



**COVERED
CALIFORNIA**

Media Clips

COVERED CALIFORNIA BOARD CLIPS

Nov. 20, 2020 – Jan. 13, 2021

Since the November board meeting, Covered California extended its Dec. 15 deadline to Dec. 30 and announced its first enrollment update since the fall. The national news included Covered California’s involvement in the “Get Covered 2021” campaign and the end of another Open Enrollment Period for Healthcare.gov.

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News Release

Nov. 24, 2020

New Survey Shows Californians Putting Their Families First, While Underscoring the Impact of the COVID-19 Pandemic on Their Health, Lives and Finances

- *In the face of a resurgence, a new survey shows the COVID-19 pandemic has affected nearly everyone in the state, with the crisis hitting Latino and lower-income Californians the hardest.*
- *More than 40 percent of Californians personally know someone who has tested positive for the virus, and more than one in four know someone who has died from COVID-19.*
- *A majority of Californians (62 percent) say they — or someone in their household — have lost their job or seen their income reduced.*
- *Californians are also “stepping up” with the vast majority reporting they are following public health best practices (90 percent report wearing masks and four out of five are washing their hands and practicing social distancing).*
- *The pandemic continues to show the importance of having health insurance, as only 21 percent of uninsured Californians feel confident that they would have access to the health care they need if they were infected.*
- *More than 1.2 million uninsured Californians are eligible for financial help from either Covered California or Medi-Cal.*

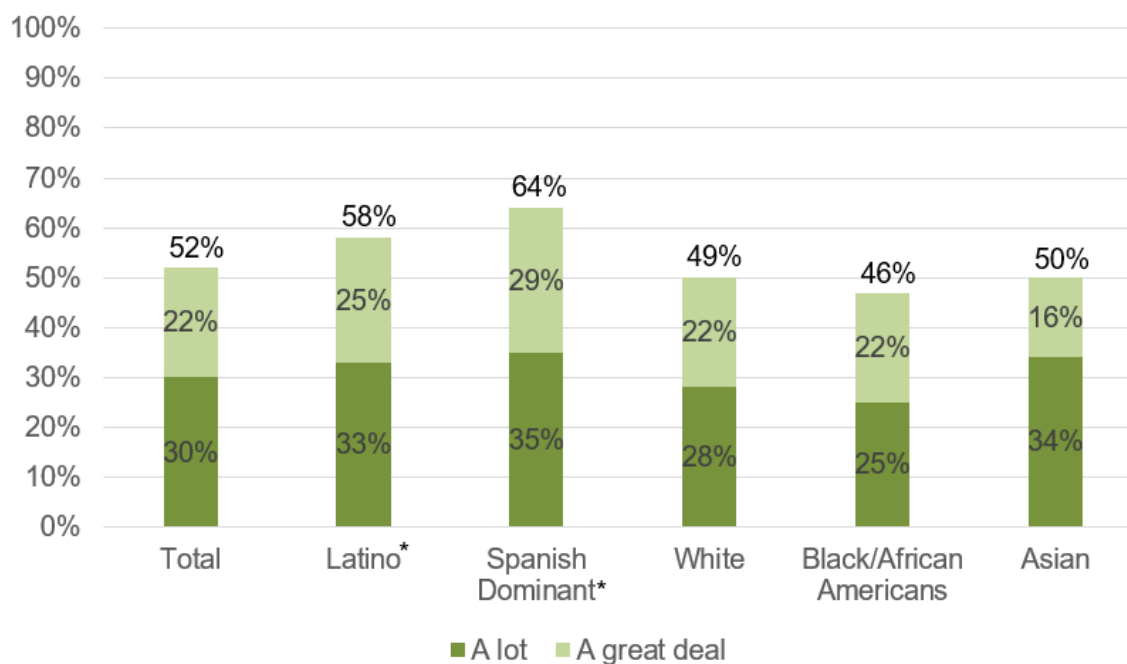
SACRAMENTO, Calif. — Covered California released new survey data on Tuesday that showed the impact the COVID-19 pandemic is having on the health, lives, finances and concerns of Californians. The survey found that COVID-19 has affected virtually all Californians (96 percent) with a majority (52 percent) saying the pandemic has affected their lives significantly.

“The pandemic continues to have a devastating impact on all of our lives, and it highlights the fact that those bearing the heaviest burden are Latino and lower-income Californians,” said Peter V. Lee, executive director of Covered California. “Those affected most by the pandemic are also those with the most to gain from getting the financial help that’s available to help 1.2 million Californians get health insurance.”

With more than 1 million Californians infected by the virus, and a death toll that is closing in on 20,000, the survey sheds new light on who is being hit hardest during the pandemic.

The survey found that 52 percent of Californians say the pandemic has affected their lives significantly, but the rates are much higher for the Latino population (58 percent), compared to 49 percent among whites, 44 percent among African Americans and 49 percent among Asian-Americans (see Figure 1. COVID-19’s Impact on Californians by Ethnicity).

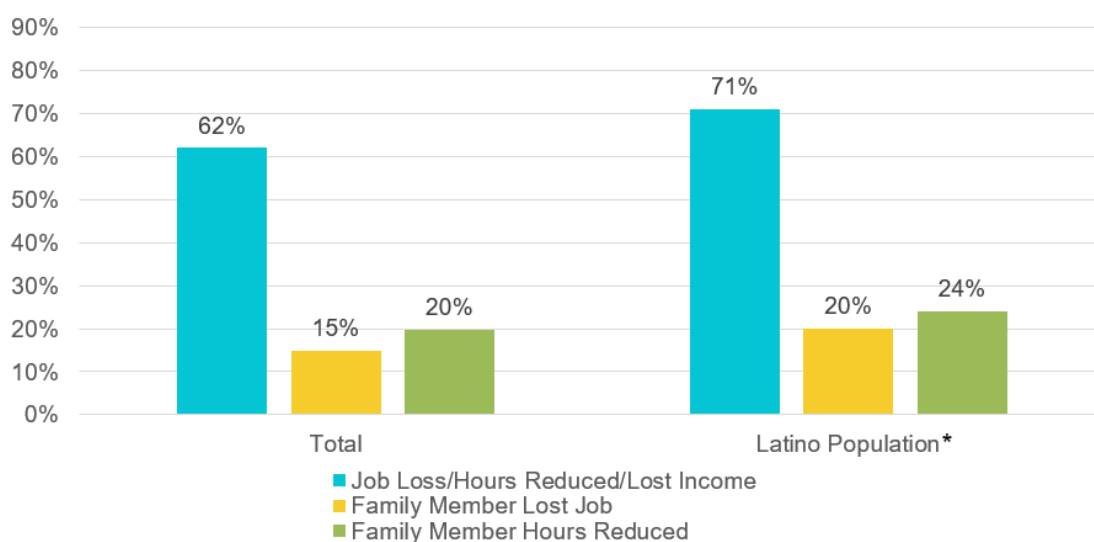
Figure 1. COVID-19’s Impact on Californians by Ethnicity



The survey also found similar disparities when it comes to Californians who are exposed to COVID-19. Overall, 42 percent of Californians report knowing someone who has tested positive for the virus, and 28 percent say they know someone who has died from COVID-19, with markedly higher rates reported by Latinos (33 percent) compared to 27 percent among Whites, 23 percent among African Americans and 18 percent among Asian-Americans.

Similarly, while 62 percent of Californians say they have experienced job loss or a reduction in income due to the pandemic, Latinos are the most likely to report these disruptions (71 percent) compared to 59 percent among whites, 58 percent among African Americans and 51 percent among Asian-Americans (see Figure 2. Economic Disruption Due to COVID-19 by Ethnicity).

Figure 2. Economic Disruption due to COVID-19 by Ethnicity



When this result is extrapolated across the state’s population, it would indicate that 25 million Californians may have suffered a job loss or reduction in income due to the pandemic. For those who need health care coverage, a smaller paycheck or the loss of a job means they could be eligible for financial help through Covered California or Medi-Cal.

The survey also found that Californians at the lowest end of the income spectrum were most likely to have suffered financially. Of those who earned between \$25,000 and \$35,000 in 2019, 40 percent say they had migrated into a lower income bracket, compared to 27 percent who earned between \$35,000 and \$50,000 and just 15 percent of those who earned more than \$50,000.

“These survey data add personal dimensions to the dry mortality data of disproportionate Latino deaths,” said Dr. David Hayes-Bautista from the UCLA Schools of Medicine and Public Health. “Through this survey we can appreciate the concerns of Spanish-speaking farmworkers, truck drivers and construction workers who see their jobs disappear, their paychecks shrink and their access to life-giving medical care fade away as this pandemic ravages the state’s essential workers.”

The pandemic also highlighted the important role that having health care coverage plays in providing Californians with peace of mind. Californians with health coverage were two to three times more likely to be confident that they would have access to care than those who are uninsured. For uninsured Californians, four out of five (79 percent) are not very confident that they would have access to the care they need if they are diagnosed with COVID-19.

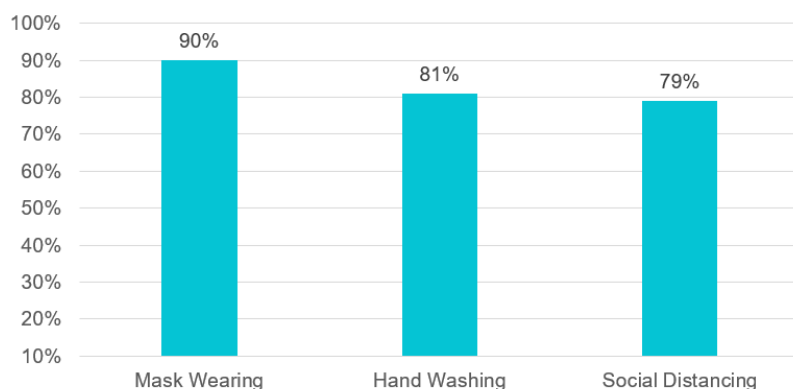
In addition, only 15 percent of uninsured Californians report they are satisfied with the health care they have access to — a figure driven even lower by the COVID pandemic. This compares to higher rates among those who are insured through Covered California and the individual market, who report the highest level of satisfaction in the state (45 percent satisfied compared to 42 percent for those with employer-sponsored coverage and 29 percent for those with Medi-Cal).

“The COVID pandemic has brought home the importance of having insurance coverage,” said Lee. “The fact that there are so many uninsured Californians living in fear underscores the importance of getting the word out that financial help is available to 1.2 million uninsured Californians, and they should sign up today.”

Eligible consumers can sign up through Covered California during the current open-enrollment period and potentially qualify for financial help from the federal government, the state of California, or both. Consumers can visit www.CoveredCA.com and find out if they are eligible for either lower-cost private plans through Covered California or free coverage through Medi-Cal (which is open year-round). Californians who sign up for health insurance through Covered California by Dec. 15 will have coverage that begins on Jan. 1, 2021.

While the survey presents some bleak findings, it also found that the vast majority of Californians are taking the necessary steps to protect their family, friends and community. The overwhelming majority of Californians say they are following core COVID-19 guidelines — particularly mask wearing, frequent handwashing and social distancing (see Figure 3. Californians Adhering to COVID-19 Safety Guidelines).

Figure 3. Californians Adhering to COVID-19 Safety Guidelines



“This data reinforces the fact that some Californians — particularly Latinos and those with lower incomes — are bearing far higher burdens during this pandemic, both in terms of health and financial impact,” said Dr. Erica Pan, California’s acting public health officer. “As we respond to an unprecedented and swift surge in cases and hospitalizations, combined with colder weather and upcoming holidays, I am encouraged and proud the majority of Californians recognize that public health prevention measures like wearing masks and keeping physical distance are critical to slowing the spread. We know this has been a long and difficult eight months fighting the pandemic together, but we are 40 million strong, and together we can defeat this virus.”

The online survey of more than 3,000 Californians was offered in English and Spanish between Oct. 28 and Nov. 11.

Click here to see the complete results of the survey, [“Californians and COVID-19: Impacts, Responses and Reasons for Hope.”](#)

Click here for the [survey’s chart pack](#).



News Release

Nov. 25, 2020

Statement from Peter V. Lee on the Administration's Latest Effort to Undercut Broader Coverage Through the Affordable Care Act

SACRAMENTO, Calif. — Covered California Executive Director Peter V. Lee released the following statement on a proposed rule from the Centers for Medicare and Medicaid Services that would allow states to eliminate www.Healthcare.gov and undercut the Affordable Care Act. [Click here to see the proposed rule.](#)

"The proposed rule builds on years of actions by the outgoing administration to undercut the Affordable Care Act. Instead of marketing and promoting coverage options for millions of Americans, as they should during a pandemic, this proposed rule undermines efforts to get insurance coverage to those most in need.

The rationale for the proposed reduction of user fees is to "allow issuers to then pass on the savings to consumers," which belies the reality that multiple policies enacted by this administration have resulted in premiums throughout much of the nation being far higher than they should be. These actions have priced millions of unsubsidized Americans out of coverage. Proclaiming that a reduction of user fees leads to a reduction of premiums flies in the face of the reality that well-spent marketing dollars by this administration would have had a five-to-one return on lowering health care costs for Americans.

Further, the policies of the outgoing administration have had nothing to do with lower premiums in the individual market. In 2020, premiums were lower in much of the nation due to a rebound from overpricing by health plans, while 2021 rates dipped across the nation because millions of Americans delayed and deferred care amidst the COVID-19 pandemic. Better profits for health plans should not be the marker of an effective marketplace.

The user fees can and should be well spent to make sure health plans are held accountable for delivering high-quality care and addressing health disparities. This proposal serves to reduce resources for ensuring more Americans know about and secure more affordable health coverage options for themselves and their families.

Now is a time when we should be leaning in and assuring health plans put consumers first, not running in the opposite direction. Fortunately, the new administration will have the opportunity to consider this proposal and respond in a way that best addresses the needs of Americans."



News Release

Dec. 7, 2020

Covered California and Top State Health Care Leaders Urge Californians to “Do the Right Thing, Right Now” by Staying Home and Staying Safe to Fight COVID-19

- *Physicians and health centers across the state announce they are reaching out personally to all their patients to encourage them to stay safe from COVID and get insurance coverage if they are eligible — many will receive Covered California’s masks to get the message out that now is the time to get covered and stay covered.*
- *California’s leading provider organizations — including the California Hospital Association, California Medical Association, California Academy of Family Physicians, the California Primary Care Association and America’s Medical Groups — are making sure the trusted voice of physicians and other health care heroes are speaking to millions of Californians with the message of remaining vigilant until the vaccine arrives.*
- *According to a survey conducted by Covered California, the pandemic continues to touch most Californians, finding that 52 percent of Californians say the pandemic has affected their lives significantly, more than 40 percent personally know someone who has tested positive for the virus, and more than one in four people knows someone who has died from COVID-19.*
- *The Latino population has been the most affected, having suffered 58 percent of California’s over 1.3 million COVID-19 cases and 48 percent of the nearly 20,000 deaths.*

SACRAMENTO, Calif. — With the surge of COVID-19 throughout California leading to stay-at-home orders covering almost 90 percent of Californians, top health care leaders and Covered California have joined forces to urge Californians to stay home, wear a mask and get insured.

Covered California announced today its partnership with top medical groups and physicians’ associations and their members to reach Californians with important

messages promoting COVID-19 safety. It also asked for all Californians to do the right thing to protect themselves and their communities. As part of this effort, physicians from across the state are reaching out to their patients with emails to drive this message home, including nearly 38,000 active physicians and residency students from the California Medical Association's nearly 50,000 members, another 10,700 physicians, residents and students from the California Academy of Family Physicians and another almost 9,000 clinicians in the California Primary Care Association membership of community health centers.

"Normally in this time of year during open enrollment, we'd be talking about health care coverage, but this year, that means wearing a mask and staying safe first," said Covered California Executive Director Peter V. Lee. "Wearing a mask isn't a political statement, it's a pro-community statement. Covering up with a mask will help protect Californians and their families and friends, and getting covered with a health plan will help protect people if they get sick or injured in 2021."

Covered California began mailing its members masks two weeks ago, and over 1.5 million will have been delivered by the end of this week. Covered California is also sending masks to more than 50,000 doctors on the front lines, and asking them to wear their Covered California masks, so the message of being covered reaches their patients.



"These are not ordinary masks, but masks with a message," Lee said. "We're all wearing masks, it's hard and we're tired of it, but these masks are a reminder that we're wearing them for our community and those we care about. We're joined in this effort by those on the front lines, who want to implore Californians to continue doing the right thing."

Carmela Coyle, president and CEO of the California Hospital Association, has seen the situation worsen in hospitals over the past month, and she's asking more from Californians for the sake of frontline workers.

"This has been a grueling year for every Californian, but our health care workers need more from all of us," Coyle said. "With vaccine approvals in sight, there may be a light at the end of the tunnel, but we must get through the next few months. That will take cooperation, sacrifice and a real understanding that whatever this virus may have delivered in the past, it is likely to pack an even stronger punch now."

"We will only survive if all of us stand together to 'clear the decks' for health care providers; health care partners, to be supportive and flexible as they undertake their vital work; and all of us, who have an imperative duty to do our part by wearing a mask and staying home this holiday season. We implore every Californian to do just a bit more, for just a bit longer, to help health care workers and their families stay safe."

With more than 1.3 million Californians infected by the virus, and a death toll that is closing in on 20,000, [the survey](#), taken by more than 3,000 Californians in both English and Spanish between Oct. 28 and Nov. 11, sheds new light on who is being hit hardest during the pandemic.

It found that COVID-19 has disproportionately affected the Latino community, with 33 percent saying they know someone who has died from COVID-19, higher than the statewide average of 28 percent. According to most recent data from the California Department of Public Health, Latinos in California make up 58 percent of California's 1.3 million COVID-19 cases and 48 percent of the nearly 20,000 deaths.

Dr. Melissa Campos, a family medicine specialist at Scripps Valley Memorial, has seen some of the devastation and complications caused by COVID-19 firsthand in the San Diego area, including in the maternity ward.

"Just last week, I was treating a pregnant woman with COVID-19 who was very ill and needing oxygen in her third trimester. She was terrified she would not be strong enough to deliver her baby, and that experience will stick with me forever," said Dr. Campos. "It's hard, and it's honestly frightening to see the number of cases increasing so quickly. That's why I'm pleading with all Californians to stay home and stay covered with a mask."

Even with the ongoing pandemic, an estimated 1.2 million uninsured people in the state are either eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal. Of those eligible for subsidies through Covered California, more than half are believed to be Latino.

The importance of health care coverage has been illuminated in 2020 with the COVID-19 outbreak. Coverage for 2021 is available through Covered California's open enrollment until Jan. 31. Lee encouraged Californians to stay covered with a mask until the vaccine arrives and get covered for next year.

"Up until now this was a race without a finish line, but we now have an end in sight," Lee said. "With a vaccine becoming more widely available by the spring, we have to be vigilant and make sure we do not spread the virus for the next few months and overwhelm the hospitals and the estimated 2.4 million Californians who are part of the state's medical workforce. Let's get to this finish line — safely and together."

Covered California also announced its participation in a national effort called [Get Covered 2021](#) to promote the message of "Stay Healthy," by practicing COVID prevention, and "Get Insured," reminding them to get insurance coverage if they are among the 1.2 million Californians and 16 million Americans uninsured, but eligible for financial help or potentially free Medicaid.

This national effort will be promoted this coming Thursday on Get Covered America Day, when Californians will be hearing from celebrities, athletes and their friends and neighbors.

“We’re calling on all Californians to share a message of health this Thursday — reminding all those they know to keep at it and wear a mask,” said Lee. “Californians can join athletes, celebrities, doctors and neighbors to get the word out this week by sharing www.getcovered2021.org and #getcovered2021.”

Consumers can visit www.CoveredCA.com and find out if they are eligible for either lower-cost private plans through Covered California or free coverage through Medi-Cal (which is open year-round). Californians who sign up for health insurance through Covered California by Dec. 15 will have coverage that begins on Jan. 1, 2021.

Those interested in learning more about their coverage options can also:

- Visit www.CoveredCA.com.
- Get free and confidential assistance over the phone, in a variety of languages, from a certified enroller.
- [Have a certified enroller call them](#) and help them for free.
- Call Covered California at (800) 300-1506.



News Release

Dec. 11, 2020

As COVID-19 Pandemic Surges Across the State, Covered California Takes the Unprecedented Step of Giving Consumers Until Dec. 30 to Sign Up for Coverage That Begins on Jan. 1

- *For the first time, Covered California will extend the first major open-enrollment deadline of Dec. 15 to give consumers through Dec. 30 to sign up for coverage that begins on Jan. 1, to help ensure that Californians get the care they need in the face of the increasing health crisis.*
- *The unprecedented extension comes as COVID-19 infections and deaths are surging across California and the country.*
- *More than 1.2 million Californians are uninsured right now, even though they are eligible for financial help from Covered California, or low-cost or no-cost coverage through Medi-Cal.*

SACRAMENTO, Calif. — Covered California announced on Friday that for the first time in its history, it would give consumers until Dec. 30 to sign up for health care coverage that begins on Jan. 1, 2021. The unprecedented move comes as COVID-19 infections and deaths surge throughout the state.

“The pandemic continues to have a devastating impact on all of our lives, and Covered California wants to give those who need health insurance as much time as possible to sign up and get coverage that starts on Jan. 1,” said Peter V. Lee, executive director of Covered California. “We know there are more than 1.2 million Californians who are uninsured right now, even though they are eligible to receive financial assistance to help to pay for their coverage, and giving them more time is the right thing to do.”

Consumers who sign up by Dec. 30 will need to pay their first bill in order to have their coverage take effect on Jan. 1. Covered California also wants to note that consumers will continue to see and hear television, radio and print ads that communicate a Dec. 15

deadline over the next few days, and they should ignore that deadline given today's announcement of an extension.

"Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be," Lee said. "No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic."

An estimated 1.2 million uninsured people in the state are either eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal (see Table 1: Estimated Number of Uninsured Eligible for Financial Help Through Covered California or Medi-Cal [by Metro Region]).

Table 1: Estimated Number of Uninsured Eligible for Financial Help Through Covered California or Medi-Cal (by Metro Region)

Metro Region	Uninsured Californians Eligible for Financial Help
Northern California & Sacramento Valley	139,000
Greater Bay Area	122,000
Central Coast	60,000
San Joaquin, Central Valley, Eastern, Kern	163,000
Los Angeles	338,000
Inland Empire	192,000
Orange	88,000
San Diego	100,000
Total	1,202,000

Of those eligible for subsidies, more than half — 650,000 — are believed to be Latino

(see Table 2: Estimated Number of Uninsured in California Eligible for Financial Help Through Covered California or Medi-Cal [by Race and Ethnicity]).

Table 2: Estimated Number of Uninsured in California Eligible for Financial Help Through Covered California or Medi-Cal (by Race and Ethnicity)

Race and Ethnicity	Uninsured Californians Eligible for Financial Help
Latino	650,000
Caucasian	367,000
Asian	89,000
African American	67,000
Other	29,000
Total	1,202,000

“We want everyone to have their coverage in place, and ready for them when they need it, as early as possible,” Lee said.

Financial Help Lowers Costs for Consumers

Roughly nine out of every 10 consumers who enroll through Covered California receive financial assistance — in the form of federal tax credits, state subsidies, or both — which helps make health care more affordable. California’s state subsidies, which first became available in 2020, are benefiting nearly 600,000 consumers — including more than 41,000 middle-income consumers who had previously been ineligible for financial help because they exceeded the federal income requirements.

The latest data shows that, with the combination of federal tax credits and state subsidies, the average consumer receiving financial help paid an average of \$127 per month for their coverage (with federal and state assistance reducing their costs by \$454 or nearly 80 percent).

The state subsidies are only available to eligible consumers through Covered California. The amount of financial help consumers receive will vary depending on their age, their annual household income and the cost of health care in their region.

Shop and Compare

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the [Shop](#)

[and Compare Tool](#) at CoveredCA.com. All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

Covered California has already begun to see high call volumes and is encouraging consumers to act now and not wait until the end of the month to sign up.

“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.”

Getting Help Enrolling

Consumers interested in learning more about their coverage options can:

- Visit www.CoveredCA.com.
- [Get free and confidential in-person assistance](#), in a variety of languages, from a certified enroller.
- Have a certified enroller [call them](#) and help them for free.
- Call Covered California at (800) 300-1506.



News Release

Dec. 22, 2020

Covered California Joins African-American Health Leaders Urging Californians to Get COVID-19 Vaccinations and Encouraging Consumers to Get Covered in 2021

- *Covered California joined forces with African-American health leaders on vaccine safety to urge Black Californians to get inoculated as two surveys found that many were hesitant to receive the COVID-19 vaccine.*
- *The call to encourage all Californians to get vaccinated comes as COVID-19 infections and deaths are surging across the state and country.*
- *In order to address the health care needs of Californians, Covered California extended the first major open-enrollment deadline to give consumers through Dec. 30 to sign up for coverage that begins on Jan. 1.*
- *More than 1.2 million Californians are uninsured right now, even though they are eligible for financial help from Covered California, or low-cost or no-cost coverage through Medi-Cal.*

SACRAMENTO, Calif. — Covered California teamed up with African-American health leaders on Tuesday to address vaccine confidence and encourage Black Californians to get inoculated with the COVID-19 vaccine when it becomes available, and to sign up for quality health insurance coverage through Covered California or Medi-Cal.

“The pandemic continues to have a devastating impact on our lives, particularly among communities of color,” said Peter V. Lee, executive director of Covered California. “With a vaccine now being distributed across California and the nation, we are teaming up with African-American health leaders to urge people to get inoculated. The vaccine is our way to stop COVID-19, and we want to urge everyone to get inoculated as soon as the vaccine is available to them.”

[The latest data from the state](#) shows that the rate of death associated with COVID-19 among Black Californians (7.1 percent) is nearly double the infection rate (4 percent).

Two national surveys show that Black Americans are the racial and ethnic group least likely to get vaccinated. A [Pew Research Center Survey](#) found that only 42 percent of Black Americans said they would “definitely” or “probably” take the COVID-19 vaccine if it were available today, which is well below the results of Asian (83 percent), Hispanic (63 percent) and White (61 percent) groups. A [Kaiser Family Foundation survey](#) also found that willingness of Black adults (62 percent) to get vaccinated was lower than White (73 percent) and Hispanic (71 percent) groups.

[Click here for a fact sheet on “COVID-19 and the African American Community.”](#)

The studies pointed to a fear of side effects and a lack of confidence in the government and medical community, something California health leaders say needs to be addressed and acknowledged to move forward with protecting our communities from COVID-19.

“This distrust is deeply rooted and based on injustices and unethical treatment that many Black Americans have experienced in our medical institutions,” said Dr. Nadine Burke Harris, California surgeon general. “It is imperative that we engage with communities to address their concerns so that all of our communities can feel confident that these vaccines are safe and that they are our key to defeating this virus.”

The Pew Research Center Survey also found that Black Americans are far more likely to say they know someone who has been hospitalized or died as a result of the virus (71 percent) compared to other ethnic groups (Hispanic, 61 percent; White, 49 percent; Asian, 48 percent).

One of the hardest hit regions in the state is Los Angeles, where officials at the Martin Luther King, Jr. Community Hospital say the infection rate of 25 percent is more than double the county rate.

“We have more COVID-19 patients in our hospital than facilities that are three to four times our size do, and while we exceeded our surge-plan capacity a few days ago, the patients continue to come,” said Dr. Elaine Batchlor, CEO of the hospital. “More than 80 percent of our staff are people of color, and we have vaccinated hundreds of our front-line workers. We need to show the Black community that the COVID-19 vaccine is safe and encourage them to get it when they can.”

The higher death rate can be attributed to several factors, including that many Black Americans are part of our essential workforce and more likely to be exposed to the virus and vulnerable to the economic consequences. Black Americans also are disproportionately affected by serious health conditions such as certain cancers, diabetes, hypertension and obesity, which can cause further complications with and vulnerability to COVID-19.

“The pandemic has affected everyone, but particularly those with underlying health conditions that are more common in the Black community and put people at higher risk

of becoming seriously ill from COVID-19,” said Dr. Adrian James of the West Oakland Health Council. “In addition to assuring our community that these vaccines are safe, we must make sure they are distributed equitably and in a timely fashion to people of color.”

In order to spread the word among African-American communities nationally, America’s Black doctors and nurses have created the [Black Coalition Against COVID-19](#). Dr. David Carlisle is a member of the coalition, as well as the president and CEO of the Charles R. Drew University of Medicine and Science, a historically Black school in Los Angeles.

“While it is understandable to question things, the science is clear: We are dealing with a deadly pandemic,” said Carlisle. “COVID-19 kills, and the only solution is a vaccination.”

Click here to watch the Black Coalition Against COVID-19’s video, “[A Love Letter to Black America](#),” which states, “We know that our collective role in helping to create a vaccine that works for Black people — and that we trust — has an impact on our very survival.”

The pandemic has also highlighted the importance of quality health care coverage. Right now, an estimated 1.2 million Californians are uninsured — including an estimated 67,000 African Americans — even though they are eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal.

In response to the crisis, and to ensure that Californians have the health care coverage they need during the pandemic, Covered California took the unprecedented step of giving consumers until Dec. 30 to sign up for coverage that begins on Jan. 1, 2021.

Covered California also partnered with national celebrities — such as three-time NBA World Champion and two-time Most Valuable Player, Stephen Curry — to encourage people to get covered. The effort is a call to action to get covered, not only with a mask to protect against COVID-19, but also with a quality health insurance plan.

“Having health insurance means you can stay healthy and get care when you need it. Being healthy means our kids can learn, we can work and our families can be strong,” [Curry said in this video](#). “Today in America, too many people in our communities don’t have health insurance. It’s one reason why Black Americans are disproportionately impacted by COVID and other health conditions. That’s got to change.”

“In the middle of the worst health crisis in more than a century, we have far too many Californians who do not have the protection and peace of mind that comes with health insurance,” Lee said. “Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be.”

Consumers who want Jan. 1 coverage will need to sign up by Dec. 30 and pay their first bill in order to have their coverage take effect.

Financial Help Lowers Costs for Consumers

Roughly nine out of every 10 consumers who enroll through Covered California receive financial assistance — in the form of federal tax credits, state subsidies, or both — which helps make health care more affordable. California's state subsidies, which first became available in 2020, are benefiting nearly 600,000 consumers — including more than 41,000 middle-income consumers who had previously been ineligible for financial help because they exceeded the federal income requirements.

The state subsidies are only available to eligible consumers through Covered California. The amount of financial help consumers receive will vary depending on their age, their annual household income and the cost of health care in their region.

The state individual mandate penalty will also return for 2021. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when they file their state taxes in 2022. The penalty is administered by California's Franchise Tax Board, and could be as much as \$2,250 for a family of four.

Shop and Compare

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the [Shop and Compare Tool](#) at CoveredCA.com. All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

Covered California has already begun to see high call volumes and is encouraging consumers to act now and not wait until the end of the month to sign up.

"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."

Getting Help Enrolling

Consumers interested in learning more about their coverage options can:

- Visit www.CoveredCA.com.
- [Get free and confidential in-person assistance](#), in a variety of languages, from a certified enroller.
- Have a certified enroller [call them](#) and help them for free.
- Call Covered California at (800) 300-1506.



News Release

Dec. 28, 2020

Amid Surging COVID-19 Pandemic and Impending Enrollment Deadline, Covered California Urges Consumers to Sign Up for Health Care Coverage

- *The first major open-enrollment deadline is this week: Consumers who want their coverage to start on Jan. 1 need to sign up by Dec. 30.*
- *The deadline comes as COVID-19 infections and deaths continue to rise across California, with hospitals overloaded with patients and limited ICU bed capacity.*
- *Having health care coverage, staying COVID-safe and getting vaccinated when you are able to are critical to helping overcome the pandemic.*
- *More than 1.2 million Californians are uninsured right now, even though they are eligible for financial help from Covered California, or low-cost or no-cost coverage through Medi-Cal.*
- *Covered California's open-enrollment period runs through Jan. 31.*

SACRAMENTO, Calif. — With the first open-enrollment deadline approaching this week, Covered California urged consumers to sign up now so they can have their health care coverage be effective on Jan. 1.

“Covered California is a critical safety net to help people get quality health care coverage during the surging pandemic and ongoing recession,” said Peter V. Lee, executive director of Covered California. “With our first enrollment deadline coming up this week, we want to encourage anyone who needs coverage to check out their options and sign up so they can start the New Year with protection and peace of mind.”

In response to the pandemic, Covered California extended the enrollment deadline to receive Jan. 1 coverage from Dec. 15 to Wednesday, Dec. 30. Consumers who sign up by Dec. 30 will need to pay their first bill in order to have their coverage take effect on Jan. 1.

Right now, an estimated 1.2 million Californians are uninsured — even though they are eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal (see Table 1: Estimated Number of Uninsured Eligible for Financial Help Through Covered California or Medi-Cal [by Metro Region]).

Table 1: Estimated Number of Uninsured Eligible for Financial Help Through Covered California or Medi-Cal (by Metro Region)

Metro Region	Uninsured Californians Eligible for Financial Help
Northern California and Sacramento Valley	139,000
Greater Bay Area	122,000
Central Coast	60,000
San Joaquin, Central Valley, Eastern, Kern	163,000
Los Angeles	338,000
Inland Empire	192,000
Orange	88,000
San Diego	100,000
Total	1,202,000

Of those eligible for subsidies, more than half — 650,000 — are believed to be Latino.

Table 2: Estimated Number of Uninsured in California Eligible for Financial Help Through Covered California or Medi-Cal (by Race and Ethnicity)

Race and Ethnicity	Uninsured Californians Eligible for Financial Help
Latino	650,000
Caucasian	367,000
Asian	89,000
African American	67,000
Other	29,000
Total	1,202,000

Financial Help Lowers Costs for Consumers

Roughly nine out of every 10 consumers who enroll through Covered California receive financial assistance — in the form of federal tax credits, state subsidies, or both — which helps make health care more affordable. California's state subsidies, which first became available in 2020, are benefiting nearly 600,000 consumers — including more than 41,000 middle-income consumers who had previously been ineligible for financial help because they exceeded the federal income requirements.

"Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be," Lee said. "No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic."

The latest data shows that, with the combination of federal tax credits and state subsidies, the average consumer receiving financial help paid an average of \$127 per month for their coverage (with federal and state assistance reducing their costs by \$454 or nearly 80 percent).

Get Covered, Stay Covered

Covered California is urging consumers to "get covered" — not only with quality health insurance coverage, but also with a mask and vaccine when they become available.



Covered California mailed masks to 1.5 million enrollees and asked consumers to take all necessary precautions to help prevent the spread of the virus, while sharing the news about open enrollment.

"Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick," Lee said. "Covered California helps you get access to some of the best doctors and health care facilities in the country, and provides peace of mind during these challenging times where there is so much uncertainty."

Shop and Compare

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the [Shop and Compare Tool](#) at CoveredCA.com. All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

"Do not wait until the last minute, or let Wednesday's 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.”

The state individual mandate penalty will also return for 2021. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when they file their state taxes in 2022. The penalty is administered by California’s Franchise Tax Board, and could be as much as \$2,250 for a family of four.

Getting Help Enrolling

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News Release

Jan. 12, 2021

Covered California Begins New Year With a Record Number of Plan Selections, Serving Those Hardest Hit by the Pandemic, as State Experiences Post-Holiday Surge of New COVID-19 Cases

- *Nearly 1.6 million Californians have renewed their coverage or enrolled for the first time for 2021 coverage, setting a new enrollment record in the midst of the worst COVID-19 spike since the beginning of the pandemic.*
- *The record enrollment total is 200,000 higher than the same time period last year, with significant portions of low-income consumers and communities of color, which are among the groups hardest hit by the COVID-19 pandemic.*
- *With a dramatic increase in post-holiday COVID-19 cases, Covered California and other state health leaders continue to encourage people to take precautions: wear a mask, wash your hands, watch your distance, stay home when you can, and get covered with a quality health insurance plan.*
- *Covered California's open-enrollment period runs through Jan. 31, and of the 2.7 million Californians who are uninsured, an estimated 1.2 million are eligible for financial help from Covered California or through Medi-Cal.*

SACRAMENTO, Calif. — Covered California announced on Tuesday that it has begun the New Year with a record number of people who have signed up for coverage amid a severe spike in COVID-19 cases across the state. A record 1.6 million Californians had either renewed their coverage or selected a plan during open enrollment for health insurance coverage starting Jan. 1, 2021. The total represents an increase of almost 200,000 (14 percent) over the same time period last year.

“With the pandemic continuing to surge across the state, now is not the time to be uninsured,” said Peter V. Lee, executive director of Covered California. “We are in the

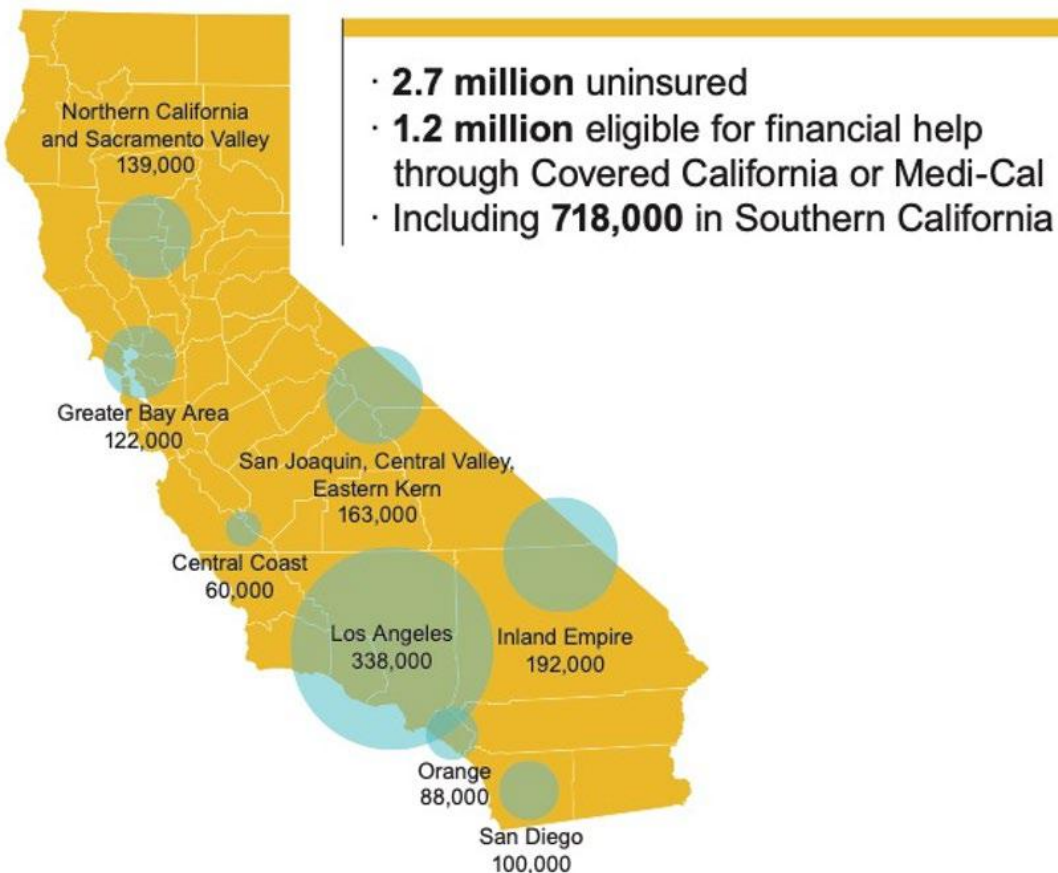
midst of a post-holiday surge, and we want to encourage anyone who needs health care coverage to check out their options and sign up so they can get covered in 2021.”

More than 2.7 million Californians have been infected by the virus, and the death total is expected to surpass 30,000 today.

“While collectively we are all hands are on deck to distribute vaccines across the state, we cannot let our guard down during this rise in cases and hospitalizations because the ability to transmit the virus from one person to another is so high right now,” said Dr. Mark Ghaly, the California Health and Human Services secretary and chair of the Covered California Board of Directors. “We all need to do our part to defeat this pandemic, and that means wearing a mask, staying home and getting covered with a quality health insurance plan.”

Right now, of the 2.7 million Californians who are uninsured, an estimated 1.2 million are eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal. The largest portion of these uninsured who are eligible for help are in Southern California, with an estimated 718,000 people eligible for financial help in the Los Angeles, Inland Empire, Orange and San Diego metro areas (see Figure 1: Where California’s Uninsured Who Are Eligible for Financial Help Live).

Figure 1: Where California’s Uninsured Who Are Eligible for Financial Help Live



“Most of the people who are uninsured who can get help do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be,” Lee said. “No one should wait to sign up. Enroll now and tell your family and friends so we can make sure everyone possible has health insurance during this pandemic.”

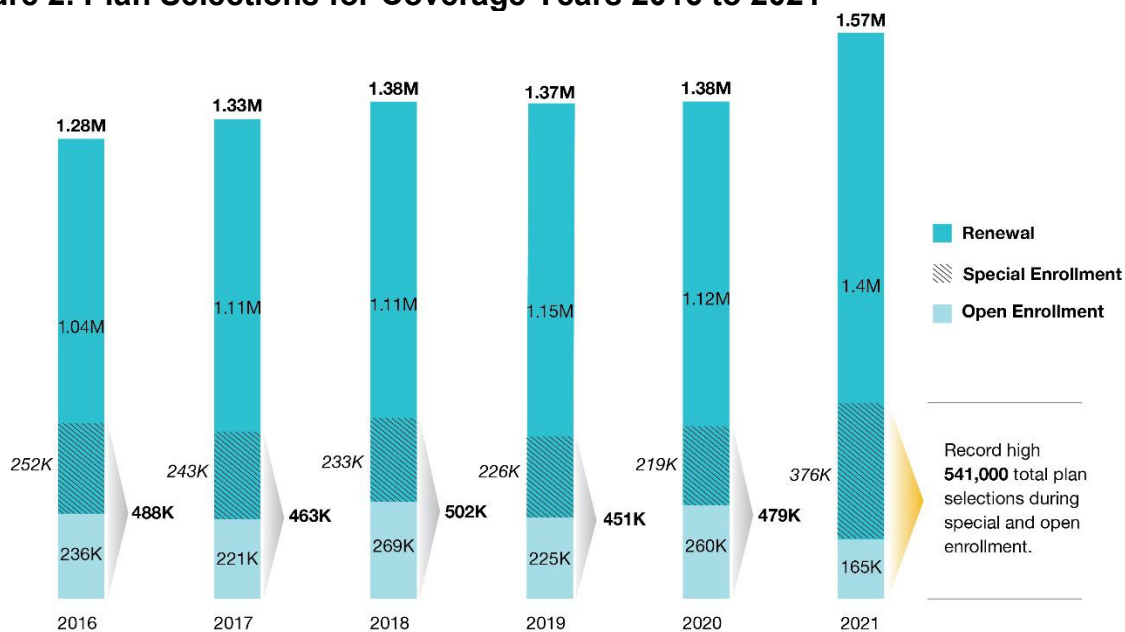
The most recent data shows that 1.4 million people, or nearly 90 percent of Covered California’s enrollees, are receiving some level of financial help that lowers the cost of their monthly premium by an average of nearly 80 percent.

Of those receiving financial help, almost half — over 640,000 — are benefiting from the state subsidy program launched in 2020 to make coverage more affordable, including 44,500 middle-income consumers who were previously ineligible for assistance because they exceeded the federal income requirements.

Record Plan Selections

The record number of consumers signing up for a plan comes after Covered California opened a special-enrollment period throughout the spring and summer and signed up hundreds of thousands of people who either did not have health insurance or lost their coverage due to the pandemic and recession. With this outreach, the total of those going into 2021 with coverage purchased during special enrollment in 2020 and those newly signing up during the current open-enrollment period totaled 541,000 — the largest figure for new sign-ups since the end of a preceding open-enrollment period in Covered California’s history (see Figure 2. Plan Selections for Coverage Years 2016 to 2021).

Figure 2. Plan Selections for Coverage Years 2016 to 2021¹²



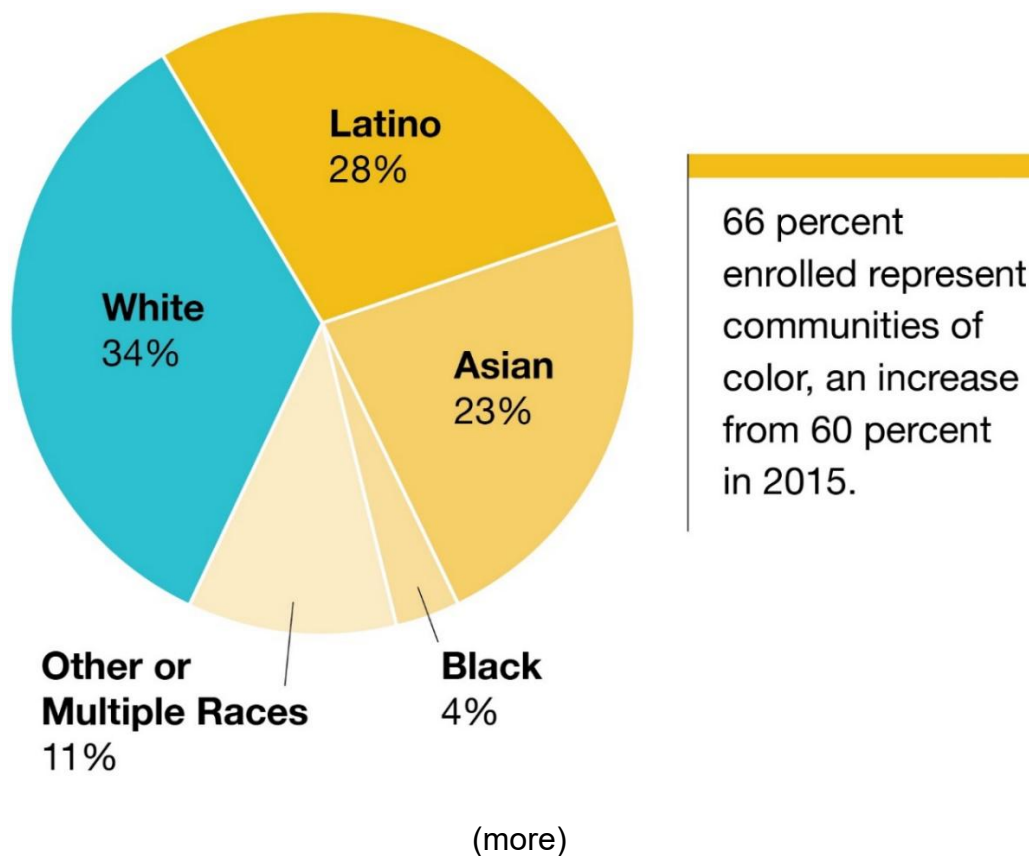
While the number of plan selections — both overall and in the combined special enrollment and open-enrollment periods — is at a historic high, the new enrollment seen during the current open-enrollment period is down from the all-time high Covered California saw during this time last year. The biggest likely contributor to that change is that fact that many of those, who in prior years would have signed up during open enrollment, got coverage earlier during the special-enrollment period.

“When the pandemic began to hit California hard in the spring, Covered California opened its doors to every eligible consumer because it was the right thing to do,” Lee said. “This is a year like no other, but we are seeing Covered California meet the needs of those hardest hit by the COVID pandemic — including communities of color and lower-income Californians.”

Over the past six years, Covered California has seen a steady increase in the diversity of its new consumers who sign up during special and open enrollment. The data shows that nearly two-thirds (66 percent) are from communities of color, which represents an increase from 60 percent in 2015 (see Figure 3. Special and Open-Enrollment Plan Selections by Ethnicity).

² “Special Enrollment” is a subset of the renewal population. For example, of the 1.4 million renewing consumers for 2021, 376,000 had newly signed up during the special-enrollment period during 2020.

Figure 3. Special and Open-Enrollment Plan Selections by Ethnicity³

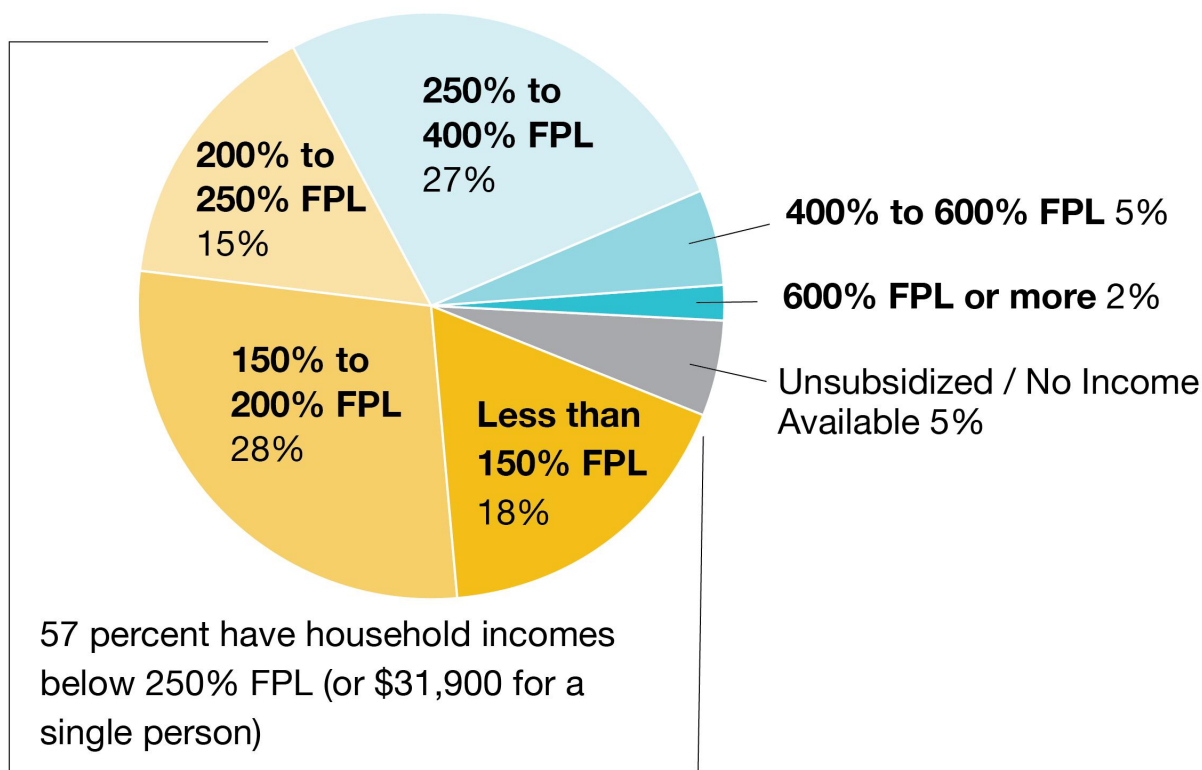


The data also highlights Covered California’s critical role in helping low-income Californians — those hardest hit by the COVID pandemic — get access to necessary health care. Of the record number of plan selections, 57 percent of consumers have an annual household income of less than 250 percent of the federal poverty limit (FPL), which corresponds to just under \$32,000 for a single person household (see Figure 4. Covered California 2021 Net Plan Selections by Income).

“These are Californians who are most vulnerable to the pandemic, many of them working hourly jobs or in the service industry, who have been hardest hit by the crisis,” Lee said. “Covered California helps give them access to some of the best care in the country and the peace of mind in knowing that they have insurance to protect them if the worst happens.”

³ All plan selections since the end of 2020 open enrollment through Dec. 31, 2020, including new enrollments during both 2020 special enrollment and 2021 open enrollment.

Figure 4. Covered California 2021 Net Plan Selections by Income



Additionally, 44,500 middle-income Californians now benefit from the state subsidy program, which is the first in the nation providing financial assistance to consumers whose income exceeds the federal requirements. Under the landmark program, Californians earning up to \$76,560 — or a family of four with a household income of up to \$157,200 — may be eligible for financial help to lower the cost of their coverage.

Shop and Compare

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the [Shop and Compare Tool](#) at CoveredCA.com. All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

Consumers who sign up by Jan. 31 will need to pay their first bill in order to have their coverage take effect on Feb. 1.

“Now is not the time to be sick and uninsured as California continues to endure the worst pandemic in modern history,” Lee said. “Don’t put yourself or your family at risk. Sign up now and be covered on Feb. 1.”

Lee added that, in light of the pandemic, Covered California will continue to evaluate what the agency may do after the Jan. 31 deadline if further action is needed to help Californians during this critical time.

Another important reason to sign up is that California's individual mandate penalty remains in place for 2021. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when filing their state income taxes in 2022. The penalty is administered by California's Franchise Tax Board, and could be as much as \$2,250 for a family of four.

Getting Help Enrolling

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- Call Covered California at (800) 300-1506.

¹ Data through Dec. 31, 2020. Renewal data for 2021 reflect net plan selections as of this release. The final count of renewal plan selections reported at end of the open-enrollment period may be slightly lower due to lags in carrier transactions; based on 2020 plan year data patterns, the final number of net renewals *may* decrease an estimated 1.0 and 1.5 percent of renewals, or ~25,000 consumers from what is seen as of Dec. 31, 2020. Open enrollment began on Oct. 15 for the 2020 coverage year and Nov. 1 for 2021.



Get Covered with Health Insurance In 2021

Staff

Covered California is urging people to “get covered and stay covered” during the ongoing COVID-19 crisis, not only with masks to fight against the pandemic, but also with quality health care coverage. Open enrollment is underway right now, and during these trying times, having a health plan you can count on is more important than ever before.

An estimated 100,000 people remain uninsured in San Diego County, even though they are eligible for financial help through Covered California or low-cost or no-cost coverage through Medi-Cal.

“The pandemic shines a light on the importance of health insurance and access to quality care, and now is the time to sign up for coverage through Covered California,” said Peter V. Lee, executive director of Covered California. “We will be reaching into every corner of the state to encourage Californians to keep COVID-safe and to get health coverage now.”

The good news for people in San Diego County is that premiums will remain relatively unchanged in 2021. Covered California announced the rate change for the region will be -1.5 percent in 2021, which is lower than the statewide average change of 0.6 percent. More importantly, consumers may be able to pay less than they are paying now, by an average of -13.3 percent, if they shop around and switch to the lowest-cost plan in the same metal tier.

“Providing access to affordable health care coverage is more critical than ever as our state and nation continue to navigate this pandemic,” said Gov. Gavin Newsom. “Covered California opens the door to quality care by making financial assistance available to help Californians get the coverage they need. Now is the time to get covered and stay covered.”

In an effort to promote open enrollment and make clear the connection between insurance coverage and the COVID pandemic, Covered California will be mailing masks (see right) to its record 1.5 million enrollees and provide them to all new consumers who sign up during the open-enrollment period.

All consumers will be asked to wear the masks to prevent the spread of the virus, while spreading the word about open enrollment.

“The pandemic is front and center in all of our lives, which means the issues of health and well-being are more important than ever before,” Lee said. “Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick.”

Open enrollment, which is the one time of the year when eligible Californians can sign up for health care coverage without needing to meet any requirements, runs through Jan. 31.

In addition, in order to help bring the cost of coverage within reach, the state of California will continue to provide more financial help to eligible consumers in 2021 through a subsidy program. Overall, the financial help from the federal government, the state, or both, helps the average person save about 80 percent off the cost of their monthly premium.

The most recent data shows there are 113,340 Covered California consumers in San Diego County. Depending on their ZIP code, people in these counties will once again be able to choose plans from Blue Shield of California, Health Net, Kaiser Permanente, Molina Healthcare and Sharp Health Plan.

Consumers can see their options and find out whether they are eligible for financial help by visiting Covered California’s website at www.CoveredCA.com and using the Shop and Compare Tool.

Consumers who do not have health insurance will be able to begin signing up for 2021 coverage in the fall. Others with special qualifying life events, like losing their coverage or moving, can enroll year-round. Medi-Cal enrollment is also year-round.

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



Covered California announces latest open enrollment period

Staff

Covered California has begun its open enrollment period. To date, an estimated 1.2 million people in the state are currently uninsured amid the COVID-19 pandemic, despite being eligible for financial help through either Covered California or Medi-Cal.

The open enrollment period runs through Jan. 31, but people must be registered by Dec. 15 for their health insurance to take effect on Jan. 1.

“Those who are hospitalized because of COVID, and do not have health insurance and the special cost-sharing protections that have been put in place for COVID, could walk out with very large bill,” said Dr. Mark Ghaly secretary of the state’s Health and Human Services Agency and Covered California board chair.

Covered California, in partnership with the California Department of Health Care Services, helps people determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal.

Covered California is the state’s marketplace for the federal Patient Protection and Affordable Care Act.

As part of the open enrollment kick-off, Covered California is mailing masks this month to its enrollees and those who sign up during the open enrollment period.

The kick-off event and mask campaign were announced a day before the U.S. Supreme Court is scheduled to hear arguments in a case that could undo the Affordable Care Act. The effects that would have on Covered California are not yet known.

A ruling from the court isn’t expected for another six to eight months, Covered California officials said, and people will still be assessed for health insurance when they sign up for the 2021 plans.

Covered California officials said that as of today, a record 1.5 million residents are enrolled in Covered California and are in the process of renewing their coverage, with almost 90 percent receiving some level of financial assistance.

According to the Covered California website, the premium charges for health insurance plans should not change significantly compared to last year because the enrollment is high enough to maintain them.

People can enroll, change their plans and find out more information about Covered California at coveredca.com.



National Coalition Launches “Get Covered 2021” Urging America to Mask Up and Get Insured

Staff

WASHINGTON DC, SACRAMENTO, CA AND FRANKFORT, KY - Today, a broad coalition of states, consumer and patient groups, and health care providers from across the country launched Get Covered 2021, a new national initiative designed to help uninsured Americans enroll into health insurance and promote COVID-19 safe practices (see Attachment 1. Coalition Partners) As part of today’s launch, Get Covered 2021 announced tools and information available through a new website www.GetCovered2021.org, where Americans will be connected to their state or federal marketplace to enroll immediately in coverage provided through the Affordable Care Act.

Get Covered 2021 is co-chaired by Get America Covered Co-Founder Joshua Peck, Kentucky Cabinet for Health and Family Services Deputy Secretary Carrie Banahan, and Covered California Executive Director Peter V. Lee.

“COVID focused everyone’s attention on the need for access to health care. Without comprehensive, high-quality, and affordable coverage, care for COVID or anything else can be out of reach for millions of people in this country,” Peck said. “COVID underscores why getting covered matters but not just because of the pandemic. Coverage is much more affordable than people think, with millions of consumers qualifying for plans that cost them zero dollars per month. Anyone who wants insurance should visit GetCovered2021.org, shop around, and find the option that is right for them.

Together, let's mask up, get covered, and ensure Americans have the health care they need when they need it the most."

Current data shows that of the 28 million Americans currently uninsured, more than half of them -- over 16 million -- are eligible for financial help to pay for their health insurance costs or for free coverage through Medicaid (see Attachment 2. Uninsured, Yet Still Eligible for Help – State-by-State Detail on the Opportunity to Cover Millions for 2021 and Attachment 3. 16 Million Uninsured Americans Eligible Now). With the President-elect committing to build on the progress made under the Affordable Care Act, Get Covered 2021 is focused on the 16 million who are eligible right now financial help to lower their health insurance costs.

Of those eligible for financial help, 6.7 million are eligible for free or very low-cost coverage through their state's Medicaid program and 9.2 million are eligible for financial assistance through their state or the federal insurance marketplace. Currently among those enrolled with coverage through marketplaces, 86 percent receive financial assistance and the average monthly help per household is \$742 – covering 85 percent of the total premium -- leaving the average household responsible for less than \$130 per month in premium costs (see Attachment 4. Financial Help for Those in Marketplaces Lowers Consumer Costs Dramatically).

The Get Covered 2021 initiative is supported by elected officials, national health leaders, health care providers, and celebrities committed to raising awareness of the inextricable link between health and coverage, and that financial help is available for millions of Americans who might not know it.

"The Affordable Care Act has reduced the number of uninsured from 45 to 28 million by providing financial help and a wide variety of coverage options, but even so, we must do more to increase awareness of these options, especially in diverse communities," Lee said. "The COVID pandemic has put a new spotlight on a long-standing problem – the fact that too many Latinos and African-Americans face worse health outcomes. Getting health coverage to all Americans is essential to our efforts to address health disparities. We're asking America's governors and mayors, celebrities to join with millions of Americans to help spread the word and get people enrolled."

From today's launch, Get Covered 2021 is driving toward a national "Get Covered America Day" on December 10th, and will continue through the open enrollment period and into the new year. The goal on December 10th is to drive enrollment across the nation, through united voices in the press and on social media.

"December 10 is Get Covered America Day, and on that day, we're urging everyone to wear a mask and post a picture of themselves on social media, including a personal

message about why having insurance matters, sharing our website GetCovered2021.org and using the hashtag #GetCovered2021,” Banahan said. “We all know someone whose life has been changed because of the lifesaving care they received. It could be your mother, grandfather, daughter, or best friend. So, right now, as we face the challenges of COVID, let us also work to make sure everyone has the same access to care that is provided by having insurance coverage.”

The organizations and individuals that endorse Get Covered 2021 are unified in their commitment to ensuring Americans have coverage that keeps them safe, healthy, and strong. This commitment is based on the recognition that both responding effectively to COVID and getting everyone possible insurance coverage is about health equity and addressing the disparities in health status and care delivery. Health equity begins with access to care, and access to care comes with having health insurance. Get Covered 2021 is committed to getting all Americans, who are eligible for coverage today, covered.

These groups come together in their agreement on the need to address the COVID pandemic and in the need to provide coverage to Americans to prevent and address other health conditions – including many that have higher impacts on communities of color. If the 16 million uninsured Americans eligible for financial help have the same health profile as Americans generally, not only would about 525,000 of them have been infected by COVID – with many being admitted to the hospital, but 1.8 million would be living with diabetes and over 85,000 would be living with and needing care and treatment for some form of cancer (see Attachment 5. Estimated Uninsured by Condition).

“America today understands that achieving health equity means ensuring that all people have the same access to insurance coverage and clinical care,” American Public Health Association Executive Director Georges C. Benjamin, MD said. “COVID exposed for all to see the significant health disparities facing communities of color. Get Covered 2021’s focus on helping people get quality, affordable health insurance coverage is essential to helping all people stay healthy during this terrible pandemic. Coverage for all is also a critical step towards ensuring a more equitable society.”



Get Covered With Health Insurance in 2021

Staff

Covered California is urging people to “get covered and stay covered” during the ongoing COVID-19 crisis, not only with masks to fight against the pandemic, but also with quality health care coverage. Open enrollment is underway right now, and during these trying times, having a health plan you can count on is more important than ever before.

An estimated 338,000 people remain uninsured in Los Angeles County, even though they are eligible for financial help through Covered California or low-cost or no-cost coverage through Medi-Cal.

“The pandemic shines a light on the importance of health insurance and access to quality care, and now is the time to sign up for coverage through Covered California,” said Peter V. Lee, executive director of Covered California. “We will be reaching into every corner of the state to encourage Californians to keep COVID-safe and to get health coverage now.”

The good news for people in NE Los Angeles County is that premiums will remain relatively unchanged in 2021. Covered California announced the rate change for the region will be -0.9 percent in 2021, which is lower than the statewide average change of 0.6 percent. More importantly, consumers may be able to pay less than they are paying now, by an average of -10.7 percent, if they shop around and switch to the lowest-cost plan in the same metal tier.

“Providing access to affordable health care coverage is more critical than ever as our state and nation continue to navigate this pandemic,” said Gov. Gavin Newsom. “Covered California opens the door to quality care by making financial assistance available to help Californians get the coverage they need. Now is the time to get covered and stay covered.”

In an effort to promote open enrollment and make clear the connection between insurance coverage and the COVID pandemic, Covered California will be mailing masks (see right) to its record 1.5 million enrollees, and provide them to all new consumers who sign up during the open-enrollment period.

All consumers will be asked to wear the masks to prevent the spread of the virus, while spreading the word about open enrollment.

“The pandemic is front and center in all of our lives, which means the issues of health and wellbeing are more important than ever before,” Lee said. “Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick.”

Open enrollment, which is the one time of the year when eligible Californians can sign up for health care coverage without needing to meet any requirements, runs through Jan. 31.

In addition, in order to help bring the cost of coverage within reach, the state of California will continue to provide more financial help to eligible consumers in 2021 through a subsidy program. Overall, the financial help from the federal government, the state, or both, helps the average person save about 80 percent off the cost of their monthly premium.

The most recent data shows there are 197,030 Covered California consumers in NE Los Angeles County. Depending on their ZIP code, people in these counties will once again be able to choose plans from Anthem Blue Cross, Blue Shield of California, Health Net, Kaiser Permanente, L.A. Care, Molina Healthcare and Oscar.

Consumers can see their options and find out whether they are eligible for financial help by visiting Covered California’s website at www.CoveredCA.com and using the Shop and Compare Tool.

Consumers who do not have health insurance will be able to begin signing up for 2021 coverage in the fall. Others with special qualifying life events, like losing their coverage or moving, can enroll year-round. Medi-Cal enrollment is also year-round.

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



SAN BENITO COUNTY NEWS & INFORMATION

Covered California urges people to get health care coverage during COVID-19 pandemic

Staff

Covered California is urging people to “get covered and stay covered” during the ongoing COVID-19 pandemic, not only with masks, but also with quality health care coverage. Open enrollment is underway right now, and during these trying times, having a health plan you can count on is more important than ever before. The enrollment period lasts until Jan. 31.

According to a recent press release, an estimated 60,000 people remain uninsured in the Central Coast, even though they are eligible for financial help through Covered California or low-cost or no-cost coverage through Medi-Cal.

“The pandemic shines a light on the importance of health insurance and access to quality care, and now is the time to sign up for coverage through Covered California,” said Peter V. Lee, executive director of Covered California. “We will be reaching into every corner of the state to encourage Californians to keep COVID-safe and to get health coverage now.”

For people in Monterey, San Benito and Santa Cruz counties, premiums will remain relatively unchanged in 2021. Covered California announced the rate change for the region will be 0.1% in 2021, which is lower than the statewide average change of 0.6%. More importantly, consumers may be able to pay less than they are paying now, by an average of -3%, if they shop around and switch to the lowest-cost plan in the same metal tier.

“Providing access to affordable health care coverage is more critical than ever as our state and nation continue to navigate this pandemic,” said Gov. Gavin Newsom. “Covered California opens the door to quality care by making financial assistance available to help Californians get the coverage they need. Now is the time to get covered and stay covered.”

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All consumers will be asked to wear the masks to prevent the spread of the virus, while spreading the word about open enrollment.

“The pandemic is front and center in all of our lives, which means the issues of health and wellbeing are more important than ever before,” Lee said. “Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick.”

In addition, in order to help bring the cost of coverage within reach, the state of California will continue to provide more financial help to eligible consumers in 2021 through a subsidy program, the release said. Overall, the financial help from the federal government, the state, or both, helps the average person save about 80% off the cost of their monthly premium.

The most recent data shows there are 28,270 Covered California consumers in Monterey, San Benito and Santa Cruz counties. Depending on their ZIP code, people in these counties will once again be able to choose plans from Blue Shield of California, Anthem Blue Cross, Health Net and Kaiser Permanente.

Consumers can see their options and find out whether they are eligible for financial help by visiting Covered California’s website at www.CoveredCA.com and using the Shop and Compare Tool.

Consumers who do not have health insurance will be able to begin signing up for 2021 coverage in the fall. Others with special qualifying life events, like losing their coverage or moving, can enroll year-round. Medi-Cal enrollment is also year-round.

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Survey shows impact of COVID-19 to California residents

Staff

SACRAMENTO, Calif. (KRON) — A survey by Covered California shows the impact the COVID-19 pandemic has had on the lives of many Californians.

A new survey shows the COVID-19 pandemic has affected nearly everyone in the state — more than 40% of Californians say they personally know someone who has tested positive for the virus and more than one in four know someone who has died from COVID-19.

“The pandemic continues to have a devastating impact on all of our lives, and it highlights the fact that those bearing the heaviest burden are Latino and lower-income Californians,” said Peter V. Lee, executive director of Covered California.

“Those affected most by the pandemic are also those with the most to gain from getting the financial help that’s available to help 1.2 million Californians get health insurance.”

Disproportionately Impacted

The survey also found 52% of Californians say the pandemic has impacted their lives significantly — with the Latino population recording higher rates with 58% compared to 49% among whites, 44% among African-Americans, and 49% among Asian-Americans.

Similarly, 62% of Californians say they experienced a job loss or a reduction in income due to the pandemic — compared to the 71% of Latinos who are the most likely to report these disruptions.

According to the survey, an estimated 25 million Californians may have suffered job loss or reduction in income due to the pandemic — residents at the lowest end of the income spectrum were most likely to have suffered financially.

A total of 40% of residents who earned between \$25,000 and \$35,000 in 2019 say they moved into a lower income bracket — compared to the 27% who earned between \$35,000 and \$50,000 and just 15% of those who earned more than \$50,000.

“These survey data add personal dimensions to the dry mortality data of disproportionate Latino deaths,” said Dr. David Hayes-Bautista from the UCLA School of Medicine and Public Health.

“Through this survey, we can appreciate the concerns of Spanish-speaking farm workers, truck drivers, and construction workers who see their jobs disappear, their paychecks shrink and their access to life-giving medical care fade away as this pandemic ravages the state’s essential workers.”

Health Care Coverage

The pandemic also highlighted the importance of having reliable health care coverage — only 15% of uninsured Californians report they are satisfied with the health care they have access to.

Residents who are insured through Covered California and the individual market report the highest level of satisfaction in the state with 45% compared to 42% for those with employer-sponsored coverage and 29% for those with Medi-Cal.

“The COVID pandemic has brought home the importance of having insurance coverage,” said Lee.

“The fact that there are so many uninsured Californians living in fear underscores the importance of getting the word out that financial help is available to 1.2 million uninsured Californians, and they should sign up today.”

Lee urges uninsured residents to sign up to see if they qualify for financial assistance from the federal government, the state of California, or both during the current [open-enrollment period](#).

A bright note from the survey shows the majority of Californians are taking the necessary steps to protect their family, friends, and community despite the recent spike in COVID-19 cases throughout the state.

The majority of residents say they are wearing masks, frequently washing their hands, and social distancing.

“This data reinforces the fact that some Californians — particularly Latinos and those with lower incomes — are bearing far higher burdens during this pandemic, both in terms of health and financial impact,” said Dr. Erica Pan, California’s acting public health officer.

“As we respond to an unprecedented and swift surge in cases and hospitalizations, combined with colder weather and upcoming holidays, I am encouraged and proud the majority of Californians recognize that public health prevention measures like wearing masks and keeping physical distance are critical to slowing the spread. We know this has been a long and difficult eight months fighting the pandemic together, but we are 40 million strong, and together we can defeat this virus.”

More than 3,000 Californians completed the online survey in both English and Spanish between Oct. 28 and Nov. 11.

[Click here for the complete survey results.](#)

"A man in Debt is so far a slave"
-Emerson

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Power concedes nothing without a demand. It never did and it never will. Find out just what people submit to and you have found out the exact amount of injustice and wrong which will be imposed upon them and these will continue till they have resisted either with words or with both. The limits of tyrants are prescribed by the endurance those of whom they suppress.
- Frederick Douglass (1849)

Impact of COVID-19 on African Americans Highlights the Need for Health Coverage This Holiday Season

Staff

With COVID-19 raging across the country, African Americans — disproportionately infected with the virus — are being urged to enroll in health insurance through California's Obamacare exchange, Covered California.

While tens of thousands of African Americans have benefited from insurance through Covered California at one time or another since 2013, nearly 65,000 uninsured African Americans in the state are eligible for financial help through Covered California or Medi-Cal.

"In the midst of this global health crisis and resulting economic recession, we want everyone to be insured, regardless of their race or economic status, and no matter what situation they find themselves in," Covered California Executive Director Peter V. Lee said.

Covered California recently launched its open enrollment period, which lasts through Jan. 31, and is encouraging all eligible residents to "Get Covered" and "Stay Covered," Lee said. "During this holiday season, what better way to show a loved one you than by giving the gift of health," Lee said.

Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19, according to the Centers for Disease Control and Prevention.

According to a report in the Washington Post, African Americans were 37 percent more likely to die than Whites from COVID-19, after controlling for age, sex and mortality rates over time.

"Health insurance can have a lasting impact," Lee said. "From day one Covered California has worked hard to connect with the state's diverse communities. We believe that part of addressing the disparities exposed by the pandemic is by effectively reaching out to enroll all Californians."

Open enrollment is the one-time of the year when anyone eligible can sign up for health care coverage for 2021. Covered California consumers can check their options and see if they qualify for financial help by using the Shop & Compare tool on the revamped CoveredCA.com.

Eligible consumers who sign up through Covered California can qualify for financial help from the federal government, the state of California, or both. Consumers can visit and find out if they are eligible for either lower cost private plans through Covered California or free coverage through Medi-Cal (which is open year-round). Right now, a record 1.5 million Californians are enrolled in Covered California and are in the process of renewing their coverage, with nearly 90 percent receiving some level of financial assistance.

“Affordability is the number one issue for consumers, and the financial help available through Covered California helps bring the cost of coverage within reach,” Lee said.

In 2021, nearly all Californians (99.8 percent) will be able to choose from two or more carriers and over three-quarter of Californians (77 percent) will have four or more choices.

Consumers will need to sign up by Dec. 15 in order to have their coverage begin on Jan. 1, 2021. Those interested in learning more about their coverage options can:

- Visit <http://www.CoveredCA.com>.
- Get free and confidential assistance, in a variety of languages, from a certified enroller.
- Have a certified enroller call them and help them for free.
- Call Covered California at (800) 300-1506.



As You Renew Your Health Care Coverage, Don't Expect New Restrictions Staff

(CBM) – Californians can rest easy. With a little over two months to go until the state's open enrollment period for 2021 ends on Jan. 31, 2021, expect no new restrictions to your health care coverage options.

It is not likely that the latest challenge to the Affordable Care Act (ACA), also known as Obamacare, will be successful. It occurred Nov. 10, when the U.S. Supreme Court heard arguments against the national health care law passed under the Obama administration in the case *California v. Texas*, No. 19-840.

Although some Obamacare supporters, including California Attorney General Xavier Becerra – who led the Democratic defense of the ACA — expressed some caution about the nation’s highest court’s 6-3 conservative majority, they largely remained confident.

After the hearing, a majority of Justices indicated that the ACA is still safe.

California v. Texas mainly focused on the ACA’s mandate requiring insurance. It was filed by 18 Republican attorneys general backed by the Trump administration. They argued that the mandate became unconstitutional after Congress eliminated the penalty for not having health insurance in Congress’s 2017 tax reform bill. They also argued that since the mandate was a crucial feature of the law, and they deemed it unconstitutional, the entire law should have been thrown out.

Although an official decision in the case will not come until the middle of next year, at least five Supreme Court justices have indicated that they would reject the attempt to kill the ACA. Two members of the Court’s current Republican majority, Chief Justice John G. Roberts Jr. and Justice Brett M. Kavanaugh, noted that striking down the individual mandate portion of the ACA did not require overturning the rest of the law.

“It does seem fairly clear that the proper remedy would be to sever the mandate provision and leave the rest of the act in place — the provisions regarding pre-existing conditions and the rest,” Justice Kavanaugh said.

The Court’s inferred support of the ACA comes at a time when unemployment across the United States is still at record highs due to the COVID-19 pandemic.

The Covered California healthcare marketplace began open enrollment Nov. 1, and many newly unemployed or self-employed Californians will need to apply for either subsidized insurance, Medi-Cal or an individual medical plan.

In a virtual conference Nov. 9, the day before his Supreme Court oral arguments, Becerra spoke about the importance of the ACA during the COVID-19 pandemic, which he called a national health crisis.

“We need the ACA more than ever now. COVID-19 has infected more than 10 million Americans, it has cost 12 million American workers their healthcare, and it’s disproportionately

hurting communities of color. Because of the ACA, in states with expanded Medicaid, workers who have lost their jobs and with that their employer-based health insurance, are still able to get healthcare and support that they need,” said Becerra.

California has supported the ACA since its inception in 2013, expanding the Medi-Cal program for low-income residents, and creating the state-based Covered California marketplace, which offers both federal subsidies and state-based aid. According to Census records, the rate of uninsured Californians dropped from 17.2 % in 2013 to 7.7 % in 2019.

According to Covered California, 271,820 people signed up for health care coverage through the marketplace during its special open enrollment period between March 20 and Aug. 20 this year, more than twice the number of people who signed up during the same period last year.

Dr. Jamila Perritt, President and CEO of Physicians for Reproductive Health, spoke about the importance of the ACA for the community she treats as an OB-GYN.

“I take care of people, real people who deserve to have access to the healthcare they will want and need access to — provided by the Affordable Care Act. The health of my patients has improved. The health of our communities has improved. I know that the Affordable Care Act has been a safety net for many communities and undermining or eliminating it will disproportionately impact those who need care,” said Perritt.

After presenting the arguments for keeping the Affordable Care Act, Becerra was optimistic.

“The ACA has withstood numerous legal and political challenges. It’s been upheld by the Supreme Court as constitutional twice before. And we are optimistic that it will withstand this challenge as well,” said Becerra.



Get covered with health insurance in 2021

Staff

Covered California is urging people to “get covered and stay covered” during the ongoing COVID-19 crisis, not only with masks to fight against the pandemic, but also with quality health care coverage. Open enrollment is underway right now, and during these trying times, having a health plan you can count on is more important than ever before.

An estimated 100,000 people remain uninsured in San Diego County, even though they are eligible for financial help through Covered California or low-cost or no-cost coverage through Medi-Cal.

“The pandemic shines a light on the importance of health insurance and access to quality care, and now is the time to sign up for coverage through Covered California,” said Peter V. Lee, executive director of Covered California. “We will be reaching into every corner of the state to encourage Californians to keep COVID-safe and to get health coverage now.”

The good news for people in San Diego County is that premiums will remain relatively unchanged in 2021. Covered California announced the rate change for the region will be -1.5 percent in 2021, which is lower than the statewide average change of 0.6 percent. More importantly, consumers may be able to pay less than they are paying now, by an average of -13.3 percent, if they shop around and switch to the lowest-cost plan in the same metal tier.

“Providing access to affordable health care coverage is more critical than ever as our state and nation continue to navigate this pandemic,” said Gov. Gavin Newsom. “Covered California opens the door to quality care by making financial assistance available to help Californians get the coverage they need. Now is the time to get covered and stay covered.”

In an effort to promote open enrollment and make clear the connection between insurance coverage and the COVID pandemic, Covered California will be mailing masks to its record 1.5 million enrollees and provide them to all new consumers who sign up during the open-enrollment period. All consumers will be asked to wear the masks to prevent the spread of the virus, while spreading the word about open enrollment.

“The pandemic is front and center in all of our lives, which means the issues of health and well-being are more important than ever before,” Lee said. “Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick.”

Open enrollment, which is the one time of the year when eligible Californians can sign up for health care coverage without needing to meet any requirements, runs through Jan. 31.

In addition, in order to help bring the cost of coverage within reach, the state of California will continue to provide more financial help to eligible consumers in 2021 through a subsidy program. Overall, the financial help from the federal government, the state, or both, helps the average person save about 80 percent off the cost of their monthly premium.

The most recent data shows there are 113,340 Covered California consumers in San Diego County. Depending on their ZIP code, people in these counties will once again be able to choose plans from Blue Shield of California, Health Net, Kaiser Permanente, Molina Healthcare and Sharp Health Plan.

Consumers can see their options and find out whether they are eligible for financial help by visiting Covered California's website at [CoveredCA.com](https://www.CoveredCA.com) and using the Shop and Compare Tool.

Consumers who do not have health insurance will be able to begin signing up for 2021 coverage in the fall. Others with special qualifying life events, like losing their coverage or moving, can enroll year-round. Medi-Cal enrollment is also year-round.

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



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ThinkAdvisor

Covered California CEO Pans Proposed HealthCare.gov Fee Cut

Allison Bell

The head of the largest state-based Affordable Care Act (ACA) public health insurance exchange says a move by the Trump administration to cut insurance companies' HealthCare.gov user fees will hurt efforts to get people covered.

Peter Lee, CEO of Covered California, said managers of HealthCare.gov should focus on using the user fee revenue to spread consumer awareness of the ACA exchange system.

"Proclaiming that a reduction of user fees leads to a reduction of premiums flies in the face of the reality that well-spent marketing dollars by this administration would have had a five-to-one return on lowering health care costs for Americans," Lee said in a statement.

Lee put out the statement in response to new draft regulations that affect how HealthCare.gov and other ACA programs will operate in 2022.

In most HealthCare.gov states, health insurers now pay a user fee that amounts to 3% of premium revenue for coverage they sell through HealthCare.gov.

Several federal agencies are calling for in the new draft regulations for reducing the user fee to 2.25% of premiums in HealthCare.gov states, and to 1.75% of premiums in states that use HealthCare.gov systems to support state-run ACA public exchange programs. The agencies include the Centers for Medicare and Medicaid Services, the U.S. Department of Health and Human Services and the U.S. Treasury Department.

ACA Public Exchange Basics

The ACA public exchange system is supposed to provide a web-based supermarket for health insurance. Consumers can use the system to shop for coverage, sign up for coverage, and get ACA premium tax credit subsidies.

HealthCare.gov managers have slashed spending on nonprofit ombudsmen, or “navigators,” since Donald Trump became president, and they also have reduced spending on print and broadcast advertising.

Program managers have argued that using low-cost email and social media campaigns brings in almost as many applicants as the higher-cost advertising campaigns did, and that insurance agents and brokers have been much more effective than nonprofit assisters at bringing in applicants, without getting any cash directly from HealthCare.gov.

Lee’s Perspective

Covered California has tried to build strong relationships with agents and brokers as well as with nonprofit assisters, and it has reported getting about half of its applicants through agents and brokers.

Lee did not mention agents and brokers in the statement.

He said Trump administration predictions that cuts in HealthCare.gov user fees will lead to insurers passing on premium savings to consumers conflict with the reality that the administration has taken many actions that have increased the cost of ACA exchange plan coverage.

“The proposed rule builds on years of actions by the outgoing administration to undercut the Affordable Care Act,” Lee said. “Instead of marketing and promoting coverage options for millions of Americans, as they should during a pandemic, this proposed rule undermines efforts to get insurance coverage to those most in need.”

HealthCare.gov should be using user fee revenue to make sure health insurers are delivering high-quality care and addressing health disparities, Lee said.

The new user fee cut proposal “serves to reduce resources for ensuring more Americans know about and secure more affordable health coverage options for themselves and their families,” Lee said.

Lee said he looks forward to the administration of President-elect Joe Biden having a chance to weigh in on the proposal.



Health Leaders, patient advocates and celebrities urging people to wear a mask

Staff

Health leaders, patient advocates, governors, states and stars are uniting to urge people to wear a mask, stay home and sign up for coverage on Get Covered America Day on Thursday, Dec. 10, 2020.

As COVID-19 spikes, Get Covered 2021 is urging all Americans to wear a mask and stay home to protect themselves on our health care professionals.

Get Covered America Day is a virtual day of awareness and action asking people to remain vigilant, share the GetCovered2021.org website on social media and encourage people consider their options and enroll in health coverage.

Patient advocates said now is not the time to be uninsured. However, 16 million people across America are uninsured even though they qualify for financial help which experts said, on average, could lower their monthly premium by 85% to \$128 per month. Get Covered 2021 said that could lead to millions of people paying less money for health coverage. Meanwhile, in states using HealthCare.gov, consumers must sign up for coverage by December 15, while deadlines in other states vary. Complete information can be found at GetCovered2021.org.

Get Covered 2021 includes health and patient advocacy organizations including as American Public Health Association, American Heart Association, American Medical Association, American Hospital Association, American Cancer Society, Mental Health America, the Service Employees International Union, American Federation of Teachers, National Association of Community Health Centers and many more, along with 15 states, the District of Columbia and Get Covered America.

The coalition also includes a diverse array of celebrity and athlete ambassadors including; AJ Andrews, Odell Beckham Jr., Beth Behrs, Tanner Buchanan, Caron Butler, Shilique Calhoun, Charlie Carver, Max Carver, Freddy Galvis, Adrian Gonzalez, Mark Hamill, Ken Jeong, MD, George Lopez, Danielle Macdonald, Angel McCoughtry, Alyssa Milano, Bill Pullman, CC Sabathia, Sarah Silverman, George Takei and Bradley Whitford. A coalition list is available at GetCovered2021.org. Ambassadors will provide their support using their unique platforms in the coming months to educate and encourage people across the country to get covered.



Covered California extends enrollment deadline to Dec. 30

Staff

(KTXL) — People who need health insurance now have until Dec. 30 to search for a provider through Covered California after they extended their deadline.

Covered California announced Friday they would be pushing their Dec. 15 enrollment deadline back in order to “help ensure that Californians get the care they need in the face of the increasing health crisis.”

According to Covered California, there are about 1.2 million Californians who aren’t insured despite being eligible for financial assistance; Some may even qualify “for low-cost or no-cost coverage through Medi-Cal.”

They also said half of those uninsured are believed to be Latino.

“Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be,” said Executive Director Peter V. Lee in a press release.

There are 139,000 people who are eligible for financial help in the Northern California and Sacramento Valley region and 163,000 in the San Joaquin, Central Valley, Eastern and Kern region.

Those who sign up by Dec. 30 have to pay their first bill in order for coverage take effect Jan. 1

Covered California says people will still “see and hear television, radio and print ads that communicate a Dec. 15 deadline over the next few days;” those messages should be ignored.

SFGATE

Covered California Extends Deadline For Enrollment

Bay City News Service

Covered California is extending the open-enrollment deadline for health care coverage for two weeks amid the coronavirus pandemic.

Consumers will have until Dec. 30 to sign up for coverage that begins on Jan. 1, 2021.

The unprecedented extension comes as COVID-19 infections and deaths are surging across California and the country.

More than 1.2 million Californians are uninsured right now, even though they are eligible for financial help from Covered California, or low-cost or no-cost coverage through Medi-Cal.

Consumers who sign up by Dec. 30 will need to pay their first bill in order to have their coverage take effect on Jan. 1.



Covered California extends deadline for 2021 health coverage

Leticia Juarez

It's never a good time to go without health insurance, especially in the middle of a pandemic.

But 1.2 million Californians are heading into the new year without a health safety net.

Which is why Covered California is doing something it hasn't done before - extending the deadline for coverage to Dec. 30. Normally it's Dec. 15, with coverage starting Jan. 1.

"Because in the middle of a pandemic the thing we don't want to do is add stress to people who are already leading really tough lives," said Covered California executive director Peter Lee.

Lee says the organization mailed out 3 million face masks to promote the enrollment period. The Covered California website allows people to shop around for the right health plan for them and their family. About 90% of people who apply will get financial assistance.

"A lot of people have lost their jobs, lost insurance coverage, and so keeping our doors open longer, we don't want people waiting a month to have coverage," Lee said.

The unprecedented extension comes as COVID-19 infections and deaths are surging across California and the country.

"We want to leave no one uncovered in the middle of a pandemic so that is why we are leaning in right now."

But the current health crisis isn't the only reason people need medical coverage. Lee says other illness such as heart disease and diabetes need attention too.

Consumers can enroll by logging on to Covered California or calling (800) 300-1506.

"Within two minutes you can see what financial help you'll get and then what your health plan options are."

In Southern California alone, 718,000 people are eligible for enrollment.



Covered California Extends Enrollment Deadline to Dec. 30

Karla Rendon-Alvarez

Americans faced a historic level of unemployment and a financial crisis brought upon by the coronavirus pandemic this year. As a response, Covered California extended its

enrollment deadline to give Golden State residents more time to sign up for their health insurance.

The health insurance marketplace announced Friday that it is taking the “unprecedented step” of giving residents until Dec. 30 to sign up for coverage that will begin on Jan. 1. Prior to the extension, the deadline was scheduled for Tuesday,

“No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic,” Covered California’s executive director, Peter Lee, said in a statement.

Covered California urges all residents to ignore outdated television, radio and print ads that state Dec. 15 is the deadline to sign up.

Those who sign up by the extended deadline are required to pay their first bill in order for their coverage to take effect. According to the health insurance company, about 1.2 million uninsured Californians are eligible for financial assistance through Covered California or qualify for low-cost or no-cost coverage through Medi-Cal.

For more information on how to apply for Covered California, [click here](#).



Covered California Extends Enrollment Deadline Due To COVID-19

Karla Rendon-Alvarez

LOS ANGELES (CBSLA) – California’s health insurance marketplace has extended its enrollment deadline because of the coronavirus pandemic.

Covered California announced Friday that the deadline to sign up for health coverage that would begin on Jan. 1, 2021, has been moved back from Dec. 15 to Dec. 31.

“The pandemic continues to have a devastating impact on all of our lives, and Covered California wants to give those who need health insurance as much time as possible to

sign up and get coverage that starts on Jan. 1,” said Covered California Executive Director Peter V. Lee in a statement.

About 1.2 million uninsured Californians are eligible for some type of financial assistance with their premiums through Covered California or Medi-Cal, the agency reports, including 338,000 in Los Angeles County.

As of last month, about 1.5 million Californians were enrolled in health insurance through Covered California. 88% of those receive some form of federal or state subsidies.

Those who receive financial assistance, which can include either federal tax credits and/or state subsidies, on average pay a monthly premium of \$127 per month, Covered California says.

In 2020, the rate rose by only 0.8%. That came after serious spikes of 13.2%, 12.5% and 8.7% respectively between 2017 and 2019.

Over the past few years the California Legislature has made serious efforts to keep premium hikes low. In June of 2019, the legislature approved a bill which brings back the individual mandate and institutes a tax penalty for those who don't buy health insurance.



Covered California Extends Deadline To Enroll Amid Pandemic Surge Staff

CALIFORNIA — In the midst of a significant coronavirus surge plaguing Californians this December, Covered California pivoted to increase its deadline for open-enrollment. Residents now have till Dec. 30 to enroll in well being protection that begins Jan. 1.

More than 1.2 million Californians are uninsured, in line with the insurance coverage company, a considerably alarming quantity throughout a dire second in healthcare the Golden State.

“The pandemic continues to have a devastating impact on all of our lives...” wrote Peter V. Lee, govt director of Covered California, in a press release. “We know there are more than 1.2 million Californians who are uninsured right now, even though they are eligible to receive financial assistance to help to pay for their coverage, [giving] them more time is the right thing to do.”

Those who enroll by Dec. 30 must pay their first invoice in an effort to have protection take impact for Jan. 1. Officials from the insurance coverage company additionally guarantee that any tv, radio or print commercials that carry a Dec. 15 deadline ought to be disregarded given the extension.

“Most of the people who are uninsured either do not know they are eligible for financial assistance or they have not checked recently to see how affordable quality coverage can be,” Lee wrote. “No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic.”

Covered California discovered that the estimated 1.2 million uninsured California residents had been eligible for assist — both low value or freed from cost by means of Medi-Cal.

According to knowledge collected by the company, Latinx Californians sat on the high of the record of uninsured residents, with 650,000 estimated to be with out protection. White individuals got here in second, with about 367,000 estimated to be uninsured within the state.

“We want everyone to have their coverage in place, and ready for them when they need it, as early as possible,” Lee stated.

Some 9 out of 10 Californians who enroll by means of Covered California find yourself receiving help of some kind, in line with the company, with the common client receiving round \$127 per thirty days towards their protection.

Those occupied with enrolling or studying extra can go to Covered California’s website, request in-person help here or have somebody from Covered California name them here. Covered California’s common telephone line could be reached at 800-300-1506.



Covered California extends sign-up deadline for health care coverage Staff

Covered California said on Friday that for the first time in its history, it would give consumers until Wednesday, Dec. 30, to sign up for health care coverage that begins on Friday, Jan. 1, 2021.

The unprecedented move comes as COVID-19 infections and deaths surge throughout the state.

“The pandemic continues to have a devastating impact on all of our lives, and Covered California wants to give those who need health insurance as much time as possible to sign up and get coverage that starts on Jan. 1,” Peter V. Lee, executive director of Covered California, said. “We know there are more than 1.2 million Californians who are uninsured right now, even though they are eligible to receive financial assistance to help to pay for their coverage, and giving them more time is the right thing to do.”

Customers who sign up by Dec. 30 will need to pay their first bill to have their coverage take effect on Jan. 1.

Covered California also wants to note that consumers will continue to see and hear television, radio and print ads that communicate a Dec. 15 deadline over the next few days and should ignore that deadline given extension.



Need affordable healthcare? Covered California extends enrollment deadline to Dec. 30

Madison Weil

Millions of Californians are out of work this year due to the pandemic. And for many, losing a job meant also losing healthcare. If you're in need of healthcare, consider Covered California. The online marketplace allows Californians to compare several affordable plans.

Because of the pandemic, they've extended the enrollment deadline to December 30th, for coverage that begins just days later -- on January 1st.

“Our job is to provide insurance options for all Californians,” said Peter Eee, Executive Director of Covered California.

Lee says 90% of people who apply for insurance through Covered California receive financial assistance.

“They pick the private plan that’s right for them. But then they get a subsidy that lowers their monthly premium,” said Lee.

Covered California serves as marketplace for health insurance -- it allows Californians to shop for and browse through different plans and see what they qualify for.

"The subsidies are part of the Affordable Care Act, often called Obamacare," explained Lee.

Federal dollars help lower the prices of healthcare plans offered through Covered California. And this year, there's new state money on the table to help even more people get a discount.

How do you find out if you're eligible?

"Your eligibility is based on your income. It's pretty simple," said Lee.

To check your eligibility, visit www.coveredca.com. Click "shop and compare". You'll need to enter your zipcode, age, income and the number of people in your household.

Lee says the whole process can take less than 30 minutes.

What if you have pre-existing conditions?

Lee says those with existing conditions cannot be denied or charged higher premiums when they enroll through Covered California.

"Asthma, mental health issues, diabetes...whatever. Under the Affordable Care Act you can't be turned away at all," he said.

Lee added with the pandemic it's more important than ever to make sure you're covered. A trip to the ICU can cost an uninsured patient thousands: "If you end up in an ICU because of the coronavirus, average costs are about \$60,000," he said. "Our health isn't something we can take for granted."

For coverage that begins on January 1st 2021, the deadline to enroll is December 30, 2020.



Covered California extends deadline to sign up for coverage

Daisy Caballero

REDDING, Calif. — As COVID-19 infections and deaths are surging across California and the country, Covered California (CC) announced Friday, December 11, that for the first time in its history, it would extend its deadline for people to sign up for healthcare coverage until December 30 that begins on January 1.

According to CC's executive director, more than 1.5 million Californians are currently uninsured, even though they're eligible to receive financial assistance to help pay for their coverage. But looking more directly at the Northstate, the Northern California and Sacramento Valley metro region has 139,000 uninsured Californians who are eligible.

"The pandemic continues to have a devastating impact on all of our lives, and Covered California wants to give those who need health insurance as much time as possible to sign up and get coverage that starts on January 1," said Peter V. Lee, executive director of Covered California. "We know there are more than 1.2 million Californians who are uninsured right now, even though they are eligible to receive financial assistance to help to pay for their coverage, and giving them more time is the right thing to do.

To put it into perspective, roughly 9/10 people who enroll through CC receive the financial help they need, in the form of federal tax credits, state sub-sidies, or in some cases both.

"Most of the people who are uninsured either do not know they are eligible for financial assistance or they have not checked recently to see how affordable quality coverage can be," Lee said. "No one should wait to sign up, and we are extending the deadline through December 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic."



Covered California gives consumers until Dec. 30 to sign up

Staff

Covered California announced last week that for the first time in its history, it would give consumers until Dec. 30 to sign up for health care coverage that begins on Jan. 1, 2021. The unprecedented move comes as COVID-19 infections and deaths surge throughout the state.

“The pandemic continues to have a devastating impact on all of our lives, and Covered California wants to give those who need health insurance as much time as possible to sign up and get coverage that starts on Jan. 1,” said Peter V. Lee, executive director of Covered California. “We know there are more than 1.2 million Californians who are uninsured right now, even though they are eligible to receive financial assistance to help to pay for their coverage, and giving them more time is the right thing to do.”

Consumers who sign up by Dec. 30 will need to pay their first bill in order to have their coverage take effect on Jan. 1. Consumers will continue to see and hear television, radio and print ads that communicate a Dec. 15 deadline over the next few days, and they should ignore that deadline given this announcement of an extension.

“Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be,” Lee said. “No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic.”

An estimated 1.2 million uninsured people in the state are either eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal.

Financial Help Lowers Costs for Consumers

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the Shop and Compare Tool at [CoveredCA.com](https://www.CoveredCA.com). All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

Consumers interested in learning more about their coverage options can visit www.CoveredCA.com; get free and confidential in-person assistance, in a variety of

languages, from a certified enroller; or have a certified enroller call them and help them for free. Call Covered California at (800) 300-1506 for more information.



SAN FRANCISCO NEWS

Affordable Care Act Deadline Extended

Staff

SAN FRANCISCO—The San Francisco Department of Public Health notified California residents in a tweet that the deadline for the 2021 health insurance through the Affordable Care Act has been extended until Wednesday, December 30.

The Governor of California, Gavin Newsom, said on his Twitter page, “Californians need health coverage more than ever and that’s why we just extended our open enrollment period for Covered California. We have extended it till December 30.”

According to healthcare.gov, people with Medicare, Part B coverage are not eligible for dental or health plans through the Affordable Care Act.

According to healthcare.gov site, those currently diagnosed with “asthma, diabetes, or cancer,” are entitled to coverage even if they are preexisting conditions. The site also states: “insurance companies can’t refuse to cover treatment for your pre-existing condition or charge you more.”

The deadline for Covered California is December 30, but the open enrollment period remains until January 21, 2021. “Open enrollment happens during the fall. For 2021 coverage, the open-enrollment period is Nov. 1, 2020, through Jan. 31, 2021,” states Covered California.

Covered California provided special enrollment, which allows those who have recently lost their job due to COVID-19, turned 26 years old, moved to or moved within California, recently married, or had a new baby, and more, to have their deadlines extended. “For most qualifying life events, you have 60 days from the date on which the qualifying life event happens to enroll in a Covered California health insurance plan or change your existing plan,” states the Covered California website.

Medi-Cal enrollment is all-year-round, according to healthcare.gov. “Medi-Cal and Covered California use the same application. After you enter your information, you will find out whether you qualify for Medi-Cal or Covered California,” says Covered California.

Eligibility for Med-Cal, according to Covered California, is for the elderly, the blind or disabled, those under the age of 21, people with refugee status for a limited time, caretakers, or parents of disadvantaged children under 21, women diagnosed with breast or cervical cancer, and women who are currently pregnant.

Go to <https://www.coveredca.com/apply/> to apply for insurance or call 1-800-300-1506 to apply with their Service Center. According to Covered California, all applicants will need their Social Security Number, all Federal tax information or their Immigration documents, and their current employer and income information.



LA's MLK Hospital slammed by COVID, highlighting virus impact on Black communities

City News Service

LOS ANGELES — Highlighting the devastating impact the COVID-19 pandemic has had on Black communities, the CEO of Martin Luther King Jr. Community Hospital said Tuesday that the small medical center is overloaded with patients, with 70 people being treated in a 29-bed emergency department.

"The African-American community is being disproportionately impacted by COVID-19, and we are seeing that in South Los Angeles ... and we're also seeing that inside of the hospital," Dr. Elaine Batchlor said during a Covered California video conference urging Black residents to get insured and get vaccinated when the shots become available to the general public.

"We have more COVID patients now than hospitals that are three to four times larger than we are," Batchlor said. "The testing site on our campus, has a COVID positivity rate of 25%, versus 12 to 13% countywide. We're a small community hospital, 131 beds, and we have already exceeded our surge capacity. We started this morning with 206 patients in our 131-bed hospital, and 70 patients in the emergency department — that is a 29-bed emergency department."

Peter Lee, director of Covered California, also stressed the impact of the pandemic on the Black community, saying 70% of Black Americans know someone who has died or been hospitalized because of COVID, compared to 60% of Latinos and 50% of whites.

“The COVID pandemic is hitting the African-American community harder than any other community,” Lee said. “Now the good news is, the vaccines are now with us, but most of us will not be getting those vaccines until 2021. There’s also reason for concern. Black Americans — only 40% say they’d take a vaccine right now. That is well below the rates of other communities. About 80% of Asian communities say they’d likely take a vaccine, 60% of Hispanics and whites.”

Lee, Batchlor and other medical experts urged residents not to hesitate being vaccinated.

“When the vaccine is available, and it’s been proven safe and effective, which the vaccines out there have been, take the vaccine,” Lee said.

Dr. David Carlisle, president/CEO of the Charles R. Drew University of Medicine and Science in Los Angeles, said all communities of color should take the virus seriously and not hesitate to get vaccinated.

“COVID-19 has spread like wildfire through communities of color, particularly the African-American communities, particularly Latino communities, and also other communities of color,” he said. “When you look at the numbers ... they’re quite clear. Latinos are 2.7 times more likely to test positive. African-Americans are 80% more likely to die from this condition. Among African-Americans, everyone that I talked to personally knows somebody who’s died from COVID-19. That is a huge burden to bear.”

He compared the vaccine to wearing a seat belt in a car crash, calling it a critical means of defense.

“These vaccines offer hope where for so many months there was none,” Carlisle said. “We hope that we can use the vaccines to eliminate COVID-19 and drive down these infection rates, but in order to do this, people have to take the vaccines.”



Covered California Partnered with Black Healthcare Leaders to Host Webinar that Encouraged the Black Community to Get Vaccinated and Get Covered
Saybin Roberson

As the year ends and Californians prepare for the next year, officials are working day and night to ensure 2021 is a change of reality for nearly everyone. To help get things

back to normal, Covered California partnered with Black healthcare leaders to form a message urging California residents to get COVID-19 vaccinations and for those in need to get health insurance for the upcoming year.

In a webinar held Tuesday, December 22, 2020, Executive Director of Covered California, Peter V. Lee moderated the virtual meeting that featured panelists from several prominent figures within the Black community to discuss the importance of healing our nation. “Pew Research survey recently found that 70 percent of Black Americans know someone who’s either died or been hospitalized because of COVID. Now, this is far higher than we see in other ethnic groups for Latinos about 60 percent for Whites about 50 percent. That survey though reflects the reality that the COVID pandemic is hitting the African American community harder than any other community,” Lee began. Research also showed that only about 42 percent of Black people are willing to take the vaccine which is also well below the 83 percent of Asians, 63 percent of Latinos, and 61 percent of White Americans who said they would if it were available today.

To build trust and increase the numbers, Covered California welcomed Dr. David Carlisle, president, and CEO of Charles R. Drew University of Medicine and Science, Dr. Elaine Batchlor, CEO of Martin Luther King, Jr. Community Hospital, and Dr. Adrian James, CMO of West Oakland Health Council to discuss the significance and give insight on the subject.

“We hope that we can use the vaccines to eliminate COVID-19 and drive down these infection rates but in order to do this, people have to take the vaccines. Number one, we have to make sure that vaccines are available, especially to the under-resourced and most vulnerable communities that were bypassed initially by COVID-19 testing,” Dr. Carlisle stated. “While it is understandable to question things, the science is clear: We are dealing with a deadly pandemic. COVID-19 kills, and the only solution is a vaccination.”

Lee took his message a step further to point out those who work in retail and in restaurants, and many frontline workers outside of the medical field who are without health insurance. “This pandemic has brought home more than ever, the importance of health insurance coverage.” Covered California has teamed up with the American Heart Association, the National Staff Medical Association, and celebrities and athletes such as NBA player Steph Curry to encourage residents to get covered to protect themselves and their families. “Today in America, too many people in our communities don’t have health insurance. It’s one reason why Black Americans are disproportionately impacted by COVID and other health conditions. That’s got to change,” Curry said in a video displayed during the webinar.

During the call Dr. Batchlor and Dr. James spoke to the conditions of their hospital and staff, sharing that both were functioning over 100 percent capacity due to COVID cases. “We have more COVID-19 patients in our hospital than facilities that are three to four times our size do, and while we exceeded our surge-plan capacity a few days ago, the

patients continue to come,” Dr. Batchlor stated. “More than 80 percent of our staff are people of color, and we have vaccinated hundreds of our front-line workers. We need to show the Black community that the COVID-19 vaccine is safe and encourage them to get it when they can.”

“The vaccine was developed in record time, but there were brilliant minds behind it. My patients do ask me, ‘are you going to take the vaccine, Dr. James?’ The answer is yes. I trust the science is safe and effective. I’ve looked at the data, I am going to take it. It’s been stressful, but we can get through this if we all work together. We educate and we vaccinate,” Dr. James stated.

The panelist also spoke about the Black Coalition Against COVID-19 which Dr. Carlisle is also a member. Just a months ago the coalition put together a heartfelt informational video title, “A Love Letter To Black America” which was backed by Black doctors and nurses from several HBCUs, the National Urban League, and blackdoctors.org reassuring every American that safety and Black lives are at the core of their work.

“Covered California stands shoulder to shoulder with you in a sincere commitment to create a world that is healthier and more just than it is today. We can’t do that without being healthy. We can’t do that without doing everything we can to react and respond to the COVID pandemic, but also to react to respond to a healthcare system that has allowed disparities and other forms to exist,” Lee stated putting his support behind the various Black figures working to provide education, safety, and equality to the community.



Get Covered with Health Insurance in 2021

Staff

Covered California is urging people to “get covered and stay covered” during the ongoing COVID-19 crisis, not only with masks to fight against the pandemic, but also with quality health care coverage. Open enrollment is underway right now, and during these trying times, having a health plan you can count on is more important than ever before.

An estimated 100,000 people remain uninsured in San Diego County, even though they are eligible for financial help through Covered California or low-cost or no-cost coverage through Medi-Cal.

“The pandemic shines a light on the importance of health insurance and access to quality care, and now is the time to sign up for coverage through Covered California,” said Peter V. Lee, executive director of Covered California. “We will be reaching into every corner of the state to encourage Californians to keep COVID-safe and to get health coverage now.”

The good news for people in San Diego County is that premiums will remain relatively unchanged in 2021. Covered California announced the rate change for the region will be -1.5 percent in 2021, which is lower than the statewide average change of 0.6 percent. More importantly, consumers may be able to pay less than they are paying now, by an average of -13.3 percent, if they shop around and switch to the lowest-cost plan in the same metal tier.

“Providing access to affordable health care coverage is more critical than ever as our state and nation continue to navigate this pandemic,” said Gov. Gavin Newsom. “Covered California opens the door to quality care by making financial assistance available to help Californians get the coverage they need. Now is the time to get covered and stay covered.”

In an effort to promote open enrollment and make clear the connection between insurance coverage and the COVID pandemic, Covered California will be mailing masks to its record 1.5 million enrollees and provide them to all new consumers who sign up during the open-enrollment period.

All consumers will be asked to wear the masks to prevent the spread of the virus, while spreading the word about open enrollment.

“The pandemic is front and center in all of our lives, which means the issues of health and well-being are more important than ever before,” Lee said. “Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick.”

Open enrollment, which is the one time of the year when eligible Californians can sign up for health care coverage without needing to meet any requirements, runs through Jan. 31.

In addition, in order to help bring the cost of coverage within reach, the state of California will continue to provide more financial help to eligible consumers in 2021 through a subsidy program. Overall, the financial help from the federal government, the state, or both, helps the average person save about 80 percent off the cost of their monthly premium.

The most recent data shows there are 113,340 Covered California consumers in San Diego County. Depending on their ZIP code, people in these counties will once again be able to choose plans from Blue Shield of California, Health Net, Kaiser Permanente, Molina Healthcare and Sharp Health Plan.

Consumers can see their options and find out whether they are eligible for financial help by visiting Covered California's website at www.CoveredCA.com and using the Shop and Compare Tool.

Consumers who do not have health insurance will be able to begin signing up for 2021 coverage in the fall. Others with special qualifying life events, like losing their coverage or moving, can enroll year-round. Medi-Cal enrollment is also year-round.

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



Overwhelmed CA Hospital Places Gurneys in Gift Shop, Waiting Room in Outside Tent

Matt Keeley

A hospital in South Los Angeles has been so overwhelmed with new coronavirus cases that it has been forced to set up a tent outside to act as a waiting room.

The Martin Luther King Jr. Community Hospital (MLKCH) normally sees around 30 people, but with the coronavirus outbreak, frontline health care workers have had to serve over 100 people a day, according to a report from *The New York Times*. The overflow is so severe that the lobby has been converted to a place to care for patients while an outside tent has been erected to act as a waiting room. Gurneys are now stored in the hospital's gift shop.

"Everything is backed up all the way to the street," said Dr. Oscar Casillas, the medical director of the hospital's emergency department told the *Times*.

The hospital serves the low-income South Los Angeles area, which has a 72 percent higher mortality rate than the rest of L.A., according to MLKCH. Though the hospital only has 133 beds, as of Tuesday, it had 206 patients, according to the *Los Angeles Daily News*.

"We have more COVID patients now than hospitals that are three to four times larger than we are," Dr. Elaine Batchlor, the CEO of MLKCH, said Tuesday during a Covered

California video conference. "The testing site on our campus, has a COVID positivity rate of 25 percent, versus 12 to 13 percent countywide. We're a small community hospital, 131 beds, and we have already exceeded our surge capacity. We started this morning with 206 patients in our 131-bed hospital, and 70 patients in the emergency department—that is a 29-bed emergency department."

Los Angeles County has the most COVID-19 deaths in the United States, according to the Johns Hopkins University Coronavirus Research Center. As of Thursday, there have been 9,299 deaths in the county—accounting for nearly 3 percent of all the U.S. deaths—and 677,299 confirmed cases. Of those deaths, over 1,000 have come in the last two weeks, according to *Deadline*.

The COVID-19 pandemic has been hard on the frontline health care workers as well. ICU nurse Angela Escobar described watching patients die as she tried to help as "incredibly stressful," according to a MLKCH press release.

"It's such a sad virus," said Escobar. "You are the only person they see. You build a relationship with them. They depend on you—they express their feelings and their fears. You are in the room when they cry with their family members during a remote call. And then you see them start to decline. They die by themselves and you are the only one with them."

Escobar was describing an earlier MLKCH policy where COVID patients were isolated and did not allow families to visit dying loved ones. Due in part to Escobar's efforts, the policy has changed.

"The change was immensely important for patients and their families," said Anahiz Correa, head of the ICU nursing unit. "But it was also important for the nurses who care for them because they saw that their patients would not be alone at the end."

South Los Angeles is populated by mostly people of color. According to the 2014 census, 61 percent of people in the area are Latino and 28.7 percent are African American. These demographics have been hit particularly hard by the coronavirus. Covered California Director Peter Lee said on the conference call that 60 percent of Latinos know someone who has died or been hospitalized due to COVID-19. That number jumps to 70 percent within the African American community, compared to 50 percent of white people.

"The COVID pandemic is hitting the African-American community harder than any other community," Lee said. "Now the good news is, the vaccines are now with us, but most of us will not be getting those vaccines until 2021. There's also reason for concern. Black Americans—only 40 percent say they'd take a vaccine right now. That is well below the rates of other communities. About 80 percent of Asian communities say they'd likely take a vaccine, 60 percent of Hispanics and whites."



How to sign up for health insurance before Covered California's deadline this week

Staff

SACRAMENTO, Calif. — Californians without health insurance through their employer have until Wednesday to sign up through Covered California's open enrollment in time to receive coverage on Jan. 1.

Those who sign up have a high chance of receiving financial assistance, as 9 out of every 10 people who enroll through the health insurance marketplace get subsidized insurance, according to the state. That includes an estimated 1.2 million uninsured Californians who are eligible for financial aid through Covered California or who could qualify for low-cost or free coverage through Medi-Cal. More than half of those eligible for subsidies, 650,000, are Latinx, according to the state.

Covered California is an extension of the Affordable Care Act that allows people to compare health insurance plans and choose one that fits their budget. The open enrollment period to receive coverage at the beginning of 2021 was extended from Dec. 15 due to the pandemic. If you miss this week's deadline, you can still sign up through the end of the open enrollment period in January to be covered for 2021. But if you miss this week's Dec. 30 deadline, you would lose out on coverage for January.

Peter Lee, the executive director for Covered California, said that it's extra risky to go without health insurance for a month with COVID-19 cases surging.

"It's not just COVID, it's cancer, it's a car accident," he said. "That's why we are really doubling down on getting the word out about this deadline."

Lee said that people may think they can't afford insurance, but there are a lot of options out there.

How to find a health insurance plan?

You can use the state's shop and compare tool by entering your zip code, household income and ages of those who need coverage.

Here are the estimated numbers of uninsured Californians who are eligible for financial help:

- Northern California and Sacramento Valley: 139,000
- Greater Bay area: 122,000
- Central Coast: 60,000
- San Joaquin, Central Valley, Eastern, Kern: 163,000
- Los Angeles: 338,000
- Inland Empire: 192,000
- Orange: 88,000
- San Diego: 100,000

Beware, the state health insurance mandate will return next year

Those who can afford coverage but who don't buy health insurance could pay a fine when they file their state taxes in 2022, up to \$2,250 for a family of four, according to the state.



Sign-up deadline looms for Covered California health insurance coverage

City News Service

LOS ANGELES (CNS) - As COVID-19 cases surge, Covered California is urging uninsured residents to sign up for coverage by this Wednesday's deadline.

"Covered California is a critical safety net to help people get quality health care coverage during the surging pandemic and ongoing recession," said Covered California Executive Director Peter Lee. "With our first enrollment deadline coming up this week, we want to encourage anyone who needs coverage to check out their options and sign up so they can start the New Year with protection and peace of mind."

Californians who want their coverage to start on Jan. 1 must sign up by Dec. 30, a deadline that was extended in response to the pandemic. However, the open enrollment period runs through Jan. 31. In either case, consumers will need to pay their first bill when enrolling.

More than 1.2 million California residents are uninsured despite being eligible for financial help from Covered California or low-cost or no-cost coverage through Medi-Cal, according to Covered California.

"Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be," Lee said. "No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic."

Roughly nine out of 10 consumers who enroll through the Covered California marketplace receive either federal tax credits, state subsidies or both, helping to make health care more affordable. California subsidies benefit nearly 600,000 residents, including thousands who had previously been ineligible for financial help because they exceeded federal income limits.

Of those eligible for subsidies, more than half are believed to be Latino, a group that has been disproportionately hard-hit by the pandemic.

The average consumer receiving financial help with health insurance paid an average of \$127 per month for coverage, with federal and state assistance reducing their costs by \$454, according to Covered California.

Covered California recently mailed masks to 1.5 million enrollees, and Lee urged every resident to use face coverings.

"Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick," he said. "Covered California helps you get access to some of the best doctors and health care facilities in the country and provides peace of mind during these challenging times where there is so much uncertainty."

The state individual mandate penalty will also return for 2021. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when they file their state taxes in 2022. The penalty, administered by California's Franchise Tax Board, could be as much as \$2,250 for a family of four.

To learn more about coverage options or compare rates, visit www.coveredca.com.



Covered California Deadline Is Wednesday

City News Service

LOS ANGELES, CA — As California became the first state to record 2 million COVID-19 cases and ongoing Stay-At-Home orders thrust many workers back onto unemployment, state officials are urging the uninsured to sign up for Covered California before Wednesday's deadline for insurance coverage beginning Jan. 1.

Despite the pandemic, the state still has more than a million uninsured residents, and the state individual mandate penalty for those who are uninsured will return for 2021. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when they file their state taxes in 2022. The penalty, administered by California's Franchise Tax Board, could be as much as \$2,250 for a family of four.

"Covered California is a critical safety net to help people get quality health care coverage during the surging pandemic and ongoing recession," said Covered California Executive Director Peter Lee. "With our first enrollment deadline coming up this week, we want to encourage anyone who needs coverage to check out their options and sign up so they can start the New Year with protection and peace of mind."

For those who need insurance coverage starting Jan. 1, the deadline to sign up is Dec. 30. The state had already extended the deadline due to the pandemic, and the open enrollment period runs through Jan. 31 for 2021. Consumers will need to pay their first bill when enrolling.

More than 1.2 million state residents -- including an estimated 338,000 people in the Los Angeles metro area -- are uninsured despite being eligible for financial help from Covered California or low-cost or no-cost coverage through Medi-Cal, according to Covered California.

"Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be," Lee said. "No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic."

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To learn more about coverage options or compare rates, visit www.coveredca.com.



Covered California urges consumers to sign up for health care coverage by Dec. 30

Elizabeth Larson

With the first open-enrollment deadline approaching this week, Covered California urged consumers to sign up now so they can have their health care coverage be effective on Jan. 1.

"Covered California is a critical safety net to help people get quality health care coverage during the surging pandemic and ongoing recession," said Peter V. Lee, executive director of Covered California. "With our first enrollment deadline coming up this week, we want to encourage anyone who needs coverage to check out their options and sign up so they can start the New Year with protection and peace of mind."

In response to the pandemic, Covered California extended the enrollment deadline to receive Jan. 1 coverage from Dec. 15 to Wednesday, Dec. 30.

Consumers who sign up by Dec. 30 will need to pay their first bill in order to have their coverage take effect on Jan. 1.

Right now, an estimated 1.2 million Californians are uninsured — even though they are eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal. That includes 139,000 people in Northern California and the Sacramento Valley.

Of those eligible for subsidies, more than half — 650,000 — are believed to be Latino, while 367,000 are Caucasian, 89,000 are Asian, 67,000 are African American and 29,000 are listed as “other.”

Financial help lowers costs for consumers

Roughly nine out of every 10 consumers who enroll through Covered California receive financial assistance — in the form of federal tax credits, state subsidies, or both — which helps make health care more affordable.

California’s state subsidies, which first became available in 2020, are benefiting nearly 600,000 consumers — including more than 41,000 middle-income consumers who had previously been ineligible for financial help because they exceeded the federal income requirements.

“Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be,” Lee said. “No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic.”

The latest data shows that, with the combination of federal tax credits and state subsidies, the average consumer receiving financial help paid an average of \$127 per month for their coverage (with federal and state assistance reducing their costs by \$454 or nearly 80 percent).

Get covered, stay covered

Covered California is urging consumers to “get covered” — not only with quality health insurance coverage, but also with a mask and vaccine when they become available.

Covered California mailed masks to 1.5 million enrollees and asked consumers to take all necessary precautions to help prevent the spread of the virus, while sharing the news about open enrollment.

“Getting covered with a mask will help protect Californians and their families and friends; getting covered with a health plan will help protect people if they get sick,” Lee said. “Covered California helps you get access to some of the best doctors and health care facilities in the country, and provides peace of mind during these challenging times where there is so much uncertainty.”

Shop and compare

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the Shop and Compare Tool at CoveredCA.com. All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

“Do not wait until the last minute, or let Wednesday’s 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.”

The state individual mandate penalty will also return for 2021. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when they file their state taxes in 2022. The penalty is administered by California’s Franchise Tax Board, and could be as much as \$2,250 for a family of four.

Getting help enrolling

Consumers interested in learning more about their coverage options can:

- Visit www.CoveredCA.com.
- Get free and confidential in-person assistance, in a variety of languages, from a certified enroller.
- Have a certified enroller call them and help them for free.
- Call Covered California at 800-300-1506.



Want health insurance Jan. 1? Extension lets you sign up through Wednesday in California

Cathie Anderson

If you want health insurance coverage starting Jan. 1, you’ll have to sign up for a policy by midnight Wednesday in California.

While the state’s open enrollment will continue until Jan. 31, any policies started after the Wednesday deadline won’t provide coverage until Feb. 1.

That’s the word from Covered California Executive Director Peter V. Lee, the leader of the state’s health insurance exchange.

“Covered California is a critical safety net to help people get quality health care coverage during the surging pandemic and ongoing recession,” Lee said. “With our first enrollment deadline coming up this week, we want to encourage anyone who needs coverage to check out their options and sign up so they can start the New Year with protection and peace of mind.”

Originally, the Jan. 1 coverage deadline was Dec. 15, but amid the challenges of the COVID-19 pandemic, leaders of Covered California extended the enrollment period by 15 days. Those who sign up by Wednesday will have to pay their first bill to ensure coverage begins.

Covered California’s team reports that about 1.2 million Californians have not signed up for health insurance yet. If residents can’t provide proof of insurance, they will face a penalty when their state income taxes come due. That penalty, which is administered by California’s Franchise Tax Board, could be as much as \$2,250 for a family of four, according to Covered California officials.

Both the state and federal governments offer subsidies to defray the cost of insurance, and nine out of every 10 people who enrolled through Covered California received some financial assistance. First offered this year, state subsidies are going to nearly 600,000 consumers, according to Covered California, and more than 41,000 of them are middle-income consumers who were ineligible for federal financial help.

“Most of the people who are uninsured either do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be,” Lee said. “No one should wait to sign up, and we are extending the deadline through Dec. 30 to give all of us more time to spread the word and make sure our family and friends have health insurance during this pandemic.”

The average consumer receiving paid an average of \$127 per month for their coverage because federal and state assistance cut their costs by \$454, or nearly 80 percent.

Want to see what your costs would be? Check out the shop and compare tool at coveredca.com.



African American Health Leaders Urge Californians to Get COVID-19 Vaccine

Brittany Wallace

African American health leaders joined Covered California on December 22, 2020, for a roundtable discussion on COVID-19 vaccinations in the black community, and the importance of health coverage. The discussion was part of a coordinated effort to increase the Black community's confidence in the safety of taking the COVID-19 vaccine.

Executive director of Covered California, Peter V. Lee, explained that "The pandemic continues to have a devastating impact on our lives, particularly among communities of color." This is likely due to Black and Brown communities having limited access to healthcare and health insurance.

Blacks are also getting sicker due to underlying health issues that are common in the Black community, such as diabetes, hypertension, COPD and asthma.

One of the hardest hit regions in the state is Los Angeles, where officials at the Martin Luther King, Jr. Community Hospital say the COVID-19 infection rate of 25 percent is more than double the county rate. "We have more COVID-19 patients in our hospital than facilities that are three to four times our size do, and while we exceeded our surge-plan capacity a few days ago, the patients continue to come," said Dr. Elaine Batchlor, CEO of the hospital. "More than 80 percent of our staff are people of color, and we have vaccinated hundreds of our front-line workers. We need to show the Black community that the COVID-19 vaccine is safe and encourage them to get it when they can."

The California Department of Public Health reports that the rate of death associated with COVID-19 among Black Californians (7.1 percent) is nearly double the infection rate (4 percent). In contrast, however, a Pew Research Center Survey shows that only 42 percent of African Americans reported that they would "definitely" take the COVID-19 vaccine, while 83 percent of Asians and 63 percent of Hispanics reported the same. A Kaiser Family Foundation survey also found that willingness of Black adults (62 percent) to get vaccinated was lower than White (73 percent) and Hispanic (71 percent) groups.

This data is in alignment with historical skepticism from the Black community toward health experts, as the medical needs of the Black community have largely been ignored or not prioritized at all.

“This distrust is deeply rooted and based on injustices and unethical treatment that many Black Americans have experienced in our medical institutions,” said Dr. Nadine Burke Harris, California surgeon general. “It is imperative that we engage with communities to address their concerns so that all of our communities can feel confident that these vaccines are safe and that they are our key to defeating this virus.”

Black doctors and nurses across the nation have come together to create the Black Coalition of Against Covid-19, to increase awareness in the black community about the safety and effectiveness of the COVID-19 vaccine.

President and CEO of Charles R. Drew University of Medicine and Science, a historically Black school in Los Angeles, and member of, Dr. David Carlisle explained that “While it is understandable to question things, the science is clear: We are dealing with a deadly pandemic,” said Carlisle. “COVID-19 kills, and the only solution is a vaccination.”

Dr. James West of Oakland Health Community Center shared that there are approximately 14,563 positive COVID-19 cases in the city of Oakland alone. Dr. West emphasized the importance of thorough hand washing, social distancing, eliminating social gathering, and getting vaccinated. He also advised that the COVID-19 vaccine was created in record time due to the imperative need; and that the science behind it has proven the vaccine to be safe and effective.

Covered California is encouraging Blacks to get the COVID-19 vaccine when it has been made available. Peter V. Lee emphasizes that if Californians do not have insurance, now is the time to get it. A Special Enrollment Period was opened in March of this year, and continued enrollment is anticipated, as Covered California wants to make healthcare coverage available to all Californians that are in need.

Information on health insurance coverage through Covered California can be found at www.Getcovered2021.org.



Deadline to enroll in Covered California ends today

Brittany Wallace

BAKERSFIELD, Calif. (KERO) — Today is the deadline to enroll in Covered California if you want your coverage to start at the beginning of the new year. 23ABC was joined Wednesday by Covered California Executive Director Peter Lee about their efforts to get more people enrolled.

The original deadline was December 15, but it was extended to today due to the coronavirus pandemic. According to Covered California, roughly 163,000 people in the Central Valley are eligible for financial help through Covered California.

"We've had more people going into this coverage to renew this coverage. We went out in March. COVID, we're opening our doors wide open. Too many Californians losing their jobs and healthcare coverage," Lee said. "We wanted to get everyone in. We came into open enrollment with a lot of people renewing. A lot of people are signing up."

You can sign up for Covered California [here](#).

Desert Sun.

No health insurance due to the pandemic? Californians could face tax penalty

Melissa Daniels

Some California residents who lost their health insurance along with their jobs during the coronavirus pandemic may face financial penalties when they file their taxes next year.

The state currently has a tax policy called the Individual Shared Responsibility Penalty that fines people for not having a health insurance plan if they don't qualify for certain exemptions. The penalty is in effect for the first time in 2020 after Gov. Gavin Newsom signed Senate Bill 78 last summer, which requires Californians to have health insurance and provides for some state subsidies to help people offset the cost of coverage.

A penalty for an uninsured family of three earning \$150,000 could be about \$2,522, according to the California Franchise Tax Board website. An individual who earns \$46,000 could be charged \$750.

There are multiple exemptions: for example, people who go without coverage for three continuous months or less are exempt. There's also an "affordability exemption" for people who would be spending more than 8.24% of their income on the cheapest plan in their area from Covered California, the state's health insurance marketplace.

People who qualify for Medi-Cal, the state's Medicaid program for low-income individuals, are also exempt. So are people whose income does not meet the threshold for filing a tax return.

But a resident without health insurance who doesn't qualify for an exemption could be penalized with a flat fee of \$750 per adult and \$375 per child, or 2.5% of their household income above a certain threshold.

The state franchise tax board has a tool available online for those who are uninsured and want to find out how much they may owe.

The majority of households in the United States rely on their employer to access health insurance. That means the historic unemployment brought on by the pandemic may also have decimated access to health care coverage.

The Economic Policy Institute in August found roughly 6.2 million workers may have lost their employer-sponsored health insurance coverage between February and July of this year, based on job loss and gains in that time.

"The downsides of employer-based health insurance access have been made spectacularly visible by the COVID-19 shock — a shock that has cost millions of Americans their jobs and their access to health care in the midst of a public health catastrophe," the report said.

In California, about 2 million people don't have health insurance, said Covered California spokesperson James Scullary. But around 1.2 million uninsured Californians would be able to get financial help from state or federal subsidies to cover such a plan if they applied.

Scullary said the number of people who enrolled in the spring was more than double the same time last year; 231,040 people signed up through Covered California for health care coverage between March 20 and July 25, state records show.

Usually, Covered California plans can only be accessed during the three-month open enrollment period, or if someone has a qualifying life event like job loss. But Covered California opened up its enrollment to anyone back in March when the pandemic began, Scullary said.

That special enrollment window was subsequently extended from the end of June until the end of July, then again until the end of August as the pandemic-induced recession effects continued to sink in.

"During the pandemic, we did do things differently," he said.

Of those Californians without health insurance, an estimated 192,000 are in the Inland Empire, Scullary said.

"A lot of them are eligible for help and don't know it," Scullary said.

He encourages people to use the Covered California website to find out if they are eligible. In general, help with paying for coverage could be available for an individual who earns up to \$76,560 or a family of four that earns up to \$157,200, Scullary said.

Currently, Covered California is open for enrollment for 2021. People can apply through Wednesday for coverage that kicks in Jan. 1, 2021. Or people can apply through January for coverage that will start in February.

In addition to federal subsidies designed to lower the cost of marketplace plans, Scullary said there are more subsidies available to people that the state launched in 2020.

"All they need to do is enter their zip code, their household income and the ages of the people in their household and they will see how much help they are eligible for and their choice of plans," he said.

Precinct Reporter Group

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Serving Southern California's African American Communities Since 1965

Amid Surge Sign up For Health Care

Staff

With the first open-enrollment deadline approaching this week, Covered California urged consumers to sign up now so they can have their health care coverage be effective on Jan. 1.

"Covered California is a critical safety net to help people get quality health care coverage during the surging pandemic and ongoing recession," said Peter V. Lee, executive director of Covered California. "With our first enrollment deadline coming up this week, we want to encourage anyone who needs coverage to check out their options and sign up so they can start the New Year with protection and peace of mind."

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Right now, an estimated 1.2 million Californians are uninsured — even though they are eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal

Financial Help Lowers Costs for Consumers

Roughly nine out of every 10 consumers who enroll through Covered California receive financial assistance — in the form of federal tax credits, state subsidies, or both — which helps make health care more affordable. California's state subsidies, which first became available in 2020, are benefiting nearly 600,000 consumers — including more than 41,000 middle-income consumers who had previously been ineligible for financial help because they exceeded the federal income requirements.

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Get Covered, Stay Covered

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Shop and Compare

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Getting Help Enrolling

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Call Covered California at (800) 300-1506.



Black California surgeon ‘walks the walk’ on virus vaccine

Kathleen Ronayne

SACRAMENTO, Calif. (AP) — Dr. David Tom Cooke says his choice to participate in a clinical trial for a coronavirus vaccine is like his grandmother’s decision to leave the Jim Crow South to work in California’s naval shipyards during World War II. She was determined to contribute even though the country didn’t recognize her as worthy of full rights.

Today, it’s Cooke’s sense of duty and experience as a Black man that led him to test out Pfizer’s vaccine in August and make it his mission to allay concerns about its safety among Black friends, family and community members. He’s also driven by an understanding of skepticism toward the medical profession among many Black Americans, rooted in a history of poor health outcomes and abusive research.

“When you look at the scourge of the COVID-19 pandemic, communities of color are disproportionately affected in regards to death,” said Cooke, head of general thoracic surgery at UC Davis Health, the Sacramento area’s major trauma center. “Therefore, it’s imperative that we enroll people of color into these clinical trials enough to show they’re effective in these really at-risk communities.”

Cooke, 48, was concerned when he saw a lack of diversity among participants in Moderna’s clinical trial. So when UC Davis had the opportunity to connect people with a trial by Pfizer, he volunteered. He got the first shot in August and recently learned he’d been given the actual vaccine.

“I felt that in order to increase enrollment in these clinical trials and make a difference in this global pandemic, I needed to walk the walk,” Cooke said.

For him, the understanding of distrust in the Black community is personal — even some of his own family didn’t plan to take the vaccine until they learned he had tried it.

His parents, former principals in Oakland public schools, still feel the need to tell any new doctor or nurse they see that their son is a Harvard-trained surgeon. That’s because they fear they won’t get quality care otherwise, he said.

“Is that warranted? Who knows? It’s hard to say. But is it understandable? Of course it is,” Cooke said.

That distrust comes from Black people being mistreated in the medical system for decades. Among the most infamous: the Tuskegee experiment, where Black men weren’t told they had syphilis or treated for it so doctors could study the disease’s progression, and the story of Henrietta Lacks, whose cells were used in pioneering medical research without her consent or compensation for her family.

A December survey by The Associated Press-NORC Center for Public Affairs Research showed 40% of Black people said they would not get the coronavirus vaccine, a higher percentage than white or Hispanic people.

Distrust over unethical practices of the past also is prevalent in Native American communities, with few signing up to participate in clinical trials. That’s also tied to the quick nature of the studies, which typically may need several layers of approval from tribes.

Black, Hispanic and Native Americans have been hit harder by the virus than white Americans. A Pew Research Center study shows 71% of Black Americans surveyed said they know someone who has been hospitalized or died from the virus, compared with 61% for Latinos and under 50% for white people and Asian Americans.

Cooke’s informal effort to promote the vaccine in the Black community is one piece of a larger effort to increase the number of people who get the shots.

Sandra Lindsay, a critical care nurse at New York's Long Island Jewish Medical Center, was among the first Americans to receive a vaccine. Lindsay, who is Black, told the New York Times that her goal was to "inspire people who look like me, who are skeptical in general about taking vaccines."

Covered California, the state's insurance exchange, held a news conference last month to promote the vaccine to Black residents. Doctors and nurses from historically Black medical universities and associations nationwide recorded a video "love letter," saying they are working to ensure that respect for Black lives remains a centerpiece of coronavirus conversations.

"It is imperative that we engage with communities to address their concerns so that all of our communities can feel confident that these vaccines are safe and that they are our key to defeating this virus," said California's surgeon general, Dr. Nadine Burke Harris, who is Black.

Gov. Gavin Newsom said relying on community messengers, like nonprofit groups, faith leaders and health care providers, will build trust "in a different way than we ever could from Sacramento."

For Cooke, he's been active on social media, sharing his experience with the vaccine and photos of other doctors and nurses, many Black, getting the shots. He's also given local radio and television interviews.

Growing up in Oakland and spending time at the schools where his parents worked shaped Cooke's worldview. He observed his parents as they interacted with all kinds of people, from students and parents to law enforcement and inner-city residents. He learned empathy and how to understand differing perspectives — lessons he's brought to patient care.

"It is not the responsibility for our communities of color that have been traditionally disadvantaged to trust us," Cooke said. "It is the responsibility of care providers, for health care, to establish that trust."

In Dr. King's Honor, California Black Doctors Call for Urgent Action During COVID-19 Crisis

Fisher Jack

**“Of all the forms of inequality, injustice in health is the most shocking and inhuman.” — Martin Luther King Jr.*

Three African American health leaders — advocates for expanded health care who are on the frontlines of the battle against COVID-19 raging across California — took a moment to reflect on the state of health care as the holiday honoring civil rights icon Martin Luther King Jr. approaches on Jan. 18.

Doctors David Carlisle, Elaine Batchlor and Adrian James are admirers of King and find his words of injustice in health care even more profound as hospitals and clinics are overflowing with COVID-19 patients — many of them African Americans and other people of color.

“On the day that we celebrate the great civil rights icon’s birthday, Dr. King’s sentiment has never been more relevant than today, as the pandemic has laid bare the great health inequities that remain in this country,” said Dr. Carlisle, president and CEO of Charles R. Drew University of Medicine and Science in Los Angeles. “COVID-19’s disproportionate impact on communities of color makes it more important than ever that African Americans, Latinos and other people of color seek out affordable health care coverage, such as through Covered California, and also get the COVID-19 vaccine when it becomes available.”

Carlisle, Batchlor and James recently teamed up with Covered California to address vaccine confidence and encourage Black Californians to get the COVID-19 vaccine when it becomes available and to sign up for quality health insurance coverage through Covered California or Medi-Cal.

“Every day at MLK Community Hospital in South Los Angeles, we see high rates of unmanaged chronic disease that lead to poorer health outcomes,” said Dr. Batchlor, the hospital’s CEO. “This is illuminated by the disproportionate impact of COVID-19 on the African American community. We must change our country’s separate and unequal system of care, which is perpetuated by a payment system that disincentivizes doctors to serve in low-income communities like ours.

“I believe access to high-quality health care is a basic human right, and providing universal quality care to everyone, regardless of income level, race or political beliefs is a fundamental act of social justice,” Dr. Batchlor said.

Dr. Adrian James of the West Oakland Health Council in the San Francisco Bay Area said he and his colleagues are fighting misinformation circulating in the African American community about the vaccines to fight COVID-19.

Underlying medical conditions caused by inequality make people of color more susceptible to illness caused by COVID-19, Dr. James said. Other challenges Black people face include the inability to work from home and social distance.

“The quote from Dr. King that ‘Of all forms of inequality, injustice in health is the most shocking and inhuman’ is true because it may lead to death, which is the worst possible outcome. In California, the pandemic has had a devastating impact on the African American community,” Dr. James said.

The pandemic has also highlighted the importance of quality health care coverage. Right now, an estimated 1.2 million Californians are uninsured — including an estimated 67,000 African Americans — even though they are eligible for financial help through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal.

“Roughly nine out of every 10 consumers who enroll through Covered California receive financial assistance — in the form of federal tax credits, state subsidies, or both — which helps make health care more affordable,” Covered California Executive Director Peter V. Lee said.

Covered California’s current open-enrollment period lasts until Jan. 31. Consumers interested in learning more about their coverage options can:

- Visit CoveredCA.com.
- Get free and confidential in-person assistance, in a variety of languages, from a certified enroller.
- Have a certified enroller call them and help them for free. Call Covered California at (800) 300-1506.



Covered California nears 1.6 million enrollment amid virus

Adam Beam

SACRAMENTO, Calif. (AP) — Nearly 1.6 million people have purchased health insurance through Covered California, state officials said Tuesday, a number that reflects the state's high unemployment rate as millions of people have lost their jobs — and their employer-sponsored health coverage — during the pandemic.

Altogether, nearly 200,000 more people have purchased health insurance this year compared with the same time period last year, a 14% increase. The deadline to purchase coverage is Jan. 31.

"I anticipate we will end this year with more people than ever insured through Covered California, which is not great news for people who have lost their jobs," Covered California Executive Director Peter Lee said. "They may have lost their jobs, but they don't need to lose coverage."

Covered California's enrollment declined three years in a row until 2020, when a new state law took effect that imposed a tax on people who don't have health insurance. That same year, California spent millions of dollars on subsidies to help middle-income earners pay their monthly health insurance premiums — the first and only state to do that.

Enrollment surged again last summer, peaking at 1.53 million people after an additional 289,000 people purchased coverage during a special enrollment period because of the coronavirus. The new number announced Tuesday — 1.57 million — comes after the state again imposed a stay-at-home order on most of the state following a surge of new cases. California surpassed 30,000 coronavirus-related deaths on Monday.

Federal law lets people who don't have health insurance through their jobs purchase coverage from private insurers through a state marketplace. Most states let the federal government run their marketplace for them. But California has its own marketplace, called Covered California.

For people who buy a plan through the marketplace, the federal government will help some of them pay a portion of their monthly premiums, depending on how much money they make. California is the only state to also offer assistance, meaning families of four that make up to \$154,500 per year could be eligible for subsidies.

Nearly 90% of people with health plans through Covered California get some type of financial help. On average, Lee said that assistance covers 80% of what the premium cost.

Covered California says about 2.7 million of California's nearly 40 million people don't have health insurance, and of those about 1.2 million are either eligible for subsidies or could get government-funded health insurance for free through Medicaid.

Most of those people, about 718,000, live in Southern California, where the coronavirus outbreak is at its worst.

Dr. Tom Lawrie, chief medical officer at Sharp Memorial Hospital in San Diego, said he had five COVID-19 patients in the intensive care unit last weekend, all in their 30s, 40s or 50s, hooked up to heart-lung machines, which he described as "a last-ditch effort."

"Without this type of technology, they wouldn't be with us," Lawrie said.

But the technology isn't cheap, costing "in the neighborhood of \$200,000 to \$250,000 a week."

"To think about having the insult of financial ruin piled on the injury of surviving a terrible illness like this seems unimaginable to me," he said. "Anybody who doesn't have insurance should go out and get it now. It is crucial for you and your families."

Covered California's budget comes from a small surcharge it collects on premiums. It has spent hundreds of millions of dollars in recent years on marketing and outreach, which include TV ads and paying social media influencers to tell their followers how to sign up for coverage.

While Covered California is on pace to set a record for the number of people enrolled in health plan, Lee said its number of new enrollees has declined from last year, when a record number of new people purchased coverage to avoid a new state tax and take advantage of new subsidies.

What will happen to California health care plans when Joe Biden takes office?

Kate Irby

WASHINGTON – The last time Democrats held full control of Congress and the White House, they used their majorities to pass the Affordable Care Act and carry out the biggest expansion of health care since the 1960s.

Democrats will hold those cards again when President-elect Joe Biden takes office Jan. 20 and they say health care is among their top priorities. Biden during his campaign pledged to expand access, coverage and affordability for Americans. He endorsed creating a public option, similar to Medicare, for all Americans, as well as increasing health care subsidies for low-income Americans.

But that doesn't mean Democrats will try something as big as Obamacare again.

They'll have a majority of just one vote in the Senate, meaning they probably won't have the muscle to accomplish something as significant as offering a public health care option without Republican support. That kind of change would require 60 votes in the Senate to break a filibuster.

"Obamacare has been so partisan that it's kind of hard to see that," said Steve Ellis, president of watchdog group Taxpayers for Common Sense.

As a result, the changes Californians can expect for their health care include smaller steps that might make health care more affordable and more stable, such as increasing subsidies to low-income Californians from the federal government.

Other states might see more changes if Biden and Democrats move to strengthen Obamacare. California, by contrast, embraced the health care law from the start and took steps to protect it even as the Trump administration sought to weaken it in court and through executive orders.

Gov. Gavin Newsom in 2019, for instance, signed a law compelling Californians to buy health insurance or pay a penalty. Another example came 2018 when the Trump administration started allowing short-term health care plans that were cheap but included minimal coverage, said Anthony Wright, executive director of Health Access, a consumer advocacy organization in California. California prohibited them.

“The federal government promoted the use of the short-term junk insurance plans, which didn’t have to meet Affordable Care Act requirements like covering pre-existing conditions,” Wright said. “But in California we banned those plans from our market statewide.”

“Generally, the worst of the attacks were things California took action to insulate ourselves, but it made the ACA overall more unstable,” he added. “Biden can now take action to shore that up.”

That includes smaller changes that would boost participation in insurance exchanges, restoring rules that Trump’s administration stripped from the health care law. Those small funding changes can pass with only 51 votes in the Senate.

Democrats are considering whether to reinstate the Affordable Care Act’s individual mandate, which penalized people who didn’t have health insurance. It was originally an effort to encourage everyone to have some form of insurance, but Republicans stripped that part of the law when they passed a tax cut plan in 2017, eliminating the penalty.

Enrollment periods and marketing budgets may also be expanded, again encouraging more people to sign up for the exchanges.

Rep. Stephanie Murphy, D-Florida, a chair of the moderate Democratic Blue Dog Coalition, said Democrats are still having conversations on what the priorities will be. She did not name specific policies, and indicated that Democrats still don’t know if they’ll try to reinstate the individual mandate that Republicans stripped.

“There’s a decade of (the Affordable Care Act) having been in place that we can learn from,” Murphy said during a press call last week. “We’re trying to pull together a package that ensures all Americans have access to quality, affordable health care. We need to figure out what more needs to be done.”

Biden’s transition team did not respond to a request for comment on his specific health care priorities he thinks he can get through Congress.

Biden might succeed in areas that are more bipartisan, like stopping surprise billing and lowering prescription drug costs. But there’s recent history that shows Democrats and Republicans don’t agree on how to fix those challenges, even if all sides agree the problem needs to be addressed.

For example, Trump pushed lowering prescription drug costs as a major goal of his administration, but House Democrats passed bills that specifically limited what drug companies could charge for prescription drugs that went nowhere in the Republican Senate. Many Republicans said they didn’t support putting that much government oversight over private companies.

Ellis said he wouldn't be surprised to see Democrats trying to push forward sweeping policy changes to health care despite lacking the votes in the Senate, using the votes as a political wedge instead of a concerted effort to change policy.

"It's not lost on me that this Senate election is going to have Republicans on defense again," Ellis said. "There's going to be consideration on making people take tough votes."



The Excellence of Covered California

David Crane

At a time when criticism is leveled at CA's government for poorly performing agencies such as the Employment Development Department, it's important to point out excellently performing agencies such as Covered California.

Now that I'm on Medicare I no longer need CC but my wife and daughter do and it is a marvel. Application and renewal are simple and this morning (just seven days into the new year) 1095-A forms have already been sent. In contrast, our son who lives in New York has to deal with New York State of Health, which turns every task into a heavy effort.

CC's excellence makes all the more baffling the choice of elected CA officials not to require retired public employees to access CC before draining school, state, city and transit budgets for \$10 billion per year of subsidies. Because public employees in CA can retire before they are eligible for Medicare (eg, prison guards and police can retire at age 50), billions of mostly-federally-funded subsidy dollars are being left on the table.

Retirees aged 65 and over also take subsidies, which aren't necessary given Medicare's robustness. No other state — and certainly no other state with an insurance marketplace as excellent as CC's — is so extravagant in support of retired public employees. Legislators should fix that this year.



Coalition seizes on pandemic to boost ‘Obamacare’ sign-ups

Ricardo Alonso-Zaldivar

WASHINGTON (AP) — As COVID-19 spreads uncontrolled in many places, a coalition of states, health care groups and activists is striving to drum up “Obamacare” sign-ups among a growing number of Americans uninsured in perilous times.

The campaign kicking off Thursday is called Get Covered 2021 and contrasts with a lack of outreach to the uninsured by the Trump administration, which is still trying to overturn the Affordable Care Act, even in the coronavirus pandemic.

“There’s renewed energy around getting people covered this year, given how COVID-19 is impacting so many people’s lives,” said Joshua Peck, a former Obama administration official helping lead the effort.

About 26 million people were uninsured last year — before the wave of layoffs that followed the virus shutdown this spring. Experts agree that number has risen, perhaps by 5 million to 10 million, but authoritative estimates await government studies that take time to produce.

Nonetheless, research from the nonpartisan Kaiser Family Foundation suggests that about 6 in 10 uninsured people would be eligible for some form of subsidized coverage under the Obama-era law. Open enrollment for subsidized private plans through HealthCare.gov is underway and ends Dec. 15.

The new sign-up campaign will culminate Dec. 10 with a national “Get Covered America Day,” ahead of the final weekend of open enrollment, traditionally crunch time for prospective customers. Some consumers may get a second chance with the incoming administration. President-elect Joe Biden would reopen HealthCare.gov, creating a special enrollment period for people affected by the coronavirus pandemic.

The Get Covered 2021 coalition is anchored by 14 states that run their own health insurance marketplaces, plus Washington, D.C. Also participating are groups that represent doctors and hospitals, as well as the health insurance industry and organizations that advocate for patients. Several liberal advocacy groups and a California-based consortium of public and private employers round out the membership.

“The focus of our efforts will be on tapping into the networks and reach of these organizations,” said Peck.

The Dec. 10 mobilization will feature a national social media campaign and efforts to generate local news coverage in communities across the country. The campaign website GetCovered2021.org will be able to link interested consumers to their state insurance marketplace or the federal HealthCare.gov.

Peck said the campaign faces what he called “tailwinds and headwinds.”

The pool of uninsured people eligible and potentially interested has grown. Those who have lost employer coverage and have no immediate job prospects may be anxious to have secure health benefits again, with no exclusions for preexisting medical conditions.

On the other hand, Peck continued, the uncertain coronavirus economy has strained family budgets for many people, and even a subsidized monthly premium around \$80 may be too much. Additionally, the Trump administration is taking no special action to promote the availability of coverage at a time of greater need for many.

Administration officials say they are focused on providing a smooth sign-up experience for consumers. About 11.4 million people currently have private coverage under the ACA. For more than 8 in 10, the premiums are subsidized.

Earlier this month, a seemingly skeptical Supreme Court heard the Trump administration’s case for overturning Obamacare. A decision is expected by late spring.



Were You Notified About Missing Tax Forms for Your ACA Subsidy? Blame COVID.

Michelle Andrews

The notice from the federal health insurance marketplace grabbed Andrew Schenker’s attention: ACT NOW: YOU’RE AT RISK OF LOSING FINANCIAL ASSISTANCE STARTING JANUARY 1, 2021.

As he read the notice, though, the Blacksburg, Virginia, resident became exasperated. Schenker, his wife and their teenage son have a bronze-level marketplace plan. Based on their income of about \$40,000 a year, they receive tax credits that cover the \$2,036 monthly premium in full.

When they file their annual taxes they complete an IRS form that reconciles how much they received in advance tax credits against their actual income for the year. The letter

from the marketplace said they hadn't filed for 2019, but Schenker knew they had — just as they have every year.

"I was more annoyed than anything else," Schenker, 55, said, remembering an earlier enrollment problem that took months to resolve. "I didn't want to get stuck in some sort of appeals category."

Schenker's 25-year-old daughter, Kaily Schenker, who is part owner of the family's organic farm, got the same letter about her plan. Schenker helps her with her taxes, and she also filed the Form 8962 paperwork, he said.

Officials at the Centers for Medicare & Medicaid Services, which oversees the ACA marketplaces, confirmed that some consumers received notices from the agency alerting them that, according to the IRS, they hadn't filed a tax return or reconciled their advance payments for tax credits. The letters, consumer advocates suggested, may be a result of the IRS extending the deadline for filing income taxes due to the coronavirus to July 15.

State-based marketplaces have similar requirements and likely send some version of this notice as well, said Tara Straw, a senior policy analyst at the Center on Budget and Policy Priorities who works on income tax issues related to the Affordable Care Act.

People who don't file their taxes and the reconciliation form aren't eligible for financial assistance with their marketplace coverage next year, including premium tax credits and any cost-sharing reductions they qualify for.

Because of the filing deadline extension, the tax form data may not have yet arrived when the federal marketplace initially asked the IRS for it in the fall, Straw said. Or other issues, including longer processing times for paper tax returns, could be responsible for a delay, Straw said.

"We don't know how many people are in this boat," Straw said. "We think it's higher than in previous years because of anecdotal accounts from marketplace assisters around the country."

Schenker said he and his daughter both filed paper returns — his family's, in the spring, while his daughter took advantage of the pandemic extension.

Under ACA rules, people with incomes up to 400% of the poverty level (\$86,880 for a family of three) can qualify for advance tax credits to help pay for coverage purchased through state or federal health insurance exchanges. When they sign up for insurance during open enrollment, their tax credits are based on estimates of their income for the coming year, and the exchanges pay insurers that amount directly. Then when people file their income taxes the following year, they use Form 8962 to reconcile their actual income against what they estimated and square off the amount in tax credits they received. If they received too much in subsidies, they must pay that back to the government.

According to the notice Schenker received, people who have already filed their 2019 tax return and Form 8962 don't need to take any action.

Straw recommends a more hands-on approach.

"It's really a dangerous thing to just wait and cross your fingers and hope that the data will resolve your issue," she said.

Consumers who filed and reconciled taxes for 2019 can keep their tax credit in 2021, CMS officials said, by updating their 2021 HealthCare.gov application on or before Dec. 15 and checking the box that says, "Yes, I reconciled premium tax credits for past years."

Straw encouraged marketplace customers to follow that advice. (State-based marketplaces generally follow the same process as the federal marketplace, perhaps with slight variations.)

Still, that might not be sufficient. Straw also recommends that people contact the IRS directly and ask for a tax transcript that shows their return was received, including Form 8962.

That way, if the marketplace does cut off premium tax credits and people have to appeal, they have documentation proving they filed the necessary forms. (If it comes to this, consumers can elect to continue receiving premium tax credits while they appeal.)

Unfortunately, people who run into this trouble might not get much expert help. Navigators are no longer required to help consumers with problems after they've enrolled, though they may still do so, Straw said.

Likewise, insurance brokers generally don't help people with these problems, said Karen Pollitz, a senior fellow at KFF. (KHN is an editorially independent program of KFF.) Marketplace plan commissions are so low, "they're much less likely to help people with complex problems," she said.

After he got the letter, Schenker called marketplace representatives and was told to go ahead and apply for a plan for next year. He did so, making sure to check the box that said he'd filed his taxes, including the reconciliation form. And at the end of the application process, the system told him that, based on his income, his family is eligible for a tax credit of \$2,000 a month. He picked a bronze plan.

He hopes that's the end of it.



Obamacare repeal would be particularly devastating for communities of color

Adriana Belmonte

A repeal of the Affordable Care Act (ACA) would wreak havoc for millions of Americans across the U.S., particularly in communities of color.

The Supreme Court is currently weighing the constitutionality of the health care legislation's individual mandate, and its ruling could either make or break the overall legality of it.

"If the ACA is overturned, it will be devastating for communities of color and other marginalized groups in the U.S.," Melissa Creary, assistant professor in health management and policy at the University of Michigan School of Public Health, told Yahoo Finance. "While not fully the reform needed in this country, the ACA does provide low cost or free health care coverage for millions of Americans, including POC, and has been shown to improve health at the population level. Taking it away would just exacerbate the health inequities that have been laid bare during the COVID-19 pandemic."

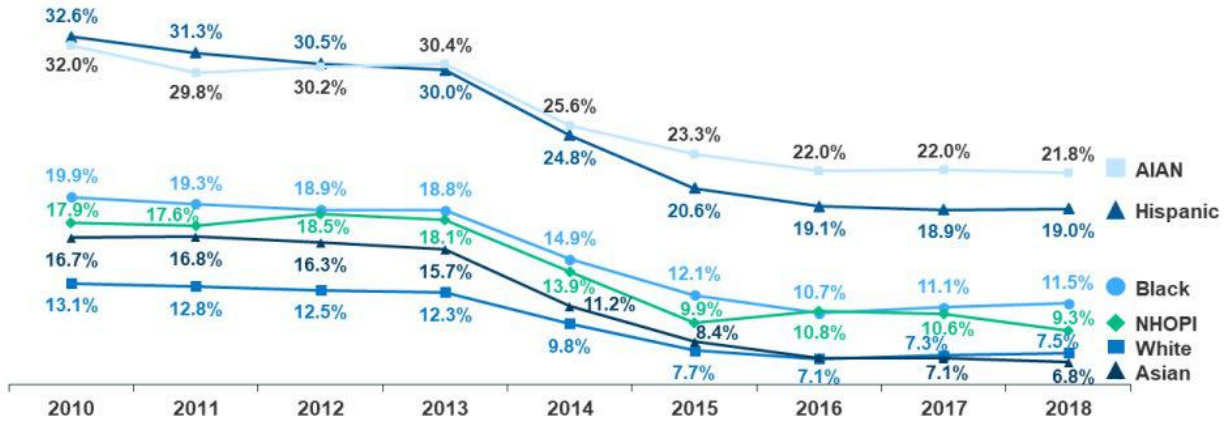
'Likely see larger coverage losses'

The ACA, commonly known as Obamacare, expanded health care access to underserved communities and helped fill coverage gaps existing in the U.S. health care system when the landmark health care bill became law in March 2010.

A variety of racial and ethnic groups saw coverage gains under the ACA, with the largest coming through Medicaid expansions and marketplace subsidy expansions. Uninsured rates for Black Americans decreased by over 9% from 2010 to 2016 but have ticked up over recent years. During that same timeframe, Hispanics saw their uninsured rates plummet from 32% to 19.1%.

Figure 1

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2018



NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders.
SOURCE: KFF analysis of the 2010-2018 American Community Survey.



The uninsured rates for all ethnicities decreased under Obamacare. (Chart: Kaiser Family Foundation)

“What we see is that those coverage expansions really led to large coverage gains across racial and ethnic groups, but particularly large gains in coverage among people of color that helped to narrow those long-standing gaps that we saw in health insurance prior to the Affordable Care Act,” Samantha Artiga, vice president and director of the Racial Equity and Health Policy Program at the Kaiser Family Foundation, told Yahoo Finance. “While those disparities or gaps narrowed, people of color still did remain more likely to be uninsured.”

Going into 2020, there were nearly 29 million people uninsured across the U.S. At least 56% of them are people of color. Social determinants — conditions based on where someone lives, learns, works, prays, and plays that affect health — are a major factor at play here.

“These determinants tend to look differently, overall, from racial group to racial group,” Creary said. “These social determinants affect things like increased exposure to toxins, food insecurity, lack of affordable housing, and inequities in education.”

These social conditions, Creary explained, “have been shown to lead to disparate health conditions when comparing African Americans and whites, including maternal mortality, infant mortality, heart disease, diabetes, cancer, and other health issues. In addition, communities of color (Black, Latinx, and Native Americans) have less access to health care and are less insured when compared to White populations.”

Obamacare included two major coverage expansions that helped to address this: the creation of marketplace subsidies, which are for eligible people that make up to 400% of the federal poverty level, and the expansion of Medicaid.

Losing those coverage expansions would likely lead to large coverage losses, Artiga said, which would be particularly hard among people of color.

“We would likely see larger coverage losses among people of color that would once again widen those disparities in health coverage, which we know has implications for people’s ability to get care, their overall financial protections from high medical costs, and ultimately how healthy they are,” she said.

The role of racism

These health care disparities existed long before the implementation of the ACA.

“The United States and the social institutions within them have been constructed with racial hierarchy as a long-standing influence,” Creary said. “In 1906, sociologist and civil rights activist W.E.B. Du Bois noted that the health disparities of blacks compared to whites in the United States stemmed from social conditions and not from inherent racial traits.”

Research has indicated that people of color are less likely to have access to medical care. In 1995, Black Americans had a mortality rate 1.6 times higher than whites, which is unchanged from 1950.

“I can’t underscore enough the role that racism plays here,” Creary said. “It is a belief system that marginalizes communities across the lifespan, undergirds decisions that politicians make by keeping expansion benefits at bay for their black and brown constituents, and displays itself in countless health care scenarios.”

These existing disparities have drawn the spotlight over the past year as the coronavirus pandemic ravages through communities of color. Latinos have been hospitalized at a rate 4.2 times higher than white Americans, with similar rates for American Indian/Alaska Native persons and Black Americans.

“Despite the recognition and awareness of those disparities, they have persisted over time,” Artiga said. “And I think what we’re seeing now with the COVID pandemic and the racial justice movement is a growing attention to these disparities, but they are not new. They are something that have been present for many, many years.”

“It reduces access to valuable mental health services, and will ultimately contribute to the already early deaths we see in certain communities,” she said. “Even with a functioning ACA, the continued high cost of many coverage options means that access to affordable health care is still a challenge for many Americans — particularly African Americans.”

“Now that many states, public health departments, and even the American Medical Association recognize that racism is a problem for the health of all Americans, we should understand that efforts to destroy the health care structures that offer small chances of relief from embodied disadvantage are deeply troubling and cruel,” she added.



How to shop for health insurance on the ACA marketplace

Kimberly Lankford

If you aren't eligible for employer-sponsored health insurance for 2021, start preparing to shop for an Affordable Care Act (aka Obamacare) Marketplace plan. Open enrollment ends December 15 unless you qualify for a Special Enrollment Period due to a life event such as losing health coverage or moving or your state has a longer time frame, as California, Colorado, New Jersey and Pennsylvania do.

It's particularly important to compare your options this year.

Not only has the pandemic changed so much in 2020, you may have many more Affordable Care Act (ACA) coverage choices now since some health insurers are entering or re-entering the market or expanding their coverage areas. Insurers have discovered that the individual health insurance marketplace is profitable.

“In about a dozen states, we've seen an in-migration of insurers,” says Karen Pollitz, senior fellow with the Kaiser Family Foundation. “The plan choices in some areas are huge.”

For example, there are more than 120 Marketplace plans offered by six insurers in Miami; 65 plans by six in Phoenix and 70 by six insurers in Cleveland, Pollitz notes.

The 4 types of marketplace health plans

If you lost your job or retired before age 65 the year, you may qualify for a substantial subsidy to reduce your health insurance premiums on a Marketplace plan for 2021.

Average premiums are down about 2% across the U.S., says Pollitz. “But it depends on where you live,” she adds. “In places like North Dakota, the premiums are going up a lot.”

Marketplace plans fall into four categories: Bronze, Silver, Gold and Platinum. Bronze plans tend to have lower premiums but higher deductibles and copayments; Gold and Platinum plans tend to have higher premiums but lower out-of-pocket costs. And Silver plans have monthly payments that are lower than Gold plans but higher than Bronze ones.

You can compare Marketplace premiums and coverage in general in your area at [HealthCare.gov](https://www.healthcare.gov) if you live in one of the 36 states that use the federal Marketplace or at your state’s marketplace in the others.

And you can get a quick estimate of the total cost of each potential Marketplace plan plus details about its coverage by using the “See plans and prices” tool on the [HealthCare.gov](https://www.healthcare.gov) site or on your state’s site.

“If you already have a [Marketplace] plan, in most cases it will be auto-renewed if you don’t do anything,” Pollitz says. “But never rely on automatic renewal. Update your account and see what your new plan choices are.”

How to choose the right Marketplace plan for you

When making your Marketplace plan selection, compare coverage, health care networks and out-of-pocket costs – not just annual premiums. Find out which medical costs will be subject to the annual deductible and what the copayments would be for your anticipated care.

“Unless you almost never see the doctor or use prescriptions, your premiums are just one element of your total costs,” says Nathan Teater, manager of customer care for [eHealthInsurance.com](https://www.ehealthinsurance.com). “If you’re someone who sees the doctor or uses prescription drugs on a regular basis, you may actually save money overall by going with a higher-premium, lower-deductible plan. Alternately, if you rarely see the doctor and don’t use prescription drugs, a lower-premium, higher-deductible plan may work fine for you.”

Be sure to learn about a policy’s out-of-pocket maximum; it’s the most you’d have to pay in 2021 for deductibles and copayments for in-network care, not including premiums. For 2021, the maximum out-of-pocket limit allowed for a Marketplace plan: \$8,550 for an individual and \$17,100 for a family. But many Marketplace plans have lower limits.

Also, make sure the prescription drugs you take will be covered and find out what your copayments would be.

Most Marketplace plans have four or five pricing tiers for prescription drugs with very different copays. For example, you may pay as little as \$1 for what are known as “preferred” generics or as much as 40% of the cost for “non-preferred” brand-name drugs.

Make sure your doctors and hospitals are included in the plan’s provider network, too. Some policies don’t cover out-of-network care except for emergencies; others charge higher deductibles and copayments if you go out-of-network.

Finally, when comparing premiums, figure out whether you’ll qualify for a subsidy. It could reduce your premiums significantly, perhaps by 75%, depending on your income.

What to know about Marketplace subsidies

“Unfortunately, ACA coverage can be really costly for people age 50-plus who don’t qualify for subsidies,” says Teater. His firm’s report on 2020 coverage found that unsubsidized Marketplace policyholders age 45 to 54 pay an average of \$551 a month, while people 55 to 64 pay an average of \$784 a month, or over \$9,000 a year.

The Affordable Care Act permits health insurers to charge people 64 and older up to three times as much as younger buyers for the same coverage, before a subsidy.

If you lost your job, retired early, or your income changed this year – as it did for so many people – you may qualify for a very different subsidy than you had in the past.

Says Teater, “We’re seeing more people who are eligible for federal subsidies, possibly due to the number of people who were laid off in the tough economy.”

You can qualify for one if your modified adjusted gross income will be 100% to 400% of the federal poverty level; if your income will be less than 100% of the federal poverty level, you may qualify for Medicaid in some states. Translation: You can qualify for a subsidy for 2021 coverage if your modified adjusted gross income will be less than \$51,040 if you’re single, \$68,960 for a couple or \$104,800 for a family of four.

The subsidy calculation is complicated, but people who qualify have to pay no more than 2% to 10% of their income for a Silver-level policy. The government subsidy covers the rest.

You can then apply that subsidy to any level policy. For instance, you can reduce your premiums further by applying it to a Bronze policy.

Here’s an example of how a Marketplace subsidy can help: A 60-year-old Chicago couple whose income is \$50,000 in 2021 could qualify for a subsidy worth \$1,066 a

month, reducing their premiums to \$397 a month for a Silver policy or \$73 a month for a Bronze one, according to the Kaiser Family Foundation. See the Kaiser Family Foundation's subsidy calculator to run your own numbers.

If your modified adjusted gross income will be less than 250% of the federal poverty level, you qualify for an additional break: a cost-sharing subsidy, which can help reduce your deductibles and copayments, but only if you buy a Silver policy. To qualify, your modified adjusted gross income must be less than \$31,900 if single, \$43,100 for a couple or \$65,500 for a family of four.

For both subsidies, you need to estimate your income for the year. Just do your best to do that. If your income ends up higher than expected, you may have to pay back some of the premium subsidy when you file your tax return.

You can get help choosing a Marketplace plan by using one of the government's free navigators. Just look for one of these people soon, since federal funding has cut their number and it can be more difficult to get an appointment with one than in the past, says Pollitz.

To find navigators in your area, visit the Find Local Help part of the HealthCare.gov site.



During ACA Open Enrollment, Picking a Plan Invites New COVID Complications

Julie Appleby

People buying their own health insurance have even more to think about this year, particularly those post-COVID-19 patients with lingering health concerns, the “long haulers,” who join the club of Americans with preexisting conditions.

What type of plan is best for someone with an unpredictable, ongoing medical concern? That question is popping up on online chat sites dedicated to long haulers and among people reaching out for assistance in selecting insurance coverage.

“We are hearing from a lot of people who have had COVID and want to be able to deal with the long-term effects they are still suffering,” said Mark Van Arnem, director of the North Carolina Navigator Consortium, a group of organizations that offer free help to state residents enrolling in insurance.

The good news for those shopping for their own coverage is that the Affordable Care Act bars insurers from discriminating against people with medical conditions or charging them more than healthier policyholders. Former COVID patients could face a range of physical or mental effects, including lung damage, heart or neurological concerns, anxiety and depression. Although some of these issues will dissipate with time, others may turn out to be long-standing problems.

So sign up, said Van Arnam and others to whom KHN reached out for tips on what people with post-COVID-19 should consider when selecting coverage. There's no one-size-fits-all answer, but they all emphasized the need to consider a wide range of factors.

But don't delay. Open enrollment in ACA plans is ongoing until Dec. 15 in most states — longer in some of the 14 states and the District of Columbia that run their own marketplaces.

Here are tips if you are shopping for health insurance, especially if you are a COVID long hauler or have other health issues:

Make sure to select an ACA-qualified plan.

It may be tempting to consider other, often far less expensive types of coverage offered by insurers, brokers, organizations and private websites. But those non-ACA plans offer less comprehensive coverage — and are not eligible for federal subsidies to help people who qualify cover the cost of the premiums. These are key factors for patients experiencing medical problems after battling the coronavirus.

Short-term, limited-duration plans, for example, are cheaper, but the insurers offering them don't have to accept people with preexisting conditions — or, if they do enroll those people, the plans don't cover the members' medical conditions. Many short-term plans don't cover benefits such as prescription drugs or mental health care.

Another type of plan that doesn't meet ACA requirements are "sharing ministries," in which members agree to pay one another's medical bills. But such payments aren't guaranteed — and many don't cover anything considered preexisting.

Shop around to consider all the ACA plans available in your region.

This will help you meet your post-COVID medical needs while also getting the best buy.

Comparison-shopping also lets consumers adjust their income information, which may have changed from last year, especially after being sick, and could affect subsidy levels for those eligible for assistance in purchasing a plan.

Under the ACA, subsidies to offset premium costs are available on a sliding scale for people who earn between 100% and 400% of the federal poverty level. That range next year is \$12,760 to \$51,040 for an individual and \$26,200 to \$104,800 for a family of four.

Networks matter. Look for your doctor or hospital in the plan.

One of the first things to do once you've narrowed down your choices of plans is to dig deeper to see if the doctors, specialists and hospitals you use are included in those plans' networks. Also, check plan formularies to see if the prescription medications you take are covered.

Many insurance plans don't have out-of-network benefits, except for emergency care. That means if a doctor or hospital doesn't participate in the network, consumers must switch medical providers or risk huge bills by receiving out-of-network care. This should be a concern for long haulers.

This subset of COVID patients who report lingering health concerns may need to see a range of specialists, including pulmonologists, cardiologists, neurologists, rheumatologists and mental health professionals.

"So, you are already talking about five or six," said Erika Sward, assistant vice president for national advocacy at the American Lung Association.

To check the network status of medical providers, go to the [healthcare.gov](https://www.healthcare.gov) website, which will direct you to your state site if you are in one of the 14 states or the District of Columbia, which run their own. Enter a ZIP code and some other information to start looking for available plans.

Narrow the search using the "add your medical providers" button on [healthcare.gov](https://www.healthcare.gov), or access each plan's "provider directory" under plan documents to see which specific doctors and hospitals are included. To be safe, Sward said, call each office to make sure they are participating with that insurer next year.

Don't just look at premium costs: Deductibles also matter.

Consumers must pay deductible amounts before the bulk of financial assistance kicks in. That can be a big hit, especially for those who need complex care all at once or very expensive prescription drugs. Long haulers, as well as others with chronic health conditions, often fall into this category.

Median deductibles — the mark at which half cost more and half cost less — vary across the different "tiers" of ACA plans, hitting \$6,992 for bronze plans; \$4,879 for silver plans and \$1,533 for gold plans, according to an [analysis by the Centers for Medicare & Medicaid Services](#).

Generally, plans with higher deductibles have lower monthly premiums. But getting past the deductible is a challenge for many.

What's best for those with ongoing health conditions depends on individual circumstances.

"Balancing the deductibles and premiums is a really important consideration for consumers," said Laurie Whitsel, vice president of policy research and translation at the American Heart Association.

Those with ongoing health conditions need to carefully weigh the expected annual out-of-pocket costs for various health plans, given that they may well be moderate to high users of health services. Healthcare.gov has a financial estimator tool that can help with the decision. Consumers can select whether they think they will have low, medium or high medical use next year to see the estimated total annual costs of each plan.

Frequent users of health services may discover that plans that initially seem least expensive, based solely on the premium or the deductible, may be costlier once all out-of-pocket factors are considered.

Finally, insurers in some markets are touting zero-deductible plans.

Instead of an annual deductible, such policies have higher copayment or coinsurance amounts each time a patient sees a doctor, gets a test or has surgery. Those can range from \$50 to more than \$1,000, depending on the visit, test or service provided. Still, for some costly services, those payments may amount to less than paying a deductible.

Broker John Dodd in Columbus, Ohio, said such plans appeal to some people who don't want to have to shell out thousands of dollars in deductible payments before their insurance picks up the bulk of medical costs.

Still, he cautioned that many of the zero-deductible plans do have what can be a sizable deductible — hundreds or even thousands of dollars — for brand-name prescription drugs.

Long haulers should weigh those factors carefully, as such zero-deductible plans may be more suited to those who don't expect to use a lot of medical care.

Read the fine print, because there are other costs.

While plans may tout similar premiums, their dissimilar structures could affect how much a consumer will shell out in flat-dollar copayments or percentage coinsurance to see a

doctor, pick up a prescription, get a blood test or spend the night in the hospital. This is, again, something long haulers should focus on.

These details are spelled out in the plan's "summary of benefits," a required document under the ACA, which can be found on [healthcare.gov](https://www.healthcare.gov) or insurers' websites.

Still, ACA plans limit how much a consumer must pay out-of-pocket for the year. Next year, the maximum is \$8,550 for an individual or \$17,100 for a family plan.

Ask for help.

While services such as Van Arman's navigator program have seen stiff budget cuts during the past few years, consumers there and in many states still have access to online or phone help. [Healthcare.gov](https://www.healthcare.gov) has a "find local help" button that can refer people by ZIP code to navigators, assisters and brokers.

Finally, those affected by COVID who miss the open enrollment deadline can request an extension under rules that allow special enrollment for emergencies or disasters.

"It's not a guarantee and you have to telephone the call center and ask for it," said Karen Pollitz, a senior fellow at KFF.

Still, she said, it's best to sign up before Dec. 15.

"Just get it done," Pollitz said.



Think Your Health Care Costs Are Covered? Beware The 'Junk' Insurance Plan Michelle Andrews

Looking back, Sam Bloechl knows that when the health insurance broker who was helping him find a plan asked whether he'd ever been diagnosed with a major illness, that should have been a red flag. Preexisting medical conditions don't matter when you buy a comprehensive individual plan that complies with the Affordable Care Act. Insurers can't turn people down or charge them more based on their medical history.

But Bloechl, now 31, didn't know much about health insurance back in December of 2016 when he was shopping for that health plan in Chicago. So when the broker told him a UnitedHealthcare Golden Rule plan would cover him for a year for less than his ACA marketplace plan — "Unless you like throwing money away, this is the plan you should buy," he recalls the agent saying — he signed up.

A month later Bloechl was diagnosed with stage 4 non-Hodgkin's lymphoma after an MRI showed tumors on his spine.

When Sam Bloechl was diagnosed with stage 4 non-Hodgkin's lymphoma a few years ago in the Chicago area, he and his wife Megan learned his insurance plan wasn't governed by Affordable Care Act rules. It wouldn't pay for treatment he needed. Megan Bloechl hide caption

When Sam Bloechl was diagnosed with stage 4 non-Hodgkin's lymphoma a few years ago in the Chicago area, he and his wife Megan learned his insurance plan wasn't governed by Affordable Care Act rules. It wouldn't pay for treatment he needed.

To Bloechl's dismay, he soon learned that none of the expensive care he needed would be covered by his new health plan. Instead of a comprehensive plan that complied with the ACA, he had purchased a bundle of four short-term plans (with three-month terms) that provided only limited benefits and didn't cover preexisting conditions.

Because they tend to look less expensive up front, short-term plans continue to find buyers, and they have been championed by the Trump administration (which has loosened restrictions on them) as an alternative for consumers.

With this year's open enrollment period for health insurance well underway, millions of people who don't get health insurance through their employer are looking for coverage on the federal and state marketplaces. Sometimes it's hard to tell the difference between comprehensive plans sold on the federal and state ACA exchanges and some plans available through other insurance websites and brokers that consumer advocates call "junk" plans because of their limited benefits and their coverage restrictions.

"These plans continue to proliferate," says Cheryl Fish-Parcham, director of access initiatives at Families USA, a consumer health care advocacy organization. "People need to be careful, whether they're buying by phone or on a website."

Bloechl assumed he was buying a comprehensive plan that would cover him for a life-threatening illness, although at the time he had no inkling he was sick. But when doctors said Bloechl needed a stem cell transplant, Golden Rule denied the request.

The reason: He had visited a chiropractor for back pain before he bought the plan. Bloechl had blamed his pain on the heavy lifting that came with running his landscaping business. But Golden Rule argued that he had sought medical treatment for what turned out to be a preexisting condition — cancer — so the plan didn't have to cover it. It didn't matter that he hadn't been diagnosed with cancer when he purchased the plan.

Hey, COVID-19 Long-Haulers: Take Care In Shopping For Health Insurance

The insurer didn't cover any of his other cancer-linked bills for chemo and radiation either. Bloechl appealed the decision, but his appeals failed. He had more than \$800,000 in bills for care — and that's before the stem cell transplant he desperately needed.

"It's just disgusting that these companies expect Joe Schmo or a guy like me to interpret [these policies] and then get screwed in the end," Bloechl says.

UnitedHealthcare refused to discuss this case with KHN unless Bloechl signed a statement waiving his right to privacy. But he tells KHN he does not feel comfortable signing a legal document provided by the insurer.

"Our agents work with individuals to help them understand their health insurance options and select a plan that best meets their needs," said UnitedHealthcare's communications director, Maria Gordon Shydlo, in an email. "We inform each individual of their coverage options, including associated costs, network size and if the selected plan covers pre-existing conditions. We adhere to a stringent application process that helps ensure consumers understand the plan they are purchasing before they make a final decision."

Consumer advocates have long sounded alarm bells about short-term plans and others that don't comply with the Affordable Care Act rules — rules that require plans to provide comprehensive benefits to all comers, regardless of their health. The ACA also prohibits annual or lifetime dollar limits on coverage for any plan sold on the federal or state health insurance exchanges.

ACA-compliant plans can also be purchased outside the marketplace, however, and that's where shoppers may run into trouble. thinking they're buying comprehensive coverage when they're actually buying something much more limited.

"It's a little bit of the Wild West out there," says Sabrina Corlette, a research professor at Georgetown University's Center on Health Insurance Reforms. "We often get calls about these products, and sometimes it can be challenging to figure out what they even are."

Short-term plans have garnered much attention in recent years. In 2017, the Obama administration limited their duration to less than three months to discourage people from relying on these limited plans for primary coverage rather than as a temporary coverage bridge for people switching plans, as intended. But these plans were championed by the Trump administration as a cheaper option for consumers, and it issued a rule in 2018 that permitted short-term plans with terms of up to 364 days, with an option to renew for up to 36 months. The rule requires short-term plan materials to explain that the plans are not comprehensive insurance and may not cover some medical costs.

Such plans can be appealing to healthy people who don't expect to need medical care. But as Bloechl's experience shows, life can throw curveballs.

"Our patients are often young and healthy," says Ryan Holeywell, senior director of advocacy communications at the Leukemia & Lymphoma Society.

Some states restrict or even prohibit the sale of short-term plans on the individual market.

But these short-term plans are just the tip of the iceberg.

There are fixed indemnity plans that pay out a certain amount — \$100 a day for a limited hospital stay or \$150 for an OB-GYN visit, for example — that may not come close to covering the actual costs.

Accident and critical illness plans provide lump-sum cash benefits when people experience medical emergencies like a heart attack or stroke under certain circumstances.

Cancer-only plans may provide hospitalization coverage but not cover other services. "You may be treated with chemo and radiation but never go to the hospital," says Anna Howard, a policy principal at the American Cancer Society's Cancer Action Network. "So, the policy may never pay out."

Then there are bundled plans that combine options, such as a short-term plan along with a prescription drug discount card and cancer coverage.

Unfortunately, consumers can't always rely on insurance brokers to give them accurate information or steer them to comprehensive coverage, as Sam Bloechl discovered.

Short-Term Health Plans Boost Profits For Brokers And Insurers

In August, the federal Government Accountability Office published a report about the experiences of "secret shoppers" who called 31 health insurance sales representatives and asked about plans, saying they had preexisting conditions such as diabetes and heart disease. In more than a quarter of cases, the sales reps "engaged in potentially deceptive marketing practices," the report found, including falsely claiming that drugs such as insulin were covered, or offering a plan that didn't cover preexisting conditions.

One reason brokers might encourage consumers to buy non-ACA plans: higher commissions.

"In our survey of brokers, they do report [the non-ACA plans] pay higher commissions than ACA plans," Corlette says. Some brokers reported they avoid noncompliant plans, however, because they pose risks for consumers.

The National Association of Health Underwriters, an organization for health insurance and employee benefits professionals, did not respond to a request for information and comment.

Consumers can be sure they're getting a comprehensive, ACA-compliant plan if they buy it from marketplaces set up by that health law, Howard says.

Brokers can help people understand their options and buy a plan, including plans that comply with the ACA. But picking a broker can be challenging.

"Ideally go to someone in a brick-and-mortar building who has to bump into you in the grocery store," Corlette advises.

After his experience with Golden Rule, Sam Bloechl decided his best option was to offer a group plan to workers at his small landscaping company that he could also enroll in. He worked with a different broker, and he had lawyers look over the policies he was considering. He wanted to be sure that whatever plan he bought would cover his stem cell transplant.

The new plan did cover it. And by the time he went to the hospital to work out payment on his \$800,000-plus bill, his income had declined so much because of his illness that he qualified for charity care. The hospital wrote off his bill.

His cancer is in remission.

But the experience with the short-term policy still rankles. "Charity care picked up the one bill and [UnitedHealthcare Golden Rule's] competitor paid for the transplant," Bloechl says. "They got off the hook without paying a dime."

The New York Times

You Make Too Much for an Obamacare Subsidy. Are There Options?

Ann Carns

As annual open enrollment proceeds for Affordable Care Act health plans, millions of Americans have signed up for low-cost coverage. But some people, like those who earn too much to qualify for financial help under the health care law, may find the cost of a plan daunting.

These people fall off the so-called subsidy cliff, the law's cutoff for money-saving tax credits. For some middle-income earners, the cost of coverage can be a burden.

"It's a group left out of the A.C.A.," said Cynthia Cox, director of the Kaiser Family Foundation's Program on the A.C.A.

The decade-old law has expanded health insurance to about 20 million people — many of them poor — who lack affordable coverage through an employer, from whom the bulk of Americans under 65 still get health insurance. The law approved the sale of subsidized private health plans through government marketplaces and expanded Medicaid, the federal-state health plan for the poor, in most states.

Most people who shop on the government insurance marketplaces qualify for generous subsidies, in the form of tax credits, that drastically reduce the cost of coverage — in some cases to zero.

Still, gaps exist, including for people whose income even narrowly exceeds the threshold for subsidies set under the Affordable Care Act, commonly known as Obamacare.

Before the pandemic, about two million uninsured people were ineligible for subsidies because their income was too high, according to the Kaiser foundation's research. In addition, an estimated three million people who bought coverage outside the government exchanges most likely wouldn't qualify either, Ms. Cox said. (It's not yet clear how those numbers may have shifted during the pandemic.)

For 2021 Obamacare plans bought through HealthCare.gov, the federal marketplace that serves most states, tax credits are available to people earning as much as four times the federal poverty rate, or \$104,800 for a family of four. But making just a few hundred dollars over that limit may disqualify applicants from receiving tax credits because the cutoff is abrupt, rather than gradual as income rises.

According to the Kaiser foundation's online calculator, the average subsidy for a family of two 40-year-old parents and two children with income at the eligibility threshold is \$581 a month. That results in a monthly premium of \$858 for a benchmark "silver" plan, or just under 10 percent of the family's annual income. But a family earning \$105,000, just \$200 over the limit, is not eligible for help and would pay \$1,439 per month, or about 16 percent of income, on average.

Premiums aren't the only concern. Some Obamacare plans can have high deductibles; others don't include dental coverage, so people must buy separate plans and pay extra premiums. Those factors can make health coverage "unsustainable" for middle-income families, especially those that are working in the gig economy or that otherwise don't have employer coverage.

Coronavirus Briefing: An informed guide to the global outbreak, with the latest developments and expert advice.

Proposals in Congress would eliminate the "cliff," so that the amount of subsidy diminishes gradually as income rises over the poverty threshold. Some states that run their own marketplaces already offer subsidies to a broader group of residents.

(California, for example, extends subsidies to those earning six times the poverty level.) President-elect Joseph R. Biden Jr. has also proposed expanding the eligibility for subsidies nationally, among other updates.

That, however, would take an act of Congress, Ms. Cox said. The outlook depends on control of the Senate, which will most likely be determined by the two runoff elections in Georgia next month.

What steps can you take now?

For starters, don't simply assume that you won't qualify for subsidies, said Emily Gee, a health economist at the Center for American Progress, a policy think tank. "Go to [HealthCare.gov](https://www.healthcare.gov) and verify that's the case," she said.

And keep in mind that the financial help is based on your income in 2021. So if you didn't qualify this year but anticipate earning less next year, you may qualify.

People who don't, in fact, qualify for subsidies should carefully consider if they can afford "bronze"-level Obamacare plans, which have lower monthly premiums but higher deductibles, said Cheryl Fish-Parcham, director of access initiatives at Families USA, a health care advocacy group.

It may also be worth shopping off-marketplace for "silver" plans, in particular, Ms. Fish-Parcham said; because of a policy quirk, the same silver plan may be cheaper in some states if bought directly from an insurer. Just be sure you are really getting the same plan, she advised: Find it first on the marketplace, then contact the insurer or a broker to compare pricing.

In general, it's wise to be cautious when buying outside government marketplaces. The Government Accountability Office did [a small study](#) this summer using undercover agents who called 31 insurance salespeople. They found that while most brokers gave clear, honest information, two were confusing and eight were deceptive about the coverage in the plans they were selling.

Odd as it may sound, self-employed workers with income relatively close to the threshold might consider cutting back on work to stay within the limit, Ms. Fish-Parcham said. That involves crunching numbers to see if the trade-off makes sense; it may be worth it if your medical bills are likely to be high.

In a few states, self-employed people may be allowed to join group insurance plans for small businesses sold through brokers, according to a report from the [Urban Institute](#).

In some cases, these small-business plans may provide cheaper coverage and larger provider networks than plans on the marketplace, said Sabrina Corlette, a research

professor at the Center on Health Insurance Reforms at Georgetown University. The report cites examples in Texas, Utah and Iowa. Anthony Lopez, vice president, individual and family plans, at eHealth.com, a private insurance marketplace, said that in many states, individuals must have at least one employee to join a group plan, but a few may allow sole proprietors to join.

Next year, in particular, people receiving subsidies should carefully track their incomes, Ms. Cox said, because many workers may have swings in their pay as the economy rides out the pandemic. If someone's income is higher than expected next year, that person may become ineligible for tax credits and have to repay the money when filing a tax return in 2022.

A less-than-ideal option is to consider a short-term health plan, which has cheaper monthly premiums but lacks important protections that A.C.A.-compliant plans must offer. Short-term plans can deny coverage of pre-existing conditions, and may exclude care that is required under Obamacare plans — so you may not have coverage for care when you need it.

"They're very scary creatures," Ms. Fish-Parcham said.

For help understanding your options, you can contact the HealthCare.gov help line at 1-800-318-2596. Many states fund consumer assistance programs to help with health insurance questions. You can search by state online at CMS.gov.

Here are some questions and answers about Obamacare coverage:

How can I tell if I am likely to qualify for financial help?

The Kaiser Family Foundation's subsidy calculator lets you determine if you're likely to qualify for premium tax credits by answering a few questions; you can easily enter different income amounts to see the impact on your estimated tax credit — if your pay rises or falls. HealthCare.gov's "window shopping" tool lets you enter information about your family and receive an estimate of your tax credit; you'll then see a menu of plans and the accompanying premiums, including the credit.

What if marketplace coverage is too costly for me and I don't qualify for Medicaid?

Some communities offer free or reduced-cost primary or preventive care, sometimes based on your income. You can search online at the federal Health Resources & Services Administration for community clinics in your area.

When is the deadline for applying for 2021 coverage on government exchanges?

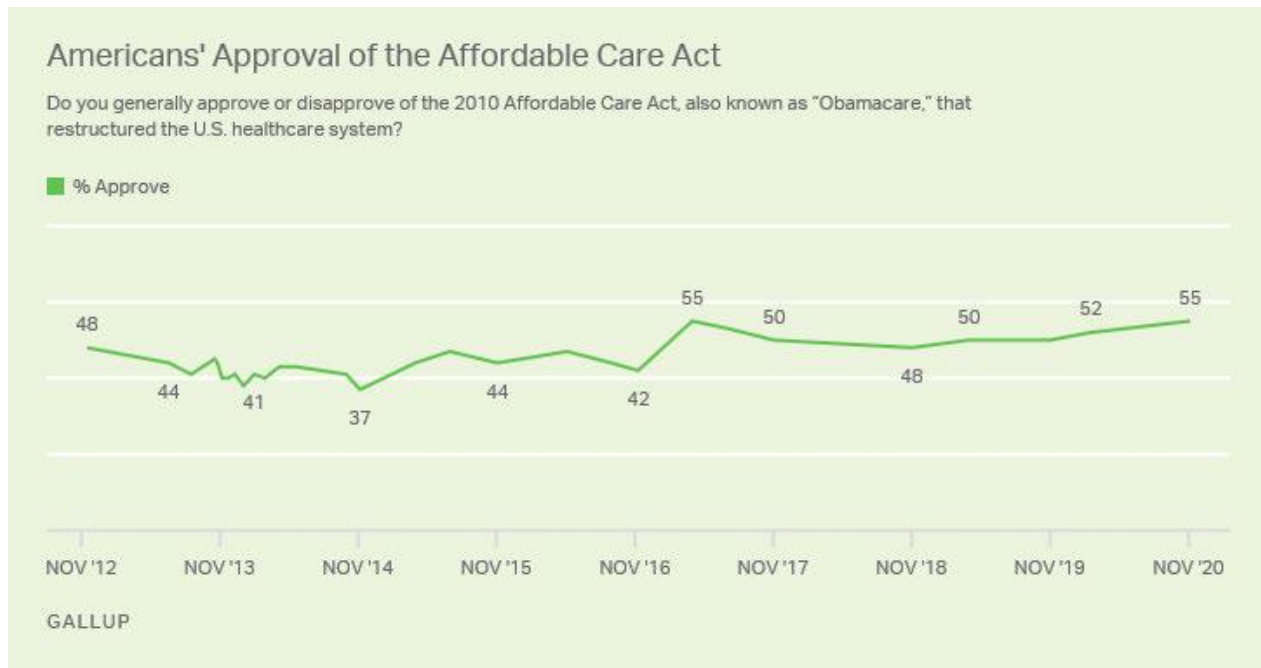
The deadline to buy coverage on HealthCare.gov is Dec. 15. (The coverage under those plans starts on Jan. 1.) Some states, however, run their own marketplaces and have later deadlines.

GALLUP®

Affordable Care Act Approval Tied for High

Jeffrey M. Jones

WASHINGTON, D.C. -- Americans' support for the 2010 Affordable Care Act, also known as Obamacare, has increased to a record-tying high of 55% after averaging 51% from 2017 through 2019. The act was less popular when President Barack Obama was in office, averaging 44% and never reaching 50%.



Line graph. Fifty-five percent of Americans approve of the Affordable Care Act, tying the high in Gallup's trend dating back to 2012. The low point was 37% approval in October 2014. Support has mostly been 50% or higher since 2017.

The prior time support for the ACA reached 55% was in April 2017 as the Republican-led House of Representatives worked on a plan to repeal the law, which they did in May. The Senate voted against repeal, leaving the law in place.

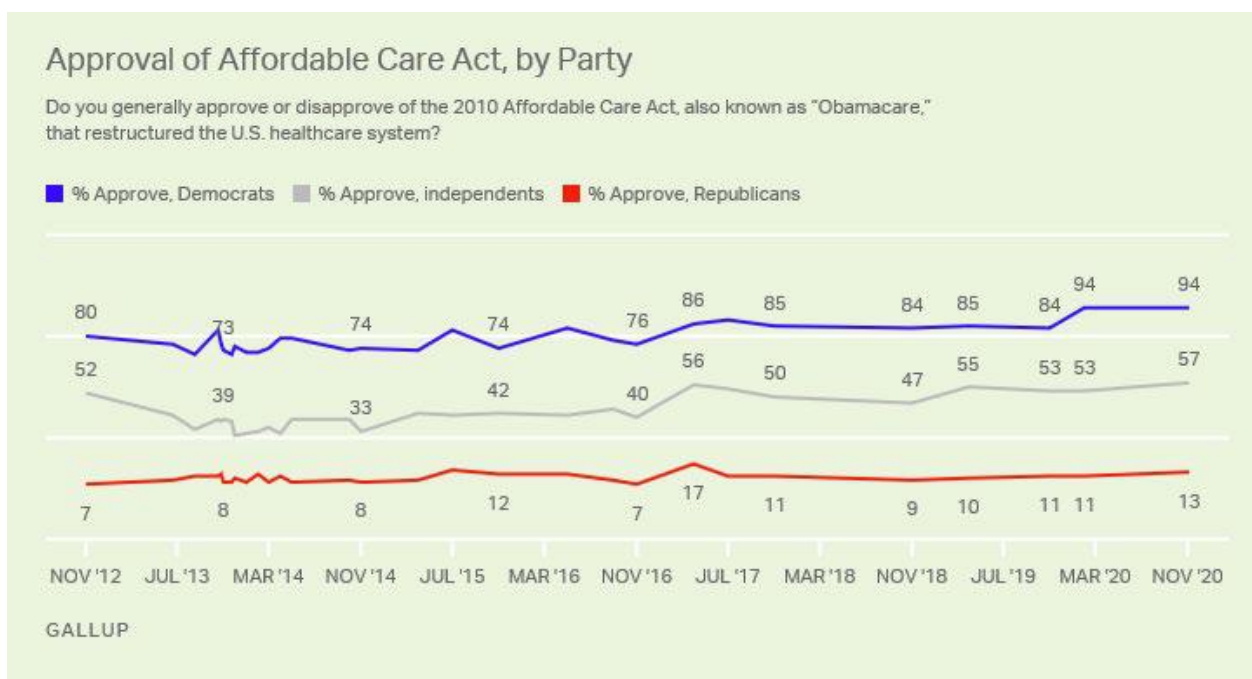
The latest update, from a Nov. 5-19 poll, was taken as the U.S. Supreme Court heard arguments on the latest legal challenge to the law brought by Republican officials. The Court will issue its ruling sometime in 2021.

Gallup first measured Americans' support for the ACA in November 2012, at which time 48% approved. That would prove the high point in support during the Obama administration. Approval fell to as low as [37% in November 2014](#) after that year's midterm elections, which saw Republicans make gains, in part by making repeal of the law a campaign issue.

Subsequent polls in 2015 and 2016 found slightly higher support, and the final poll taken during the Obama administration [in November 2016](#) showed 42% of Americans approving of the law.

After Donald Trump took office in 2017, and he and his fellow Republicans attempted to weaken or repeal the law, public support has been 50% or higher in all but one survey (48% in November 2018). This has been due to higher approval among Democrats and independents, likely reflecting Democrats or Democratic leaners rallying in support of Obama's signature policy achievement.

Currently, 94% of Democrats and 13% of Republicans approve of the law, as do 57% of independents.



Line graph. Approval of the Affordable Care Act by party. Democrats have consistently been the group most likely to support the law, with support usually above 70%, including better than 80% support since 2017. Independents have mostly been above 50% support since 2017, whereas they were mostly below that mark prior to that. At most, 17% of Republicans have approved of the law.

Most Want Changes to Affordable Care Act

Even though a majority of Americans approve of Obamacare, most of its supporters still want to see changes to the law. Sixty-two percent of those who approve of the law say they want to keep it in place but make significant changes to it, while 37% want it kept in place largely as it is.

Opponents of the law are much more inclined to want to see the law repealed and replaced with a different plan (68%) than prefer keeping the law in place but changing it significantly (29%).

All told, 20% of Americans approve of the law and want it kept in place largely as it is, 34% approve but want to see changes to it, 12% disapprove of the law and want significant changes made to it, and 30% disapprove and want to repeal and replace it with a different plan.

Six in 10 Republicans disapprove of the ACA and want it repealed, while a nearly equal percentage of Democrats (59%) approve of the law but want to see changes made to it.

Opinions of the Affordable Care Act

(Asked of those who approve of the law): If you had to choose, would you rather - [ROTATED: keep the Affordable Care Act in place largely as it is, (or) keep the Affordable Care Act in place but make significant changes to it]?

Asked of those who disapprove of the law): If you had to choose, would you rather - [ROTATED: repeal the Affordable Care Act and replace it with a different plan, (or) keep the Affordable Care Act in place but make significant changes to it]?

	U.S. Adults	Democrats	Independents	Rep/Lean Rep
	%	%	%	%
Approve, keep law as-is	20	34	21	10
Approve, change law significantly	34	59	35	20
Approve, unspecified	1	1	1	0
Disapprove, change law significantly	12	4	13	10
Disapprove, repeal and replace	30	2	28	30
Disapprove, unspecified	1	0	1	0

	U.S. Adults	Democrats	Independents	R
	%	%	%	
No opinion	2	0	2	
Nov. 5-19, 2020				
GALLUP				

Bottom Line

When Joe Biden was vice president, he helped President Obama pass the Affordable Care Act. With Biden set to take office as president next year, he will now attempt to strengthen the law and improve it. But the law must pass a Supreme Court challenge, the third time a challenge to the law has reached the high court. The legal maneuvers come when the law is as popular with Americans as it has ever been. News reports of the oral arguments suggest that the Court appears likely to uphold the law rather than strike it down.

With Biden able to veto any further legislative attempts to overturn the law, it appears it will stay in place for at least four more years if no further court cases emerge. Given the patterns in support for Obamacare during the Obama administration versus the Trump administration, though, it may be the case that the law may lose some of its popularity under a new Democratic administration.



ACA Round-Up: Guidance For 2022, Funding For States, And More

Katie Keith

On November 25, 2020, the Centers for Medicare and Medicaid Services (CMS) released its 2020 Notice of Benefit and Payment Parameters rule, which is summarized in three prior posts. Since then, CMS has released additional documents including the 2022 draft letter to issuers in the federal marketplace, key dates for calendar year 2021, a draft rate review timeline, and draft actuarial value (AV) calculator and AV

calculator methodology for 2022. CMS also issued guidance regarding its evaluation of EDGE data submissions for 2020, a limited EDGE data set, and a \$23.7 million funding opportunity for states.

Draft Letter To Issuers

The annual “letter to issuers” provides operational and technical guidance for issuers that offer qualified health plans (QHPs) or stand-alone dental plans through the federally facilitated marketplaces. Many of the standards outlined in the letter apply equally to QHPs sold inside and outside of the marketplaces in the individual and small group markets. Comments on the draft letter are due by December 23, 2020.

The 2022 draft letter adopts the same approach outlined in letters from prior years. CMS will maintain the same approach in 2022 as it did in 2021 in areas that include the “early bird” submission option, licensure and good standing, service areas, network adequacy and related rules, patient safety standards, quality reporting and the quality improvement strategy, rate review, discriminatory benefit design, prescription drug benefit offerings, cost-sharing reduction variations, data integrity review, consumer support tools and related issues, transparency in coverage reporting, medical cost scenarios, stand-alone dental plans, value-based insurance design, the SHOP, and QHP performance and oversight.

CMS further streamlines the letter by removing sections not directly tied to operational and technical guidance. The removed sections related to standards for direct enrollment (DE) entities and related audits, noncompliance by agents and brokers, certain SHOP-related information, and information about state-based exchanges that use the federal platform. Additional guidance on these topics will be issued separately, including annual guidance for DE entities and related audits.

Two new sections focus on alternative payment models and interoperability, but neither include new requirements. CMS encourages insurers and states to advance value-based care and payment models and touts its efforts to advance alternative payment models through the Center for Medicare and Medicaid Innovation and the Health Care Payment and Learning Action Network. Insurers must also comply with recently finalized interoperability requirements; CMS will assess compliance for QHP insurers through attestations or justifications.

Proposed Timeline For 2022 QHP Certification And Rate Review

CMS released proposed key dates for 2021 and a proposed rate review timeline. The documents include much more detail, but the QHP application submission window would begin on April 22 with an initial deadline of June 16. CMS would send QHP certification agreements to insurers by September 14, and insurers would return these agreements by September 22. The proposed key dates also include risk adjustment

deadlines for 2020 and risk adjustment data validation deadlines for 2019 and 2020 (consistent with the proposed payment rule).

The rate submission deadlines apply to QHPs sold through the marketplaces and non-QHPs sold outside of the marketplaces in both the individual and small group markets. CMS will accept comment on the proposed rate review timeline until December 30. Insurers in states without an effective rate review program—Oklahoma, Texas, and Wyoming—would submit proposed rates for all single risk pool coverage to CMS by June 4. Insurers in states with an effective rate review program would submit their proposed rates to state regulators and CMS no later than July 21.

On July 30, CMS would post the proposed rate filing justifications [here](#) for all single risk pool coverage. Rate information would be posted regardless of whether there is a rate increase or not. Insurers would finalize HealthCare.gov QHP rate filings on August 19 and non-QHP rate filings on October 15. Insurers offering QHPs in states with their own marketplace would also submit final rate filings on October 15. States that want to make this information available at an earlier date would need to notify CMS in writing at least five business days prior to making the information public.

Draft Actuarial Value Calculator And Methodology for 2022

CMS released its draft 2022 AV calculator and calculator methodology. This guidance is issued annually to help insurers ensure that their individual and small group plans have the appropriate AV of 60 percent, 70 percent, 80 percent, and 90 percent for bronze, silver, gold, and platinum plans, respectively. CMS will accept comments on the drafts until December 24.

Much of the methodology remains the same as for 2021, with minor proposed edits. For instance, the calculator reflects an updated annual limit on cost-sharing of \$9,300. CMS proposes no projected increase in the trend rate for medical or drug spending for 2021 to 2022 due to the pandemic. Given the uncertainty of future health care spending and the need for market stability, CMS would not trend the claims data forward from 2021 to 2022 or adjust the continuance tables.

Evaluation Of EDGE Data Submissions For 2020 And EDGE Data Set

CMS released new guidance on how it will evaluate the sufficiency of EDGE data submissions for the 2020 benefit year. Insurers in the individual and small group market submit EDGE server data on an annual basis; this data is then used by CMS to determine risk adjustment contributions or payments. The accuracy and completeness of this data affects risk adjustment transfers and is thus critical to ensuring that HHS can calculate adequate transfer amounts. To promote accuracy, insurer data is evaluated based on quantity and quality. The guidance describes the evaluation process and criteria for 2020.

As with the draft letter to insurers and the AV calculator, much of the evaluation process and criteria for 2020 remains the same as in prior years. Insurers must continue to meet a quantity threshold of 90 percent enrollment data and 90 percent claims data by state market threshold. The final deadline for EDGE server data submission is April 30, 2021.

Consistent with the proposed payment rule in which CMS would codify its recent temporary policy of relaxed enforcement and interim final rule regarding temporary premium credits, the new guidance would require insurers to report adjusted plan premiums (which reflect any premium reductions as a result of the credits). Adjusted plan premiums would be used in calculating risk adjustment payments and charges for 2020.

Separately, CMS released an enrollee-level EDGE limited data set for the 2017 and 2018 benefit years. This data includes certain masked enrollment and claims data for risk adjustment-covered plans in the individual and small group markets. As discussed more here and here, the four data files address enrollment, medical claims, pharmaceutical claims, and supplemental claims. This data is available for research purposes and can be requested from CMS [here](#).

Funding For States

On November 10, CMS issued a new notice of funding opportunity (NFO) of \$23.7 million for state flexibility grants to “enhance and support the role of states in the implementation and planning for several of the federal market reforms and consumer protections” under the Public Health Service Act (PHSA). Each recipient would receive at least \$445,000 for the two-year grant period. Interested states must submit a letter of intent to apply by December 11 and a full application by January 20. The anticipated award date is April 1. This is the second round of state flexibility grants; CMS previously awarded just over \$8.6 million in funding to 30 states and D.C. in August 2018.

Similar to the prior NFO, CMS cites Section 2794 of the PHSA for its funding authorization. Section 2794 directed the HHS Secretary to administer a five-year grant initiative to support state rate review programs. Congress appropriated \$250 million for the rate review program for fiscal years 2020 through 2014, with four cycles of rate review grants where all but seven states received a grant. Funds that were not obligated by the end of fiscal year 2014 remain available for grants to states for planning and implementing the market reforms and consumer protections under Part A of Title XXVII of the PHSA.

Although Section 2794 refers to the entirety of Part A of Title XXVII of the PHSA, the NFO focuses on only Section 2702 (guaranteed issue), Section 2703 (guaranteed renewability), and Section 2707 (coverage of the essential health benefits package). Each of these reforms has been in effect in the individual and small group markets since January 1, 2014. These reforms were selected as a focus for grant funding “due to their

relative complexity and the anticipated benefits that additional funding for the implementation of these reforms will have on consumers.”

But for a few procedural changes (and one change to replace sexual orientation and gender identity with sex), the 2020 NFO is largely unchanged from the prior 2018 NFO. States could use grant funds to, for instance, implement or enhance policy form review, hire a clinician to review drug formularies, develop actuarial and economic analyses, or perform market scans of the state’s health insurance market. The funds could also be used to bolster market conduct examinations, market analysis, financial examinations, and consumer complaint investigations related to the provisions noted above.

The New York Times

It’s Not Just You: Picking a Health Insurance Plan Is Really Hard

Margot Sanger-Katz

Anya Samek, an economist, has found that consumers make better choices among health plans when presented with a few simple calculations. So when she switched jobs last year and had to choose a plan herself, she tried entering the various plan features into a spreadsheet to replicate her tool. She gave up, determining the task too complicated.

“I picked a plan because in my research I tend to show that high-deductible plans do better for people,” said Ms. Samek, an associate professor at the University of California, San Diego. “But it’s just a guess.”

When Paul Krugman, the Nobel-winning economist and a New York Times columnist, started a teaching job at the City University of New York, he had a choice between one union health plan at The Times and an array of university options, “which I found incomprehensible,” he said in an email.

“I asked H.R. at CUNY if they could explain the differences; they said no. So I went with The Times, precisely because it didn’t require that I make a choice!”

For most Americans, with or without a Ph.D in economics, right now is the time to pick your health insurance. Medicare beneficiaries can choose a Medicare Advantage plan or a Part D prescription drug plan. People with coverage at work can choose from the options their employers offer. People who buy their own insurance can make a choice on the Obamacare marketplace in their state. In Seminole County, Fla., right now, Obamacare customers can choose among 174 different health plans.

The range of choice is generally heralded as a good thing: Not everyone wants the same plan, the thinking goes, so offering multiple options helps people shop for the one that is best for them. That logic drove the creation of Medicare Advantage, with legislation passed by Republicans, and drove the design of Obamacare, with legislation passed by Democrats.

But it turns out in real life most people are terrible at picking the health plan that is right for them. Health insurance is a complicated financial product, and study after study has shown that people routinely pick bad plans, even choosing options that leave them worse off financially in every possible scenario. And, because people are so bad at choosing good plans, the market often sends weird signals to insurance companies, encouraging them to offer more of the wrong plans instead of the right ones.

People struggle to make good choices when it comes to all kinds of financial products, but health insurance is especially confusing, with its mix of technical benefits and fees. Many Americans don't understand terms like "deductible" or "coinsurance" very well. And few are good at predicting what sort of health care needs they will have in the coming year. Picking an ideal health plan requires combining all of these features — knowing what you might use, what it might cost you, and how those expenses combine with the plan's monthly premium.

Online brokerages have found that recommending certain plans has a huge effect on what people pick, a sign that few people are doing this complex math themselves. Noah Lang, the C.E.O. of Stride Health, which helps people shop for health plans including Obamacare plans, said so many people would pick the first plan presented to them that the company changed its website to offer a handful of recommended "green" plans. Last year, more than 70 percent of customers bought one of those plans.

"People want advice, they want guidance," Mr. Lang said. "And it's pretty hard."

The people most likely to make bad choices appear to be those least able to afford it. A recent study in the Netherlands, which offers insurance to everyone through an Obamacare-like marketplace, found that only 5 percent of Dutch customers did a better job at choosing an ideal plan than they would have by choosing a plan at random. And the people in that top 5 percent tended to have college degrees and jobs in technical fields. People with less education and income, who tend to be in worse health, were very likely to choose a plan that cost them more to cover their health care — a situation that might leave them skimping on needed medicine or procedures.

But even highly educated Dutch professionals struggled. People who worked in the insurance industry and had advanced degrees made a good choice about 30 percent of the time. And only about 40 percent of trained statisticians — the group with the best performance — chose good plans for their needs.

In the United States, a working paper has found that many professionals who help people select health insurance are also bad at picking plans, performing substantially worse than a computer algorithm.

“These people who are supposed to make the market work can’t do it at all,” said Jonathan Kolstad, an associate professor of economics at the University of California, Berkeley, who was a co-author on both studies. Professor Kolstad said the work had made him reconsider why we value markets for health insurance so highly when they are so hard to use.

Picking a plan is hard, but some simple guidelines can help a little. It’s helpful to know whether a given plan covers the doctors and hospitals you use, for example. And if you’re willing to take more financial risk, you may prefer a higher-deductible plan with lower premiums, while if you value more predictable expenses, a lower-deductible plan may work better. But people’s actual health care needs and insurance fine print vary enough that those guides can lead you astray. The literature shows that it’s not uncommon for people to choose a plan that costs them \$1,000 more than the best plan, over the course of the year.

Most of the research on plan choice looks at the financial design of the plan. Researchers can look at the options, then see which health services people end up using, and can tally total costs for various choices. That approach leaves out some other elements of health plans, like the choice of doctors, or whether the company offers good customer service. The study on brokers found that people whose plan selection was aided by the computer program were less likely to switch plans the next year than those who took the unassisted advice of the broker, a sign that they were happier with the overall package.

But what is the alternative to choice? Amanda Starc, an associate professor of management at Kellogg School of Management at Northwestern University, said there was evidence that people really did want different things from health insurance. About a third of people 65 and older are currently enrolled in private Medicare Advantage plans, a share that is large enough to suggest that many would be less happy with only the choice of government Medicare.

“I don’t think the answer is obvious, and yet I think there is real value in choice,” said Professor Starc, whose recent work shows that some Medicare Advantage plans may leave patients better off than others in terms of health, not just finances. She, like Mr. Kolstad, thought tools like the broker algorithm could steer people into better options.

But she acknowledged the difficulty. Colleagues and family friends frequently ask her for advice about the best health plan. She tends to steer her higher-earning professor colleagues to a high-deductible plan that covers the university’s hospitals, figuring they can afford it. Finding the best choice for other people, she said, requires more work.

“Whenever anybody asks me about this, I say my dad is the only Medicare beneficiary who could figure this out, because he could call me,” she said.

Other economists use the same rules of thumb that cause many Americans to choose bad plans: They pick a plan based on simple features, select a preferred brand, or ask their friends.

Brigitte Madrian, the dean of the Marriott School of Business at Brigham Young University, has also studied health insurance, but said picking a plan for her family when she arrived in Utah was a heavy lift. She set aside an entire Saturday for the task, scouring websites and constructing spreadsheets. Ultimately, she asked her fellow health economists what they had chosen.

“If I’m having a hard time, what is the rest of the population doing?” she said she wondered. “They must be throwing darts.”



Interest is lively at deadline for ‘Obamacare’ sign-ups

Ricardo Alonso-Zaldivar

WASHINGTON (AP) — A crush of sign-ups expected Tuesday on the last day of open enrollment for HealthCare.gov could help solidify the standing of “Obamacare” as an improbable survivor in the Donald Trump years.

In 36 states that use HealthCare.gov, - Dec. 15 is deadline day for coverage that starts Jan. 1, while another 14 states and Washington, D.C., have later dates. Analysts and advocates who follow the annual insurance sign-ups say interest has gotten stronger with the coronavirus pandemic gripping the nation.

Also, the legal cloud hanging over the Affordable Care Act seemed to start lifting last month when Supreme Court justices gave a skeptical reception to the latest challenge from the Trump administration and conservative-led states seeking to overturn the law in its entirety.

“The safety net is working,” said Chris Sloan of the consulting firm Avalere Health. When final numbers are released next year, Sloan says the ACA could surpass its current enrollment of 11.4 million people. “I think it’s just reflective of the need being greater for people who have lost their jobs and need to find some other form of health insurance,” he said.

The insurance markets offer taxpayer subsidized private plans to people who don’t have job-based coverage. Insurers cannot turn away customers with pre-existing medical conditions. Medicaid expansion, another component of the health law, covers about 12 million people.

Stephanie Burton, a solo practitioner lawyer from Kansas City, Missouri, said she recently renewed her coverage for 2021. For about \$150 a month, after subsidies,

Burton is also able to cover two young adult children as they negotiate their transition to self-sufficiency in a shaky economy.

But Burton said she's noticed that the annual enrollment season gets very little promotion. After Trump failed to repeal former President Barack Obama's signature law, not even the rising need for coverage amid coronavirus layoffs has persuaded his administration to rethink its opposition. Trump administration officials say what they have done is to focus on the smooth operation of the HealthCare.gov website for those who may want the coverage.

"Since I've always had it, I get reminders by email," said Burton, but "there are a lot of people who may not even know how to find this information."

That's expected to change under the incoming Biden administration, which plans to build on the health law to expand coverage to more than 30 million who still lack it.

Some former Obama officials who closely monitor the Trump administration's operation of the program say they have reason to hope in this sign-up season.

Joshua Peck, who used to be chief marketing officer for Obamacare, says traffic is clearly up from current customers actively renewing their coverage, and the number of new consumers is tracking with previous years. Active renewals are seen an indicator that people are eager to keep their plans from lapsing. Those who take no action are automatically renewed, but they have to follow through to retain coverage by paying their premiums.

"It gives us reason to think that the end of this open enrollment period could be a strong one," said Peck. "We're cautiously optimistic."

But Tuesday could get anxious for procrastinators because deadline day usually brings long waits for personal assistance via the call center and the website may run slow. Typically people who start the enrollment process before the end of deadline day are given a chance to complete it.

Of some 28 million uninsured Americans before the pandemic, the nonpartisan Kaiser Family Foundation estimates more than 16 million were eligible for some form of subsidized coverage through the health law.

Final Rule on Grandfathered Health Plans Will Allow Higher Consumer Costs

Katie Keith

On December 11, 2020, the Departments of Labor, Health and Human Services (HHS), and Treasury (the tri-agencies) issued a new final rule to adjust current requirements that group plans and insurers must follow to maintain their status as a grandfathered plan under the Affordable Care Act (ACA). Although the changes are relatively minor, the new rule will enable grandfathered group plans to impose higher cost-sharing requirements without losing grandfathered status. The final rule follows a proposed rule issued in July 2020 and a request for information issued in 2019. The Department of Labor issued a press release alongside the rule.

Brief Background

Grandfathered plans are plans that were already in existence on the day the ACA was enacted—March 23, 2010—that have been continuously offered without certain changes. Only a handful of ACA provisions apply to grandfathered coverage, including the law's bans on preexisting condition exclusions, excessive waiting periods, lifetime and annual dollar limits, and rescissions. Grandfathered plans must also cover dependents up to age 26 and provide members with a summary of benefits and coverage. Grandfathered coverage does not have to comply with most ACA reforms (like covering essential health benefits or preventive services without cost-sharing or capping annual out-of-pocket costs).

Grandfathered plans were created under Section 1251 of the ACA, and the tri-agencies issued interim final regulations and an amendment to these regulations in 2010. This was followed by a series of guidance documents, such as frequently asked questions, in 2010 and 2011 and final regulations in 2015. These rules and guidance set out the various ways a plan can maintain its “grandfathered” status—and ways a plan might lose this status. Grandfathered plans that lose their status must come into compliance with the ACA's more robust reforms that apply to non-grandfathered plans.

To maintain grandfathered status, at least one person must have been enrolled in the grandfathered plan since March 23, 2010. Grandfathered status is determined separately for each benefit package, meaning employers can offer both grandfathered coverage and new (or non-grandfathered) coverage. And grandfathered plans cannot deviate too far from their design at the time the ACA was enacted.

The Final Rule

Under the final rule, the tri-agencies would generally maintain existing rules for grandfathered plans, with two modifications. Currently, there are six changes that will cause a grandfathered plan to lose its status and cease to be a grandfathered plan: 1) elimination of all or substantially all benefits to treat a particular condition; 2) any increase in a percentage cost-sharing requirement (e.g., coinsurance); 3) any increase in a non-copay fixed-amount cost-sharing requirement (such as a deductible or out-of-pocket maximum) that exceeds certain thresholds; 4) any increase in a copay that exceeds certain thresholds; 5) a decrease in the employer's contribution rate by more than five percentage points; or 6) the addition of new annual dollar limits on benefits. A plan that makes one of these changes loses its grandfathered status when the change goes into effect.

The tri-agencies received a total of 13 comments. Some supported the proposed rule's changes while others did not and raised concerns about grandfathered plans generally. Although some commenters urged against finalizing the rule during the pandemic, the tri-agencies did so anyway and the final rule is substantively unchanged from the proposed rule. However, in response to comments, the rule's applicability date was delayed by six months. Thus, the final rule will apply to grandfathered group plans and group insurance coverage beginning on June 15, 2021.

Special Rule For Certain Grandfathered HDHPs

The tri-agencies first adopt a new "special rule" for high-deductible health plans (HDHPs). Under the final rule, grandfathered group plans that are HDHPs can increase fixed-amount cost-sharing requirements so long as the changes are necessary to comply with HDHP rules under Section 223(c)(2)(A) of the Internal Revenue Code.

Although it has not yet occurred, the tri-agencies are concerned that annual cost-of-living adjustments for HDHP deductibles may (at some point) exceed the maximum percentage increase and cause a loss of grandfathered status. To assure plans that this will not be an issue in the future, the rule permits grandfathered group plans to increase fixed-amount cost-sharing requirements to meet a future minimum deductible requirement under Section 223 without a loss of grandfathered status. This helps ensure that those enrolled in such plans can maintain their eligibility to contribute to HSAs.

Revised Definition Of Maximum Percentage Increase

The tri-agencies will also allow an alternative way for grandfathered group plans to calculate the "maximum percentage increase" for fixed-amount cost-sharing requirements. For copay fixed-amount cost-sharing requirements, grandfathered plans cannot increase copays by the greater of a) \$5, as increased by medical inflation; or b) the maximum percentage increase. For non-copay fixed-amount cost-sharing requirements (such as a deductibles or out-of-pocket maximums), increases cannot exceed the maximum percentage increase. Grandfathered plans that make changes to cost-sharing that exceed these thresholds lose their grandfathered status.

Currently, the maximum percentage increase is medical inflation from March 23, 2010 (tied to CPI-U) plus 15 percentage points. The final rule changes the maximum percentage increase for grandfathered group plans to be the greater of a) the current standard (medical inflation plus 15 percentage points); or b) the change in the premium adjustment percentage plus 15 percentage points.

The premium adjustment percentage, discussed in more detail in annual payment notices, is expected to be about three percentage points higher than medical inflation in 2026, meaning fixed-amount copays, deductibles, and out-of-pocket limits could all be three percentage points higher under the rule. HHS has faced criticism for adjusting the premium adjustment percentage methodology in a way that increased consumer costs. Even so, it proposed maintaining this methodology for the 2022 plan year.

The tri-agencies believe that the premium adjustment percentage is a more appropriate measure of changes in health care costs than the medical inflation standard. This is because the premium adjustment percentage is specific to private health insurance plans (and, unlike medical inflation, does not reflect changes in price for uninsured patients and Medicare patients). Using this measure will also be administratively simpler, the tri-agencies expect, because plans and insurers are familiar with it.

The final rule includes examples to show how this change would work in practice, although much depends on the CPI-U and premium adjustment percentage values. In the examples they give, a grandfathered plan with a \$30 copay on March 23, 2010 could increase that copay to \$40 without losing grandfathered status under current rules, although an increase to \$45 would cause a loss of grandfathered status. Under the final rule, that plan could increase the same copay to \$45 without losing grandfathered status.

Scope And Impact Of The Rule

The changes in the final rule apply only to group grandfathered plans and insurance coverage: the rule does not affect grandfathered individual coverage. Less than seven percent of enrollees in grandfathered plans are believed to be in individual market coverage. Given this low enrollment, the tri-agencies see little value in applying the rule's changes to those policies.

Citing Kaiser Family Foundation data, the tri-agencies estimate that about 19.1 million people are enrolled in a self-funded grandfathered plan or offered a benefit package with a grandfathered option. An additional estimated 4.6 million people are enrolled in state or local government grandfathered plans. About 12 percent of firms offering health benefits offered a HDHP, and 6 percent of covered workers were enrolled in HDHPs. Consistent with the preamble to the proposed rule, the tri-agencies do not expect a significant impact on the number of grandfathered plans but provide relatively little quantitative analysis of the rule's potential impact, due to a high degree of uncertainty about take-up of the policies.

The tri-agencies confirm that the final rule does not create a path to allowing non-grandfathered plans to become grandfathered. The preamble notes that “there is no authority for nongrandfathered plans to become grandfathered.” Employers and insurers thus cannot convert ACA-compliant non-grandfathered plans into grandfathered plans.

The New York Times

This Is the Health System That Biden Inherits From Trump

Sarah Kliff

President-elect Joe Biden will inherit a health system that is trying to care for a population made sicker by both coronavirus and skipped preventive care, all while trying to make up for money lost in 2020.

But he'll face another immediate challenge: Hospitals that tend to care for the poor and the vulnerable are facing major financial pressure, while wealthier hospital systems expect to emerge slightly bruised but not broken.

“This is all going to push inequality up,” said Alan Morgan, president of the National Rural Health Association. “There is no way around that.”

The policies that Mr. Biden decides to pursue in his first months as president — for example, how to pay for telemedicine visits as the pandemic continues, or whether to pursue additional stimulus for health providers — will be crucial in shaping the long-term future of the health system.

“Any crisis produces change, and this one will clearly produce big change,” said David Cutler, a health economist at Harvard who served as a health care adviser in the Obama administration. “We don’t know yet if it will be good or bad.”

For decades, American doctors and hospitals have been accustomed to constant spending growth. But 2020 has been on track to be the only year in this era when health care spending goes down. Even with the pandemic overwhelming some providers’ capacity, they seem set to lose money because of the scores of profitable elective procedures canceled this spring.

For Mr. Biden, this is likely to mean fights between hospitals, insurers and patient advocates, who fear that the gains in equality made from the Affordable Care Act have been eroded. Health providers that typically care for vulnerable populations may face tough choices between closing or selling to a larger competitor.

“The health care system lost a ton of money when people didn’t show up in March and April,” Mr. Cutler said. “It’s not clear it’s going to get that money back. I fully expect we’ll see a wave of providers go under, demand higher prices, and demand bailouts.”

Pick nearly any metric, and it will show the American health system’s tremendous growth in recent years. Overall health spending rose to \$3.6 trillion this year from \$2.9 trillion in 2010, buoyed by medical prices that increased faster than inflation. Health care jobs grew in tandem, peaking at 16.5 million workers this February.

Insurance enrollment increased significantly during the 2010s, largely a result of the Affordable Care Act’s coverage expansion. Even with some backsliding under President Trump, the uninsured rate is still lower than it was at the start of the decade, about 9 percent last year versus 16 percent in 2010.

This past decade’s growth didn’t just mean more dollars flowing into hospitals and doctor’s offices. It also appears to have made access to health care, and certain health outcomes, more equal.

The health law’s coverage expansion, for example, had an outsize impact in providing insurance to Black Americans and Latinos, and reducing disparities in uninsured rates. In 2013, there was a gap of 25.7 percentage points between the uninsured rates for Hispanic and white Americans. By 2018, that figure had fallen to 16.3 percentage points, a study from the nonprofit Commonwealth Fund showed.

The Medicaid expansion in many states is credited with keeping rural hospitals up and running. Some research has found that the expansion has reduced unequal outcomes in areas like maternal and infant mortality.

Now experts see those gains eroding. The change started under the Trump administration, which cut health law advertising and allowed states to impose new restrictions on Medicaid enrollment. One million Americans lost coverage between 2017 and 2019; experts were especially alarmed by declining public coverage among children.

The trend accelerated with the pandemic and a sharp decline this spring in medical revenue. Across the country, hospitals lost billions as patients canceled lucrative procedures like hip replacements and cataract surgery. Primary care doctors struggled to stay open as preventive care appointments plunged. Federal aid offset some but not all of those losses. Experts who study the health system now think much of the care canceled this spring will not be rescheduled.

Safety-net health systems, which by mission or mandate give care regardless of people’s ability to pay, say they’re already starting to see richer hospitals pulling further ahead. Employment in the health sector is recovering: About two-thirds of the 1.5 million

jobs lost during the recession have come back. But there's some evidence those gains aren't being distributed equally.

Mr. Morgan, of the rural health association, hears from members who say they're struggling to retain nurses. Some workers are getting better-paying offers from wealthier health systems in need of traveling nurses to help fight the pandemic.

"Two weeks ago, I heard from a hospital chief executive saying he was losing his clinical staff because they can make more money elsewhere," he said. "His clinical staff is getting knocked offline in the middle of a pandemic. It's a work force crunch."

Margaret Mary Health System, which operates a 90-year-old nonprofit hospital in rural Indiana, expects to run a 4 percent deficit this year even after accounting for federal aid payments. The hospital has treated hundreds of coronavirus patients, who have sometimes occupied 23 of the hospital's 25 beds.

"The thing that makes this all so difficult is how hard we've worked this year," said Tim Putnam, the hospital's chief executive. "We've put in so much to serve our community, and it's tough to face a loss as the financial outcome."

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Before the pandemic, Margaret Mary executives felt it was on solid financial footing. The hospital received a boost from Indiana's Medicaid expansion in 2015. Things looked so good last year that it decided to buy a new electronic medical record system.

Now, Margaret Mary is bracing for even heavier financial losses after Indiana announced Thursday it would once again suspend elective health care procedures.

"It's hard to determine where this ends up until we figure out how the pandemic ends," Mr. Putnam said. "To remain viable, to continue to serve our community, we've got to do better than break even, and we've got to find a way to do it in 2021."

North Oaks Medical Center in Hammond, La., is a public hospital that serves predominantly low-income patients. It was projecting its "best financial year in the hospital's history" before the pandemic struck, said the chief executive officer, Michele Sutton.

Instead, it ended up furloughing many workers this spring in an effort to break even. North Oaks ran into problems that a hospital with wealthier patients wouldn't face — like the fact many of its patients did not have access to internet reliable enough to support video doctor visits.

“Because of our parish being poor, we didn’t have a lot of access to telemedicine,” Ms. Sutton said. “We didn’t have the fiber-optic capacity.”

Her hospital had to do extra work to set up stations where doctors could video-chat with their patients, a cost other health systems didn’t have to bear. Now, it’s bracing for another difficult year treating sicker patients.

“We’re seeing an increase in suicide, a lot more stroke, a lot more heart attack,” Ms. Sutton said, “and a decline in routine maintenance for fear of contracting Covid.”

Some of the early decisions facing the Biden team are small, practical ones: Should Medicare continue paying the high but temporary reimbursement rates it offered for telemedicine visits this year, a signal that would encourage private plans to do the same?

“Imagine I’m a primary care practice, I’ve taken a big financial hit already, and I’m trying to decide: Do I make a big investment in telemedicine or not?” said Dr. Ateev Mehrotra, a Harvard health researcher. “It’s tough for a clinical practice to not know what you’ll get paid in a week or two.”

Other decisions are bigger, like whether to provide additional stimulus funding for health providers and how to allocate it.

Doctors know patients have been putting off some kinds of care and are bracing for the consequences. Dr. Mehrotra and his colleagues published research this week finding that fewer patients are starting opioid addiction treatment during the pandemic, as some providers feel uncomfortable prescribing a new drug without an in-person meeting.

The Biden administration’s policies will help determine how providers care for this sicker population while health insurance coverage is declining. To increase sign-ups, the administration could use waivers expanding Medicaid coverage or restore the Affordable Care Act’s advertising budget. Bigger coverage expansions, like a public option that would allow all Americans to sign up for Medicare, would require congressional approval.

“There’s a big population I’m really worried about that has diabetes, hypertension and heart failure, and deferred all this care,” Dr. Mehrotra said. “The accumulation of not getting care will result in complications. But at this point it’s unclear what exactly those complications of illness will look like.”



Obamacare sign ups increase for first time under Trump

Tami Luhby

(CNN) More people signed up for Obamacare coverage on the federal exchange during open enrollment this year -- the only increase under the Trump administration, which has long sought to eradicate the landmark health reform law.

More than 8.2 million people selected plans for 2021 in the 36 states using healthcare.gov, according to preliminary data released Friday by the Centers for Medicare and Medicaid Services. The Affordable Care Act's increase in popularity comes as the Supreme Court considers whether to overturn the law, with a ruling expected in the first half of next year, and as the country finds itself in the worst period yet of the coronavirus pandemic.

Sign ups are slightly less than last year's 8.3 million figure, but that data included New Jersey and Pennsylvania, both of which shifted to their own marketplaces for 2021 coverage.

Removing these states, as well as Nevada, which set up its own exchange for 2020, plan selections increased by 6.6% from 2020, 6.3% from 2019 and 2.2% from 2018, the agency said.

This is how world champion cyclist Kristin Armstrong manages her osteoarthritis in a life of constant movement.

"The significant growth this year is a reflection of the impact of COVID-19 on the American people and the important role the Affordable Care Act played in strengthening the safety net," said Josh Peck, a former Obama administration official and co-founder of Get America Covered. "This is the first open enrollment period following an economic contraction."

Health policy experts expect that some Americans who lost their job-based coverage as a result of the coronavirus pandemic are shifting to Affordable Care Act policies. Enrollment in Obamacare remained fairly steady, though typically it drops over the course of the year. More people signed up during special enrollment periods than usually do.

The Trump administration pointed to a total of an 8% decrease in premiums, on average, for the benchmark plan over the past three years and an increase in the number of insurers participating on the exchanges.

Obamacare enrollees renew coverage

Some 6.4 million current Obamacare enrollees selected plans or were automatically re-enrolled for 2021, up an unprecedented 10.6% from the year before.

However, the number of new people signing up fell to 1.8 million, down 5.4% compared to last year.

Five states saw double-digit growth in sign-ups, with Texas leading the way at 15%. Eight states experienced declines, ranging from -1% to -7%.

Open enrollment on the federal exchange ran from November 1 to December 15, half the time it did under the Obama administration.

Just how many Americans ultimately choose coverage for 2021 on the Affordable Care Act exchanges won't be known until early next year. Some of the 14 states, plus the District of Columbia, that run their own exchanges have longer open enrollment periods that stretch into January.

Maryland reported this week that a record number of residents signed up for 2021 coverage through its exchange. Just over 166,000 Marylanders selected plans, up 4.5% from the prior year. Open enrollment ended there on December 15.

State officials attributed the increase in part to the fact that Maryland offered residents the ability to sign up for Obamacare coverage during a special enrollment period this year. Nearly 33,000 people took advantage of the opportunity.

President Donald Trump opted not to reopen the federal exchange this year, though those who lost their job-based coverage could sign up for Obamacare plans within 60 days.

Enrollment isn't considered final until policyholders make their first premium payment.

Supreme Court determining Obamacare's fate

Enrollment is taking place as Supreme Court justices are considering the fate of the landmark health reform law. The justices heard oral arguments in a case seeking to invalidate the Affordable Care Act on November 10.

A coalition of Republican state attorneys general led by Texas and joined by the Trump administration are arguing that the individual mandate is unconstitutional because Congress reduced the penalty for not having health insurance to zero as part of the 2017 Republican tax cuts -- and that the entire law must fall as a result.

Chief Justice John Roberts and Justice Brett Kavanaugh suggested that it wasn't the Supreme Court's role to toss out the whole law even if one or more provisions are deemed unconstitutional, signaling the Affordable Care Act will survive the court challenge.



HealthCare.gov Enrollment Rises; More Enrollment Data

Katie Keith

CMS's week six open enrollment snapshot for the 2021 open enrollment period shows that more than 8.2 million consumers selected a plan in the 36 states that use HealthCare.gov. Of these, about 1.83 million were new consumers and about 6.4 million were renewing their coverage from last year.

Overall enrollment through HealthCare.gov increased by about 6.6 percent for the 2021 open enrollment period relative to the 2020 open enrollment period. Other analysis suggests that the increase may be even greater once Medicaid expansion is accounted for. This is the first and only year when HealthCare.gov enrollment has increased under the Trump administration, reversing a trend where enrollment declined each year beginning in 2016.

As noted above, there were two fewer states using HealthCare.gov for 2021 as New Jersey and Pennsylvania transitioned to their own state-based marketplaces. They follow Nevada, which transitioned to its own marketplace for 2020. Combined, New Jersey and Pennsylvania had accounted for about 7 percent of all HealthCare.gov plan selections (more than 578,000 plan selections) during the 2020 open enrollment period. In addition, Idaho, Nebraska, and Utah expanded their Medicaid programs in 2020. (The individual market generally contracts after a state expands its Medicaid program, as individuals whose income is between 100 percent and 138 percent of the federal poverty level migrate from marketplace coverage to the Medicaid program.)

Enrollment may tick up yet more because CMS's data does not yet account for consumers who 1) enrolled in coverage between midnight and 5am ET on December 16; or 2) could still enroll after leaving their contact information at the call center due to high volume. This data also does not reflect enrollment in many state-based marketplaces whose deadlines are later, in December or January. As with prior years, CMS intends to release an updated snapshot on HealthCare.gov enrollment during the second week of January. A more detailed final open enrollment report (with data on enrollment in all states) is expected in spring 2021.

Unlike last year, there were no reported technical difficulties with HealthCare.gov, and less than five hours of planned maintenance were needed during the entire open enrollment period. CMS also reports that consumer satisfaction with the call center remained high.

Renewals Up, But New Enrollment Down

The data show a consistent surge as the December 15 deadline neared. Consistent with last year, more than half—about 4.4 million people (or 53 percent)—of all consumers who selected a plan did so from December 6 to December 15. This included more than 911,000 additional new consumers relative to the prior week. Even so, enrollment of new consumers is down relative to last year. New enrollment is critical to maintaining the health of the overall risk pool because new enrollees tend to be younger and healthier.

The final week of enrollment numbers are higher because this data includes individuals who were automatically renewed in 2021 coverage. Although new enrollment was down, this was offset by an 11 percent increase in renewals (via auto-reenrollment or active reenrollment). Renewals may be up because, as discussed more in the reports below, more people retained marketplace coverage in 2020 or enrolled through special enrollment periods (SEPs). Either way, having more people enrolled in marketplace coverage at the end of the year likely contributed to stable enrollment as a result of auto-renewal.

Based on an analysis from Get America Covered, enrollment grew by 5 percent or more in 16 states and fell by 5 percent or more in only 2 states. Enrollment grew the most in Texas (by 15 percent), Hawaii (by 13 percent), and Mississippi (by 12 percent). Enrollment fell the most in Kentucky (by 7 percent) and Louisiana (by 6 percent).

Marketplace Stability That Undercuts Those Challenging The Affordable Care Act In California v. Texas

The final data show the stability of the marketplaces, continued demand for comprehensive individual market coverage, and the importance of the marketplaces as part of the health care safety net during the COVID-19 pandemic. Higher enrollment is undoubtedly positive. But further gains likely could have been made if the Trump administration allowed a broad-based SEP in response to the pandemic or more aggressively advertised marketplace coverage options during this year's open enrollment period. Doing so was important even before the pandemic, given the rising uninsured rate. These actions also would have complemented lower average premiums and higher insurer competition that CMS often touts.

Finally, the fact that enrollment remained stable cuts against one of the arguments in California v. Texas over the impact of the individual mandate penalty. The past three open enrollment periods (since the penalty has been set to \$0) make it clear that the penalty was not driving enrollment nearly as much as expected, and none of the dramatic negative consequences predicted by the district court in Texas have come to pass.

Separately, CMS released 1) an updated 2021 landscape report with revised premium metrics (after some insurers modified the percent of their plans' premiums attributable to essential health benefits); and 2) insurer-level enrollment data for the 2019 plan year for HealthCare.gov states.

Effectuated Enrollment For First Half Of 2020

For a consumer's insurance policy to go into effect (or, effectuate), they must both select a plan during the enrollment process and pay their premium. Thus, effectuated enrollment refers to the number of individuals with an active health insurance policy who paid their premium.

As of September 15, 2020, an average of 10.5 million individuals had effectuated their 2020 marketplace coverage through June 2020. This reflects data from the marketplaces in all states (both through state-based marketplaces and HealthCare.gov) and was about 3 percent (or about 349,000 people) higher than the number of effectuated consumers at the same time in 2019. About 92 percent of the 11.41 million consumers (about 10.54 million individuals) who selected a plan during the 2020 open enrollment period effectuated their enrollment through the first six months of 2020. CMS attributes a slightly higher rate of enrollment effectuation (relative to prior years) to lower attrition and higher SEP enrollment.

Of the 10.54 million people who effectuated coverage, the vast majority—86 percent, or more than 9.1 million people—received advanced premium tax credits (APTC). Exactly half of 2020 effectuated enrollees were also eligible for cost-sharing reduction payments (meaning that 50 percent of those who effectuated their coverage had incomes between 100 percent and 250 percent of the federal poverty level).

For 2020, the average total monthly premium was \$574.95 and the average monthly amount of APTC was \$491.30. Both are down by about 3 to 4 percent compared to 2019. The states with the highest proportion of subsidized enrollees—all 90 percent or higher—were Alabama, Florida, Georgia, Iowa, Louisiana, Mississippi, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia, and Wyoming. The report includes additional state-by-state data.

Revised Report On SEP Trends During The Pandemic

CMS also updated its prior report on the use of SEPs through HealthCare.gov from the end of the 2020 open enrollment period through May 2020. The report was initially published in late June 2020 but reissued with corrected data, which shows slightly higher HealthCare.gov enrollment through existing SEPs than the version from June 2020. (The prior report had incorrect data from the Bureau of Labor Statistics, and the revised version notes updated data throughout the report.

In the prior report, CMS expected an increase in total SEP enrollment of about 27 percent (or about 205,000 more people) relative to the same period in 2019. The revised

report increases this estimate to 30 percent, noting that use of a loss-of-coverage SEP was about 52 percent higher relative to 2019.

The New York Times

Obamacare, in Its First Big Test as Safety Net, Is Holding Up So Far

Margot Sanger-Katz, Sarah Kliff and Quoc Trung Bui

In past recessions, the uninsured rate would surge. Now, for the first time, Americans are experiencing a recession with the Affordable Care Act in place.

The health law's expansion of Medicaid and its offer of subsidized health plans have provided a new safety net for those who have lost their jobs and their health insurance.

The Affordable Care Act gave states the option to cover poor residents through Medicaid, and it offered tax credits to help low- and middle-income Americans buy health insurance. Since the coronavirus pandemic set off job losses this spring, enrollment in both programs has been growing. Experts say sign-ups would probably be higher still if not for Trump administration moves that included slashing the A.C.A.'s advertising budget and declining to have an additional sign-up period when the pandemic hit.

State Medicaid enrollment, according to one report, had an 11 percent increase between February and September in the 36 states that have released data. Another paper, from Manatt Health, shows those gains concentrated in states that have participated in the health law's Medicaid expansion, with an enrollment growth rate of 22.2 percent between February and November.

Sign-ups for plans in marketplaces run by the federal government are up 6.6 percent compared with last year, according to a new federal tally. It is the only year during the Trump administration when enrollment increased, and amounts to a half-million more people seeking coverage from the federal marketplace. The total is still down compared with 2016, the last year the Obama administration was running the program.

Final government estimates of the uninsured rate are months away, but at least one survey, from the research group the Commonwealth Fund, shows the share of Americans without coverage was holding steady through the spring. The Affordable Care Act is a crucial reason for that.

"We've seen both the important security that it provides and a lot of the remaining holes in the safety net cast into stark relief in this twin crisis of dire health need and economic recession," said Kate Baicker, the dean of the Harris School of Public Policy at the University of Chicago.

Charts based on an analysis of census data by Matt Bruenig, the president of the People's Policy Project, show how the overall health insurance landscape has changed since the Affordable Care Act took effect. In 2009, 16.7 percent of Americans lacked health insurance, and, for those of working age, the poorer you were, the more likely you were to fall in that category.

Medicaid enrollment among low-income Americans has since surged, particularly in states that expanded their programs, reducing the disparities. Enrollment in subsidized private coverage has also grown among those earning slightly more. As the population has aged, more people have also become eligible for another public program: Medicare. The 2020 chart shows survey results collected early in the year, so these numbers do not reflect the impact of the Covid recession. (There have been slight changes in census methodology in the intervening years, but they should not skew the patterns in a major way.)

Mr. Bruenig said he was struck by how many low-income people remained uninsured, a sign, he said, that the new system was not yet reaching everyone it was designed to help.

"There's a lot of uninsurance at the bottom, more than you might think," he said. "Because for one reason or another, people are not getting on these plans."

Addressing the growing need for health insurance during an economic downturn was a priority for the Affordable Care Act's architects, who wrote the legislation as the country dug out of the Great Recession.

"Unemployment was a major concern," said John McDonough, a Harvard professor who served as an adviser during the law's drafting. "The whole point was to create an option primarily for working people who might find themselves unemployed, or worked for an employer who didn't offer coverage that was affordable."

While data is still coming, there are early signs that the Affordable Care Act is making health coverage less dependent on employment.

In a paper published in October, Dr. Benjamin Sommers and Dr. Sumit Agarwal looked at what happened to the health insurance status of Americans who lost a job. Before the Affordable Care Act, these newly unemployed workers experienced a 4.6-percentage-point increase in their uninsured rate.

After the law took effect, the association between job loss and higher uninsured rates disappeared.

"When someone lost a job, we saw the same big drop in employer coverage, but it was completely counterbalanced by gains in Medicaid and the marketplace," said Dr. Sommers, a researcher and physician at Harvard.

Early, incomplete evidence suggests the law is serving that function during the coronavirus economic downturn. A federal report last month showed an increase in marketplace sign-ups this spring as the unemployment rate mounted. Between January and May, Healthcare.gov had about 150,000 more enrollments than usual.

A recent analysis of insurance industry data by Kaiser Family Foundation researchers found that roughly two million to three million Americans lost their job-based coverage between March and September. During the same period, around five million enrolled in Medicaid.

“When the economy suffers, the Affordable Care Act plays an important role in making sure people can still maintain insurance coverage in ways that didn’t exist before,” said Cynthia Cox, a vice president at the foundation. But Ms. Cox said that, even with this cushion, millions of Americans remain uninsured amid a public health crisis. Many of those people, she said, are eligible for free coverage, a sign that the programs aren’t reaching everyone they could.

Ms. Cox also noted that fewer workers have lost job-based coverage than in past downturns. That may be because the workers most affected by this recession never got their coverage at work. Or perhaps more employers are trying to keep workers covered during this emergency, even as they face fiscal stress.

“This is different than it was in the past, in part because of employers, but in part because of the A.C.A.,” she said.

There are other ways that the Affordable Care Act is showing weak spots as a safety net program. While most Americans who buy coverage through the marketplace get a significant subsidy, they may still struggle to pay any share of a premium during this economic downturn.

“Covid has created more people who potentially can enroll, but those are the exact same people who have household budgets that are incredibly tight right now,” said Joshua Peck, co-founder of Get America Covered. “These are the people who are deferring mortgage payments. Adding health insurance is a pretty big challenge.”

Affordable Care Act programs can be hard to navigate, potentially discouraging even those who qualify for substantial financial help. Establishing eligibility often requires income checks and other paperwork. Annual A.C.A. sign-up periods are typically limited to six weeks in most states. People who lose a job are eligible for a brief special enrollment period, but not everyone knows that. Besides cutting advertising, the Trump administration also cut the budget for outreach and for help picking a plan.

In California, which has invested heavily in advertising and outreach, and has offered more opportunities for the newly uninsured to sign up, enrollment in Medicaid and marketplace coverage is even higher, hinting at what the programs’ enrollment numbers might look like if the federal government were working harder to connect people with new coverage options.

“You can’t be a safety net, but then be asleep at the switch, and say we won’t do anything,” said Peter Lee, who runs California’s insurance marketplace, Covered California. That marketplace opened for sign-ups this spring and summer, and increased its marketing budget to help people learn about their options. Hundreds of thousands of people enrolled during those months, he said. Enrollment continues for 2021 plans.

Besides catching patients who have lost job-based coverage, the Affordable Care Act has aided doctors and hospitals, who saw their revenue plummet early in the pandemic as patients deferred and delayed medical care. Having more Americans with health coverage means more dollars flowing to those health providers.

“They’re receiving revenue for many patients who otherwise would have been uninsured,” said Cindy Mann, a partner at Manatt Health who previously ran Medicaid for the Obama administration. “That’s helped sustain them in a challenging environment.”

The New York Times

With New Majority, Here’s What Democrats Can (and Can’t) Do on Health Care

Sarah Kliff and Margot Sanger-Katz

The Democrats’ new congressional majority puts a variety of health policy ideas suddenly into reach, even if big structural changes remain unlikely.

A series of tweaks bolstering the Affordable Care Act stands the best chance of passage. Legislators could make insurance subsidies more generous, get coverage to low-income Americans in states that haven’t expanded Medicaid, and render moot a pending Supreme Court lawsuit that aims to overturn the entire law.

But structural overhauls like “Medicare for all,” which would move all Americans to a government-run health plan, face a much tougher road. So would elements of Joe Biden’s health agenda, such as a public option, which would give Americans a choice between a new public plan and private insurance.

Most legislation in Congress effectively requires 60 votes in the Senate because of procedural rules. But a budget maneuver called reconciliation can allow legislators to pass certain bills with a bare majority of votes. With Raphael Warnock and Jon Ossoff in the Senate, Democrats will have just enough votes to control the chamber.

However, reconciliation bills must follow a set of complicated requirements known as the “Byrd Rule.” The simplest way of thinking about them is that legislative provisions have to be budgetary to be allowed. That means that the process isn’t ideal for writing large-

scale health reform, experts say, but it may be the best tool Democrats have to pass laws with their slim majority.

“The Democrats have to deal with Robert Byrd and his nattering little rule that hasn’t gone away,” said Rodney Whitlock, a vice president at McDermott+Consulting and a former health aide to Senator Chuck Grassley who worked on reconciliation bills during his Senate tenure.

Legislators have often turned to reconciliation to pass health policy when their majority is slim. Democrats used it in 2010 to pass final tweaks to the Affordable Care Act after losing their supermajority. Republicans used it in a failed effort to repeal the health law in 2017 and in a successful attempt later the same year to make changes to the tax code.

There are six areas of health policy where congressional aides and health policy experts could see Democrats focusing their efforts this year. Smaller policy reforms are expected to be easier, both legally and politically, while more ambitious policies may not easily slot into reconciliation’s strict rules — or the political preferences of enough Democratic lawmakers.

Affordable Care Act expansions

Congress is most likely to act on a set of changes meant to expand the Affordable Care Act and to make health coverage less expensive for those who buy their own plans. One priority is raising the income ceiling for those who receive subsidies, expanding the number of people who qualify for help. Another is rewriting formulas to peg the size of the subsidy to a more generous health insurance plan, a way to increase the amount of assistance.

Because these changes are largely budgetary — focused on the size of certain tax credits — most experts agree they would be an easy target for reconciliation, and may need only a simple majority to become law.

Democratic legislators may also be eager to protect the A.C.A. another way, passing legislation that would neuter *Texas v. California*, the pending Supreme Court challenge that argues the entire A.C.A. is unconstitutional.

That lawsuit came about because of legislation that a Republican-controlled Congress passed in 2017, lowering the penalty for not carrying health insurance to zero dollars. Democrats could use reconciliation to reverse those changes, although they’d be likely to reinstate only a nominal fee for going uninsured.

Closing the Medicaid gap

In the 12 states that do not participate in the health law’s Medicaid expansion, millions of low-income Americans are left without affordable coverage options. Many Democrats

are eager to change this but have so far been stymied by states' decisions to decline the program.

In his campaign plan, President-elect Biden proposed fixing this problem by allowing these patients to enroll in a new public health plan. That type of policy may be too complex to move through reconciliation, but simpler policy options could also do the trick. One option that has been floated is to extend the Affordable Care Act's tax credits to this population — they wouldn't get to enroll in Medicaid, but they would have access to a highly subsidized private plan on the health law's marketplace.

Congress could also pursue policies that would encourage more states to expand Medicaid. The recent House bill offered to pay the entire bill for the three initial years of Medicaid expansion if states choose it.

Reducing drug prices

The Democratic House's other big recent health bill was an effort to lower the prices of certain expensive prescription drugs. Lowering drug prices has been a Democratic policy priority for many years, and one that Mr. Biden endorses, at least in general. President Trump has championed legislation on drug prices as well, as has Mr. Grassley, but many Republican lawmakers dislike the proposals, and the current Senate majority leader, Mitch McConnell, has never allowed such a bill on the floor.

Experts thought that certain drug pricing controls might be possible with reconciliation, since they have clear budgetary effects. But the politics of passage could be difficult with narrow majorities in both the House and Senate and such strong opposition from the drug industry.

A public option

President-elect Biden included a public health insurance option, available to all Americans, in his 2020 campaign platform. The slim majority in the Senate, however, may make it hard to move this type of plan forward.

Even if there were unanimous support among Democratic senators, the public option isn't a policy that fits neatly into reconciliation's rigid rules. Congressional procedure experts say it would need to include nonbudgetary policies, such as defining a package of benefits, that would require a more conventional legislative process.

And unanimity among 50 Democratic senators may be a big political challenge in any case. When Congress last debated the public option in 2010, it split the Democratic caucus and couldn't garner enough support to pass.

"The way the public option saves money is by paying providers less," said Cynthia Cox, a vice president at the Kaiser Family Foundation. "Right now, providers are a pretty sympathetic group with the pandemic. I think there would be a lot of opposition from hospitals and doctors."

Medicare for all

A Medicare for all health plan, long championed by Senator Bernie Sanders, would end private health insurance and move all Americans into a generous government-run insurance plan. Democratic primary contenders split on this policy, with President-elect Biden opposing such an approach.

There are versions of Medicare for all that might work within the confines of the reconciliation process, such as a simple expansion of the current Medicare program to cover Americans younger than 65. But the more detailed policy Mr. Sanders and his co-sponsors envision might be harder to defend as budgetary.

The larger obstacle to such a plan is more likely political than procedural. Currently, a majority of House Democrats back Medicare for all, but that would not be nearly enough votes to pass such a bill. An even smaller share of senators back the plan.

“It’s certainly a steep, uphill, rocky path that they probably can’t climb, and that’s assuming 50 Democrats even want to put on their hiking boots,” said Sarah Binder, a professor of political science at George Washington University.



What A Democratic Congress Means For The ACA

Katie Keith

With the Senate runoff elections now complete in Georgia, Democrats will control not only the White House, but also—by razor-thin majorities—the U.S. Senate and the U.S. House of Representatives. This post attempts a first pass at what this trifecta of Democratic control might mean for the Affordable Care Act (ACA) and coverage expansion, with an emphasis on the use of the budget reconciliation process and the Congressional Review Act.

This post does not address the range of executive actions that a Biden administration could take on its own, outside of the legislative process. Those options have been discussed in prior posts and this comprehensive resource from the Kaiser Family Foundation.

Implications Of The Georgia Races

President Biden's ability to accomplish many of his most ambitious goals hinged on control of the Senate. As of this writing, Rev. Raphael Warnock and Jon Ossoff had been declared the winners of Senate runoff races against Sens. Kelly Loeffler (R-GA) and David Perdue (R-GA), respectively. With Warnock and Ossoff in the Senate, the chamber will be equally split by 50-50 between Republicans and Democrats (including the Independents who caucus with the Democrats). Following Inauguration Day, Vice President Kamala Harris—as the president of the Senate—will cast any tie-breaking vote, putting control of the Senate in the hands of Democrats.

According to the Washington Post, an equal split in the Senate has only occurred three times prior. The most recent instance was two decades ago in 2001 but, even then, only for six months. When such a split has occurred in the past, the two parties shared some power, instead of a majority-takes-all approach. In 2001, for instance, the parties split committee memberships evenly. While this type of arrangement is certainly possible, quite a bit has changed in Congress since 2001, and it seems unlikely that Democrats will agree to share power with Republicans in a new, closely divided Senate.

What Democratic Senate Control Means for Biden Appointments

As an initial matter, Democratic control of the Senate blunts the ability of Republicans to block would-be Biden appointees—from Cabinet and other executive branch officials to judicial nominations. Under rule changes made during the Obama and Trump administrations, confirmation of executive officials and judicial nominees requires only a simple majority in the Senate.

President Biden's nominees for key health posts will be far easier to confirm in a Democratic-controlled Senate than in a Republican-controlled Senate. This includes nominees where Republicans had already raised concerns about confirmation, such as California Attorney General Xavier Becerra as the Secretary of the Department of Health and Human Services and Neera Tanden as the director of the Office of Management and Budget.

The same is true for judicial appointments. President Trump and the Republican-controlled Senate prioritized the appointment of federal judges over the past four years, leading to the confirmation of more than 220 judges to the federal bench. This aggressive approach means that President Biden will have far fewer judicial vacancies to fill in the near term, although that could change over time. A Democratic-controlled Senate ensures that the President's nominees will receive, at a minimum, a full hearing and a vote.

This is also likely why, on January 6, President-elect Biden named Judge Merrick B. Garland as his intended nominee for Attorney General. Judge Garland, a former chief

judge of the Court of Appeals for the District of Columbia Circuit (D.C. Circuit), was nominated to the Supreme Court by President Obama in 2016. The Republican-controlled Senate blocked the nomination without even a hearing, leaving the seat vacant for 14 months until President Trump nominated, and the Senate confirmed, Justice Neil Gorsuch in 2017. Democratic control of the Senate increases the likelihood that Justice Garland will be confirmed as Attorney General *and* that President Biden can name his replacement on the D.C. Circuit.

All of that said, an equally divided Senate will remain challenging to navigate. Democrats will need to ensure caucus cohesion or work across the aisle to gain support from at least some Republican Senators. This is by no means impossible: a perhaps surprising number of Democratic Senators voted in favor of confirming many of President Trump's judicial nominees. But, unless a nominee has bipartisan support, there will be no room for error for President Biden and Senate Democrats.

What A New Congress Means For Legislative Options

As a candidate, Biden pledged to strengthen and build upon the ACA. His platform includes providing more generous subsidies to more people and adding a public option to help fill the Medicaid coverage gap. Many of these priorities are shared by Democratic lawmakers: Democrats in the House previously passed several pieces of legislation—both before and after the pandemic—intended to strengthen and build upon the ACA. Those bills, however, were never taken up by the Republican-controlled Senate.

But Democratic control of the House, Senate, and White House means new possibilities on several fronts. (Although the Senate could eliminate the filibuster, this post assumes that the filibuster will remain in place. Elimination of the filibuster raises a host of complex political and legal issues and seems unlikely with only a slim Senate majority for the Democrats.)

Pandemic Relief

First, Democrats seem poised to pursue further pandemic relief beyond the omnibus package approved in late December. In addition to stated priorities such as a new round of \$2,000 stimulus checks and financial relief for states and localities, Democrats may look to prior versions of the Heroes Act in crafting a new package. The Heroes Act included some ACA changes (like a special enrollment period and funding for ACA outreach and education) but was far broader. That legislation would have provided expanded coverage of COVID-19 treatment, vaccines, and testing (including for the uninsured); a new risk corridors program; COBRA subsidies; and more generous federal funding for Medicaid.

Some of these priorities have likely shifted since the legislation was drafted. But a new COVID-19 relief package could be an opportunity to advance ACA enhancements and

other coverage expansions so long as the bill can garner sufficient bipartisan support to garner a filibuster-proof majority in the Senate. The fact that many of these priorities were not included in prior pandemic relief bills suggests that Democrats may face an uphill battle in securing these provisions, but control of both chambers of Congress and the White House could help bolster these efforts.

Regular Order

Second, Congress could pursue ACA enhancements under regular order. With a Democratic-controlled Senate, Democrats could reconsider legislation such as the Patient Protection and Affordable Care Enhancement Act, which was passed by the House in 2020 but never considered in the Senate. That bill would have extended ACA subsidies to additional income brackets, made premium tax credits more generous, eliminated the “family glitch,” funded outreach and navigators, funded state-based reinsurance or subsidy programs, funded state efforts to set up their own marketplaces, rescinded Trump-era guidance on Section 1332, and incentivized Medicaid expansion as well as continuous eligibility for Medicaid and CHIP. Most of these priorities have long been included in prior ACA legislation or considered as stand-alone bills in the House and Senate.

These bills would require a filibuster-proof majority of 60 votes in the Senate. Though not inconceivable, this too seems like an uphill battle given enduring partisan politics surrounding the ACA and the narrow Democratic majorities in the House and the Senate. Other pressing health care priorities (such as efforts to lower prescription drug costs) might fare better than ACA changes by garnering bipartisan support.

Budget Reconciliation Process

Third, narrow Democratic control of the Senate means that Democrats are likely to use the budget reconciliation process to achieve ACA-related legislative changes. Even before the Georgia election results, House Speaker Nancy Pelosi (D-CA) had suggested that the House would use budget reconciliation procedures for ACA legislation and pandemic relief. Because the budget reconciliation process is limited, Democrats may not be able to achieve all their ACA and coverage expansion goals, but this process could be used to advance significant ACA enhancements.

The Process

The two-step process is complex and begins with a budget resolution that is passed by both chambers. This resolution instructs congressional committees to develop legislation that meets the budgetary goals set forth in the resolution. The budget resolution itself can be complicated: Democratic leaders would first have to agree to and then pass a budget resolution with spending parameters for the reconciliation legislation.

Budget reconciliation legislation is then considered using a fast-track process and can be passed by a simple majority without being filibustered in the Senate. These features make budget reconciliation bills attractive for Congress, but the process also has limitations. Budget reconciliation cannot be used for any and all federal legislation. Instead, such bills can only contain provisions that affect revenue and spending with no “extraneous” provisions. This restriction is known as the Byrd rule and prevents the use of reconciliation for “extraneous” provisions that:

- Have no budgetary effect (i.e., the provision does not change federal spending or revenue);
- Worsen the deficit when a committee has not achieved its reconciliation target;
- Are outside the jurisdiction of the relevant congressional committee;
- Have a budgetary effect that is merely incidental to the non-budgetary policy change;
- Increase deficits for any fiscal year beyond the usual 10-year budget window; and
- Recommend changes in Social Security.

Whether a given provision in the budget reconciliation bill complies with the Byrd rule is determined by the Senate parliamentarian. She decides whether a given provision is “extraneous” or not and thus can, or cannot, be included in budget reconciliation legislation. Although the Senate can waive the Byrd rule, 60 votes are needed to do so. (There are also some exceptions to the definition of “extraneous” provisions, with more detail [here](#).)

The Byrd rule played a prominent role in efforts to repeal the ACA in 2017 when Sen. Ted Cruz (R-TX) wanted an amendment that would allow insurers to offer non-ACA plans so long as they offer ACA plans. Democrats and experts argued that this change to insurance rules was barred under the Byrd rule because any budgetary effect would be merely incidental. Senate Republicans argued that the Senate, vis-à-vis the Vice President, can overrule the parliamentarian’s Byrd rule determination and allow the amendment to be included. Democrats may be tempted to overrule the parliamentarian to enable broader policy changes, but it remains to be seen whether there will be an appetite for actually doing so.

Overall, the budget reconciliation process has benefits and tradeoffs. Democrats will have to set spending targets, pass a budget resolution, develop legislation that satisfies these targets, ensure that the Byrd rule is satisfied, and maintain full caucus support for the legislation with a tie-breaking vote from the Vice President. Indeed, this complex process contributed to the failure of Republicans to repeal parts of the ACA using the same process in 2017.

Budget Reconciliation And Coverage Expansion

Given its limitations, budget reconciliation likely could not be used to adopt all the ACA enhancements that congressional Democrats or President Biden might want.

Establishment of a new public option, for instance, would be challenging under budget reconciliation. But budget reconciliation could presumably be used for several ACA enhancement priorities, especially those tied to ACA subsidies and eligibility. For instance, Congress could likely use this process to eliminate the ACA's subsidy cliff for those whose income is above 400 percent of the federal poverty level, increase the generosity of subsidies, fix the so-called family glitch, increase excess premium tax credit repayment protections, and increase the federal matching percentage for state Medicaid programs to incentivize states that have not yet expanded their program under the ACA.

ACA enhancement via budget reconciliation would be consistent with the history of health legislation. Long before the ACA, various programs and protections—ranging from COBRA continuation coverage, the Children's Health Insurance Program, and the Emergency Medical Treatment and Active Labor Act, as well as several changes to the Medicare program—were all enacted using budget reconciliation procedures. And ACA historians know that budget reconciliation was used as a fallback option in passing the legislation—the ACA was ultimately amended by the Health Care and Education Reconciliation Act of 2010.

California v. Texas

Budget reconciliation has also played a prominent role in ACA repeal efforts. In 2015, Republicans tried to use a budget reconciliation bill to repeal parts of the ACA, although the legislation was vetoed by President Obama. Republicans also used the budget reconciliation process to pass the Tax Cuts and Jobs Act, the December 2017 tax reform bill that set the ACA's individual mandate penalty to \$0. That amendment led to *California v. Texas*, a lawsuit over the fate of the entire ACA that is pending before the Supreme Court and will be decided later this year.

Ahead of a decision in Texas, Congress could enact legislation to “save, sever, or sink” the mandate. Congress could “save” the mandate by increasing the penalty up from \$0, “sever” the mandate by adding a provision to make it clear that the mandate (if found to be unconstitutional) should be severed from the rest of the ACA, or “sink” the mandate by striking it from the ACA. Relevant to the discussion above, the first option (“save”) could likely be accomplished through the budget reconciliation process while the latter two options (“sever” and “sink”) likely require a filibuster-proof majority in the Senate.

What A New Congress Means For The Trump Regulatory Agenda

A Democratic-controlled Senate also has implications for parts of the Trump agenda. This is because Congress has authority under the Congressional Review Act (CRA) to summarily reverse recent Trump-era regulations and guidance by a simple majority vote in both chambers.

The CRA was adopted in 1996 and allows Congress, under certain circumstances, to overturn federal regulations using a joint resolution of disapproval and fast-track procedures. This joint resolution must be approved by a simple majority of lawmakers in both chambers of Congress within a certain time period. This period is triggered once a guidance document or rule is presented to Congress. The president can sign or veto the resolution; that veto can be overridden by Congress. If a rule is disapproved, federal agencies cannot issue a rule on the same topic or in “substantially the same form” unless there has been a change in federal law.

Prior to 2017, the CRA had been used only once, to revoke a Clinton-era federal rule. Beginning in 2017, however, Congress invoked the CRA repeatedly to overturn Obama-era regulations and has taken an expanded view of the ability to use the CRA. Republicans in Congress used the CRA to strike down a number of environmental rules, a rule that prevented people with mental disabilities from purchasing a firearm, and guidance that prohibited racial discrimination in auto lending. A list of successful CRA resolutions is available [here](#). More recently, Democrats attempted to use CRA procedures to overturn a Trump administration rule on short-term limited duration insurance and guidance on Section 1332 waivers; both resolutions were approved by the House but failed to clear the Senate.

Relevant to the Trump administration’s legacy, the CRA allows an incoming Congress to review the last 60 legislative days of rules issued during the previous Congress. This “lookback” period is complex to calculate (you can get all the wonky details [here](#)), but experts estimate that this date will be August 21, 2020. This means that all Trump-era rules or guidance issued since August 21 could be undone by the new Congress under the CRA. (Note that this timeline is only an estimate; the House and Senate parliamentarians are the arbiters of the CRA process, including time periods.) The new Congress will have its own 60 legislative day period to pass a joint resolution of disapproval for any rule or guidance; this clock begins on the fifteenth legislative day of the new Congress.

The CRA is a powerful but blunt tool. Disapproval invalidates the entire rule, meaning Congress cannot choose to keep or modify parts of a rule. Rules and guidance are either allowed to stand or disapproved in their entirety. Use of the CRA also poses some risks because agencies cannot issue a future rule that is “substantially the same.” This standard is not defined in statute and has not been tested in court, meaning the limits on future agency action are not quite clear. While a permanent ban on a certain rule could be attractive in some instances, this will not be the case for other rules where a Biden administration wants the flexibility to reverse or change course from the Trump administration’s interpretation. Thus, rules where the administration wants to adopt a different interpretation, or omnibus rules that address multiple issues, are likely not strong candidates for invalidation under the CRA.

So which Trump-era rules might be invalidated under the CRA? If the lookback period begins on August 21, targets for Congress might include the “good guidance” rule, a rule to allow grandfathered group plans to impose higher cost-sharing requirements,

an insurer transparency rule, a drug pricing rebate rule, the most-favored nation drug pricing rule, and a drug importation rule. (Other recent final rules address the ACA's risk adjustment data validation program and COVID-19-related coverage policies.)

This target list could expand if the Trump administration finalizes additional rules before the end of its term. Examples of recently proposed, but not yet finalized, rules include a regulatory “sunset” rule, the 2022 notice of benefit and payment parameters, and a rule that would allow employee reimbursement for fees for direct primary care and health care sharing ministries. Because the CRA only allows Congress to disapprove a rule in its entirety, omnibus rules—such as the 2020 payment rule—are more likely to be amended through traditional notice-and-comment rulemaking rather than congressional invalidation.

As noted above, the CRA time period is only triggered once an agency presents its guidance or rule to Congress. If the Trump administration failed to submit any materials to Congress in a timely manner, the CRA could potentially be used to invalidate rules and guidance put in place even before the August 21 lookback period. This will need to be assessed on a case-by-case basis.