donna Shalala (D-Fla.), who headed the Department of Health and Human Services in the Clinton administration, told me. “The question is how do we get there.”

The umbrella term Medicare-for-all is being used to describe a broad spectrum of proposals, ranging from simply lowering the program’s eligibility age to replacing the entire U.S. system of private health coverage with a single government-run plan. Democrats have zeroed in on describing additional government-backed health plans as “Medicare” because the program for the elderly and disabled is well-known and popular.

Some of the more modest proposals to expand Medicare or Medicaid, such as Rep. Brian Higgins’s (D-N.Y.) Medicare Buy-In Act and Sen. Debbie Stabenow’s (D-Mich.) Medicare at 55 Act, play quite well with voters. Seventy-seven percent of respondents to the Kaiser poll — including 69 percent of Republicans — said they favor allowing people to buy into Medicare starting at age 50.

And 75 percent of respondents — including 64 percent of Republicans — said they favor allowing people who don’t get workplace coverage to buy into their state’s Medicaid program, an idea laid out in Sen. Brian Schatz’s (D-Hawaii) State Public Option Act.

There was almost as much support for including a government plan among the private plan offerings available in the individual insurance marketplaces. Higgins and Sen. Michael Bennet (D-Colo.) have plans that would create a Medicare plan option for those who purchase private Obamacare plans. Rep. Jan Schakowsky (D-Ill.) and Sen. Sheldon Whitehouse (D-R.I.) have similar bills to offer a “public option” plan.

Moderate Democrats tend to favor these incremental approaches, which would allow people to keep their employer-sponsored coverage if they like it. Rep. Abigail Spanberger (D-Va.), who in November unseated former Republican congressman Dave Brat, said she thinks a public option is the best way to close the coverage gap.

“That’s not because of any sort of grandiose negativity toward other plans,” Spanberger said. “I just think it’s the most effective, potentially — in theory, right? — option for expanding health-care access to more Americans.”

Rep. Ami Bera (D-Calif.), who helps lead a group of moderate Democrats called the New Democrat Coalition, pointed to the Medicare and Medicaid buy-in proposals. He suggested they would be a lot more feasible in the current political environment than a full health insurance overhaul. “I think where we’re focused … is what’s doable right now,” Bera told my colleague Paulina Firozi.

Bera hasn’t signed on to the sweeping Medicare-for-all bill offered by Rep. Pramila Jayapal (D-Wash.), which would make the government the country’s sole health insurer. The Kaiser poll suggested far less support for this type of idea, especially when respondents were told about what they might view as downsides. Just 37 percent said they would support such a plan when told it could increase their taxes. Support dropped to 26 percent when they were told it could lead to delays in some people getting medical tests and treatment.

Granted, more House members back the idea of a single-payer system than ever before. House Rules Committee Chairman Jim McGovern (D-Mass.) and Budget Committee Chairman John Yarmuth (D-Ky.), who have both signed on to comprehensive Medicare-for-All legislation, have said they’ll hold Medicare-for-all hearings.

But House Speaker Nancy Pelosi (D-Calif.) seems very aware of the potential pitfalls should Democrats take a stance on a specific Medicare-for-all measure before the public is ready for it. These bills raise all sorts of sticky questions about the extent of coverage and how to pay for it. Pelosi told the Associated Press her priority is to first work on lowering drug prices and improving the Affordable Care Act.

Rep. Anna Eshoo (D-Calif.), a Pelosi ally who leads the Energy and Commerce Health subcommittee, also named those two topics as her top priorities. She told Paulina it would be “interesting” to examine various Medicare-for-all proposals but hasn’t announced she will hold such a hearing.

“You have to gauge what’s possible. What’s doable,” Eshoo said. “But I also think that you don’t want to — I never want to stomp on anyone’s dreams. Because no matter what’s taken place in our history, there was always a Greek chorus chanting on the side of the stage. ‘We can do more. We can do better. We can go farther.’ ”

It would make little sense for Pelosi to force her members to actually vote on that measure — or any of the others — considering Republicans leading the Senate would probably block it. So for now, it’s more likely Democrats will stick to putting out feelers on Medicare-for-all, through committee hearings and the like.

“Since we’re so far away from a real legislative vote on a Medicare-for-all proposal, the debate is much more about how the Democratic Party needs to position itself leading into 2020,” said Brodie, the KFF polling director.

POLITIFACT CALIFORNIA

Gavin Newsom proposes ‘down payment’ on universal healthcare in California
Chris Nichols
Jan. 17, 2019

“Guaranteed health care for all.”

That’s the promise Gov. Gavin Newsom made repeatedly on the campaign trail.

Newsom’s campaign website was more specific:

“As Governor, he will ensure California residents have universal access to healthcare, regardless of their ability to pay, pre-existing conditions, or immigration status.”

Creating a system where all California residents have health coverage and access, also known as universal healthcare, is a tall order.

When the newly-inaugurated Democratic governor unveiled several budget proposals on the topic last week, we decided to examine whether they move his pledge forward on our Newsom-Meter and, if so, by how much.

Here’s what we found:

Expanding coverage for undocumented Californians

In his budget, Newsom proposed expanding Medi-Cal coverage to an estimated 138,000 young undocumented adults in the state, ages 19 to 25. That plan would cost a projected $260 million and go into effect in July if approved by the Legislature.

Medi-Cal already covers undocumented children living in the state.

California has greatly expanded health coverage in recent years, reducing its uninsured rate from 17.2 percent in 2013 to a historic low of 7.4 percent in 2016.

But about half of those who remain uninsured are undocumented residents.

“We are approaching universal coverage for people that are eligible for coverage. Without addressing the undocumented issue, you won’t get to universal coverage,” Peter Lee, executive director of Covered California said on Capital Public Radio’s Insight show this week.

Increased subsidies

Newsom's budget would also expand subsidies through Covered California, the state's health exchange, for low- and middle-income residents to enable more people to afford health insurance.

Specifically, the move would apply to households that earn between 400 and 600 percent of the federal poverty level, which was about $25,000 for a family of four last year. A family of four that makes 600 percent of the poverty level earns about $150,000 a year. The subsidies are provided on a sliding income scale.

Funds to pay for the increased subsidies would come from Newsom's plan for a California individual mandate, or penalty imposed for not having health care. The Legislature would need to approve a state mandate.

Congress revoked the Affordable Care Act's individual mandate in 2017, allowing people to opt out of having health insurance without a penalty. Massachusetts, New Jersey, Vermont and the District of Columbia have all passed their own individual mandate laws, while several more states are considering doing the same.

Health policy experts praised Newsom's early plans.

"I think the governor has made some pretty significant progress," said Gerald Kominski, director, UCLA Center for Health Policy Research. "So, I am satisfied that he's moving things forward. He is not going to achieve health care for all with the proposals that he has proposed so far. But he has also said that is a continuing goal and I think what he's done is made a down payment on some significant steps."

Healthcare access

Health policy experts say ensuring Californians can access health care can be as important as providing coverage.

Joy Melnikow, director of the UC Davis Center for Healthcare Policy and Research, said Newsom's budget includes several proposals that could improve access.

Melnikow in an email pointed to pledges in the budget that would "increase the availability of care, including mental health, primary care, family planning services, and dental care," by extending supplemental payments to Medi-Cal providers.

She also cited a proposed $50 million increase that could improve access to mental health care by training more practitioners, along with a $25 million increase that would help mental health professionals better detect and intervene when young people are at high risk of experiencing psychosis.

Single-payer health care

Notably, Newsom's plans do not make progress on creating a single-payer government-run healthcare system, which he identified during his campaign as the best way to pay for universal health care.

That's a separate and more difficult promise we're tracking and we've yet to see clear evidence that it's moving forward.

Rating on universal healthcare pledge

Newsom's budget proposals — to expand Medi-Cal for young undocumented adults and subsidies through Covered California — mark the first concrete steps forward on his promise to create universal healthcare. We'll monitor how far those actions go.

We rate Newsom's pledge 'In the Works.'

In the Works — This indicates the promise has been proposed or is being considered.

How the Newsom-Meter works:

We'll publish updates on Newsom's progress, or lack thereof, on each of 12 campaign pledges. We will rate outcomes, not intentions or proposed solutions, the same standard used for PolitiFact's other promise meters.

Notably, a promise is not a position statement. We will define it as a prospective statement of an action or result that is verifiable. All of the promises will list the source.

The Newsom-Meter has six levels:

Not Yet Rated — Every promise begins at this level and retains this rating until we see evidence of progress — or evidence that it has stalled.

In the Works — This indicates the promise has been proposed or is being considered.

Stalled — There is no movement on the promise, perhaps because of limitations on money, opposition from lawmakers or a shift in priorities.

Compromise — Promises earn this rating when they accomplish substantially less than the official's original statement but when there is still a significant accomplishment that is consistent with the goal.

Promise Kept — Promises earn this rating when the original promise is mostly or completely fulfilled.

Promise Broken – The promise has not been fulfilled. This could occur because of inaction by the executive or lack of support from the legislative branch or other group that was critical to its success. A Promise Broken rating does not necessarily mean that the executive failed to advocate for the policy.

The ratings can change whenever the circumstances change. It's possible that the status could initially go to In the Works, but then move back to Stalled if it's decided the proposal has hit a lull.

PolitiFact has been tracking the promises of presidents, governors and mayors for more than a decade, and no one has achieved everything.

POLITICO

California's Obamacare exchange director expects even worse enrollment drop
Victoria Colliver
Jan. 17, 2019

Covered California officials said today 2019 enrollment in the state Obamacare exchange could decrease 15 percent or even more, a drop due primarily to the elimination of the federal tax mandate requiring most people to buy coverage.

"We projected new enrollments would be down in the range of 10 to 15 percent. We are thinking they will be down at least 15 percent, maybe more than that," Peter Lee, Covered California's executive director, said during today's board of directors meeting in Sacramento.

Total enrollment figures won't be released until early next week, Lee said. California's open enrollment period technically ended on Tuesday, but Covered California officials announced that day they would give consumers who started but didn't finish until Friday — an extra three days — to finish that process.

Covered California's most recently released figures showed about 238,000 people had signed up by the end of December.

Lee described as "mammoth" the number of people — 38,000 — who signed up Monday and Tuesday, the final two days of official enrollment. But his comments about the projected overall drop made clear he didn't think the state would make up the difference. In addition to the loss of the penalty, he said the improving economy could also have contributed to the decrease because former enrollees may have secured new jobs with employer-based coverage.

California, which has a state law in place to maintain its three-month enrollment, started signing up consumers for coverage on Oct. 15.

The San Diego Union-Tribune

Covered CA offers three-day grace period
Paul Sisson
Jan. 15, 2019

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.

THE SACRAMENTO BEE

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.