COVERED CALIFORNIA Media Clips

COVERED CALIFORNIA BOARD CLIPS

Jan. 14, 2021 – Mar. 9, 2021

Since the January board meeting, Covered California wrapped up open enrollment and announced a Special Enrollment Period in conjunction with President Joe Biden's announcement to reopen the federal marketplaces. In March, Congress and President Biden also enhanced the Affordable Care Act subsidies via the American Rescue Plan.

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COVERED CALIFORNIA

News Release

Jan. 15, 2021

Covered California Teams Up With Bay Area Mayors to Promote Coverage and Safe COVID-19 Practices as the State Experiences a Post-Holiday Pandemic Surge

- *Covered California's open-enrollment period runs through Jan. 31, and of the 2.7 million Californians who are uninsured, 1.2 million are eligible for financial help from Covered California or through Medi-Cal, including 122,000 in the Bay Area.*
- *Nearly 1.6 million Californians have renewed their coverage or signed up for the first time for coverage that started on Jan. 1, 2021, including nearly 320,000 people in the Greater Bay Area.*
- *The statewide 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 the increase in COVID-19 cases, Covered California and Bay Area mayors are encouraging people to wear a mask, wash their hands, watch their distance, stay home when they can, and get covered with a quality health insurance plan.*

SACRAMENTO, Calif. — Covered California teamed up with Bay Area Mayors on Friday to encourage all Californians to sign up for health insurance and take safety precautions during this current surge in COVID-19 infections. The effort comes as 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, including nearly 320,000 in the Greater Bay Area.

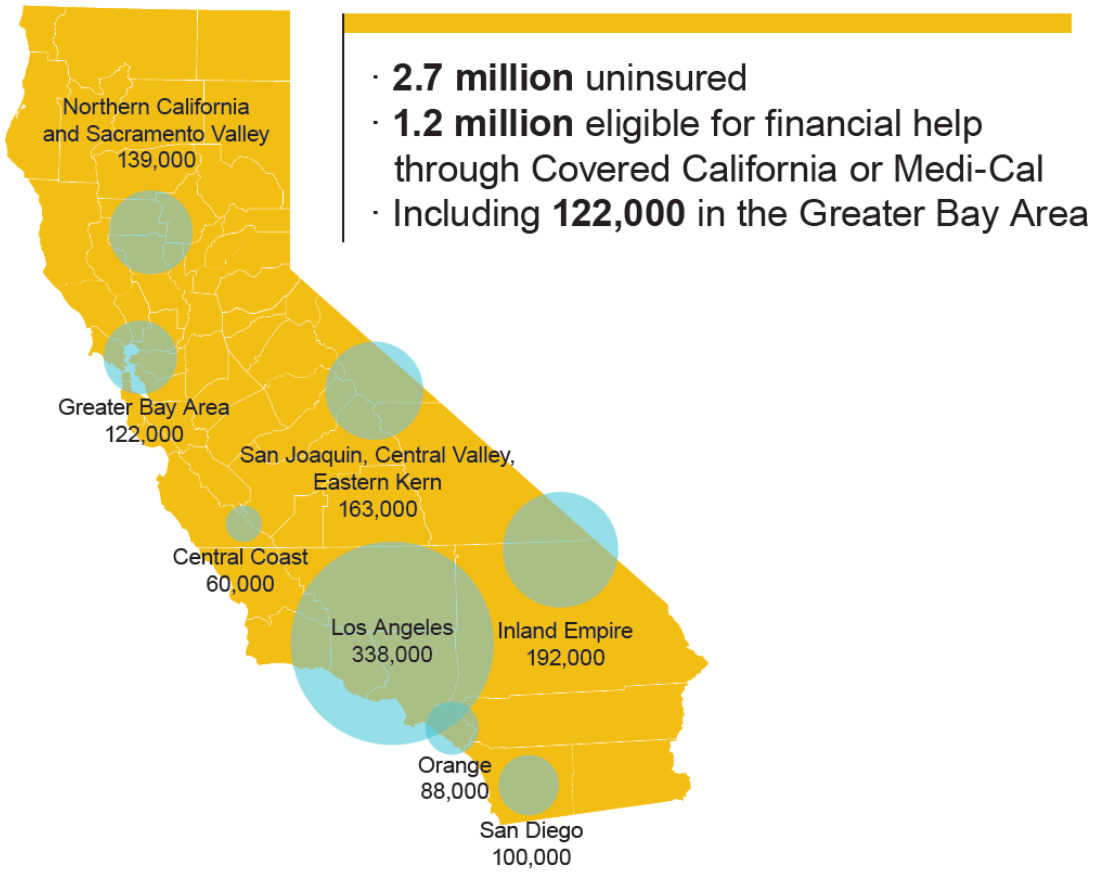
"With the pandemic continuing to surge across the state, now is not the time to be uninsured," said Peter V. Lee, executive director of Covered California. "We are in the midst of a post-holiday surge, and we want to encourage anyone who needs health care coverage to check out their options and sign up so they can get covered in 2021."

More than 2.8 million Californians have been infected by the virus, and this week the death total surpassed 32,000.

“Amid COVID-19's horrible toll, every Californian should now clearly appreciate how health insurance saves both lives and livelihoods,” said San Jose Mayor Sam Liccardo. “Covered California provides financial help to struggling families—making coverage more affordable and giving peace of mind at a time when it’s most needed.”

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. Of those, an estimated 122,000 people live in the Greater Bay Area (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



“Access to quality care is critical and we know there are over 100,000 people in the Bay Area who are enduring this pandemic without the protection and peace of mind of health care coverage,” said Oakland Mayor Libby Schaaf. “Now is the time to change that by getting our family, friends and neighbors covered.”

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.

"Many people who are uninsured simply do not know that they eligible for financial help, 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."

Record Plan Selections

The record number of consumers who signed up at the beginning of the year 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. As a result, Covered California saw a dramatic increase in the number of consumers throughout the Greater Bay Area who signed up for coverage to start the New Year (see Table 1. Greater Bay Area Net Plan Selections for Coverage Years).

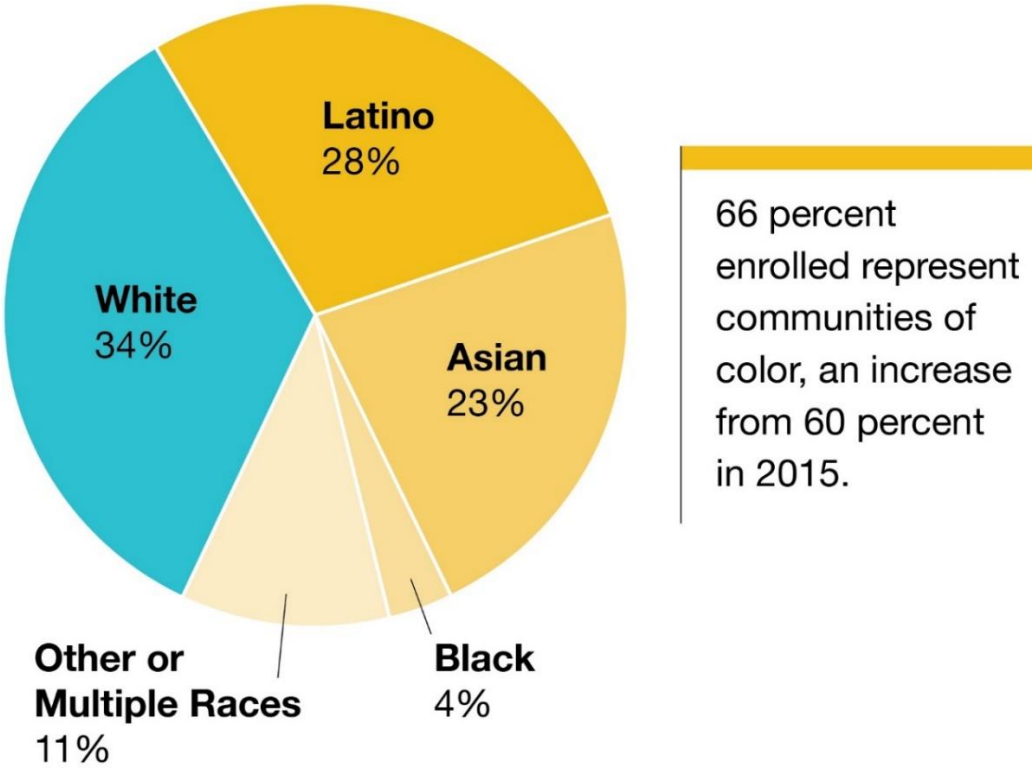
Table 1. Greater Bay Area Net Plan Selections by Coverage Years[1]

County	2020	2021	Percentage Difference
Alameda	65,140	77,010	**18%**
Contra Costa	46,810	54,540	**17%**
Marin	12,180	13,300	**9%**
Napa	5,010	5,830	**16%**
San Francisco	32,690	38,820	**19%**
San Mateo	24,260	27,750	**14%**
Santa Clara	56,940	64,880	**14%**
Solano	12,010	13,660	**14%**
Sonoma	21,020	23,160	**10%**
Overall	**276,060**	**318,950**	**16%**

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 2. Special and Open-Enrollment Plan Selections by Ethnicity).

[1] Data through Dec. 31 of the previous calendar year.

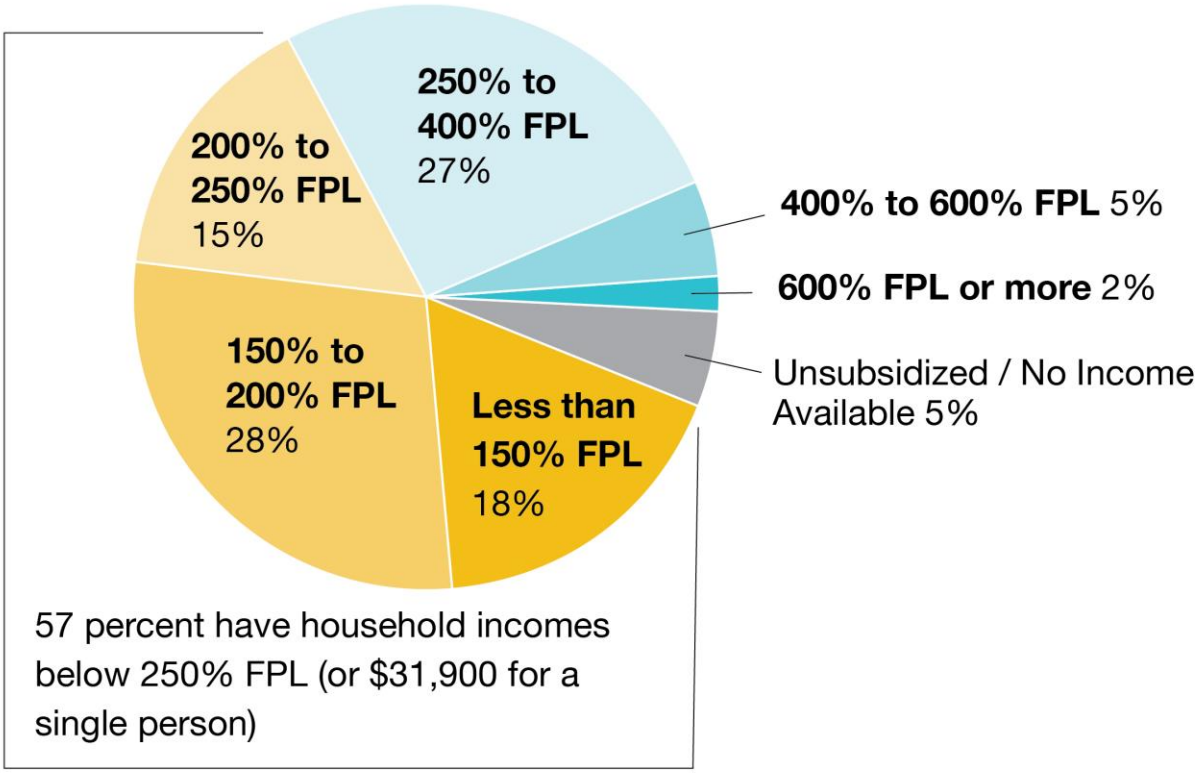
Figure 2. Special and Open-Enrollment Plan Selections by Ethnicity[2]



The data also highlights Covered California's critical role in helping low-income Californians — those hardest hit by the 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 3. Covered California 2021 Net Plan Selections by Income).

[2] 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 3. 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.”

Of those receiving financial help, almost half — more than 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. 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

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.

COVERED CALIFORNIA

News Release

Jan. 28, 2021

California Joins President Biden in Responding to COVID-19 Pandemic by Announcing Special Enrollment to Help People Get Insurance

- *Covered California announced today that effective Feb. 1, anyone uninsured and eligible to enroll in health care coverage through Covered California can sign up through May 15.*
- *The move follows President Biden's executive order to declare a special enrollment period from Feb. 15 through May 15 for the 36 states served by the federally facilitated marketplace, reopening the doors to coverage for millions of Americans.*
- *An estimated 2.7 million Californians are uninsured, including 1.2 million who are eligible for financial help from Covered California or through Medi-Cal.*
- *Covered California's current open-enrollment period runs through Jan. 31, and consumers must sign up by that deadline to have coverage that starts on Feb. 1.*

SACRAMENTO, Calif. — On the heels of an announcement by President Biden, Covered California said on Thursday that it would establish a special-enrollment period to give people more opportunities to sign up for health care coverage as the country continues to grapple with the COVID-19 pandemic and economic recession. The move comes after the president established a national special-enrollment period for the 36 states served by the federally facilitated marketplace and after announcing his commitment to launching a marketing campaign to promote enrollment.

"The pandemic and recession continue to be a painful reality, and Covered California is doing whatever it can to make sure people have every opportunity to sign up for health care coverage," said Peter V. Lee, executive director of Covered California. "There are millions of Californians out there without the peace of mind and protection of health care coverage, and now is not the time to be uninsured."

Similar to the steps Covered California took last year, the new special-enrollment period will allow uninsured individuals to sign up for coverage without needing to meet the normal qualifying life events, such as recent loss of coverage or moving. Anyone who meets Covered California's eligibility requirements, which are similar to those in place during the annual open-enrollment period, can sign up for coverage through May 15 and have their coverage begin on the first of the following month.

"With this Executive Order the Biden-Harris Administration have demonstrated their commitment to getting as many Americans needed health care," said Lee. "This marks a sea-change after four years of inaction and Americans across the country will benefit from this leadership."

The executive order issued by President Biden will strengthen the Affordable Care Act and Medicaid so they can continue to provide access to live-saving care. The order directs federal agencies to reconsider policies that limit access, undermine protections for people with pre-existing conditions – including complications related to COVID-19 – make it more difficult to enroll or reduce affordability. You can view the administration's fact sheet here.

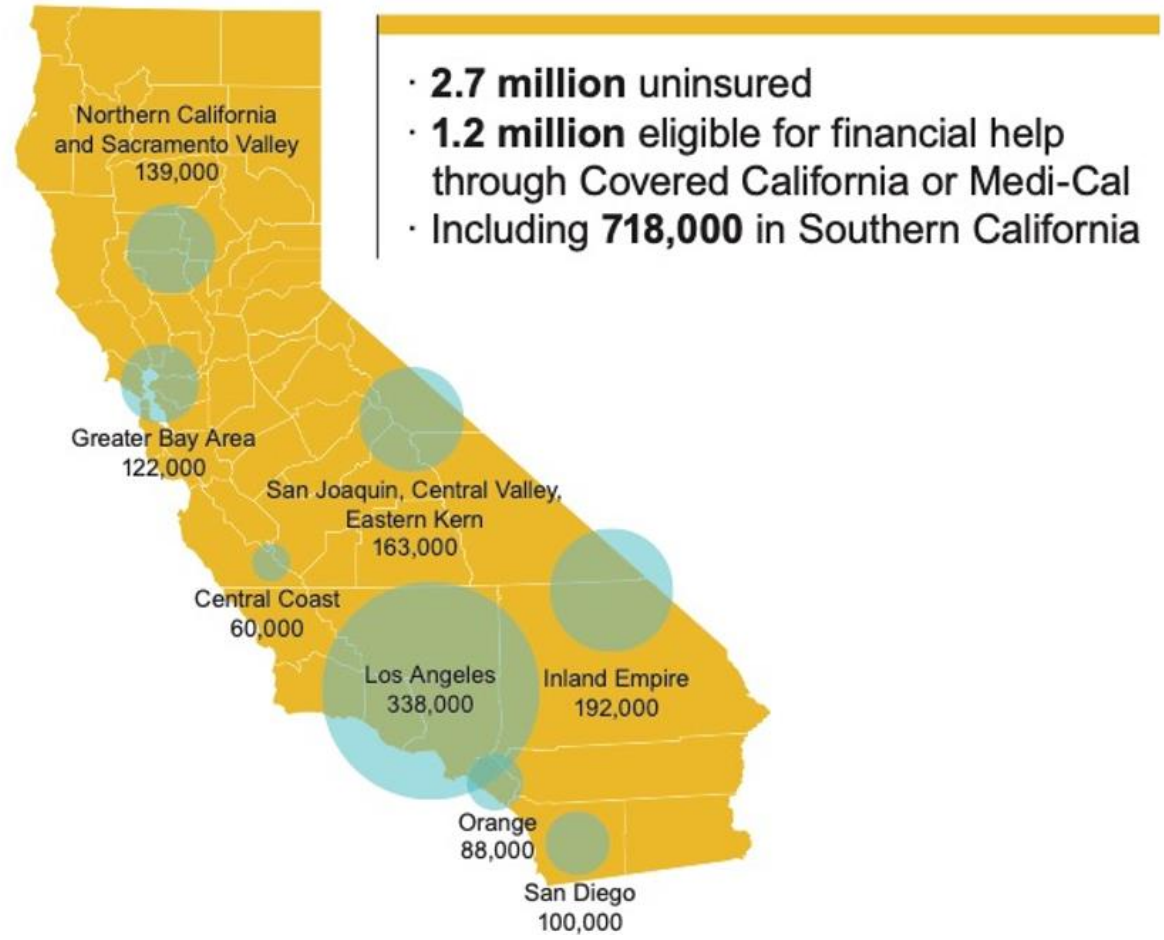
"Keeping the doors open at Covered California — and reopening them for millions of Americans across the country — is the right thing to do," said Dr. Mark Ghaly, the California Health and Human Services secretary and chair of the Covered California Board of Directors. "California applauds the Biden-Harris administration and looks forward to working with the federal government to not only respond to the COVID-19 pandemic, but to also get as many Californians covered as possible."

An estimated 2.7 million Californians are uninsured, including a projected 1.2 million who are eligible for financial help through Covered California, or 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 living 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).

Last year, Covered California established a COVID-19 special-enrollment period from March 20 to Aug. 31, which allowed any eligible uninsured individual to enroll. In addition, the exchange spent $9 million on an ad campaign to spread the word to those who needed coverage during the crisis. More than 289,000 people signed up for health care coverage during that time, which is more than twice the number who signed up during the same period in 2019.

"While vaccines are being distributed to Californians across the state, it will still be several months before enough people are inoculated to provide the kind of protection we need," Lee said. "We are still in the grips of this pandemic, and now is the time to make sure you and your family have health care coverage in case you get sick or injured."

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



Financial Help Lowers the Cost of Coverage

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. Under the landmark state 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.

"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."

Medi-Cal and Off-Exchange Coverage

In addition, consumers who sign up through CoveredCA.com may find out that they are eligible for no-cost or low-cost coverage through Medi-Cal, which they can enroll in online. It is important to note that those who are eligible for Medi-Cal can enroll year-round and have coverage that is effective immediately.

The California Department of Managed Health Care (DMHC) and the California Department of Insurance have also extended the special-enrollment period through May 15, which applies to all health plans in the individual market, including off-exchange health plans.

“The impact of this pandemic continues to be felt throughout California, and the DMHC is committed to helping those affected by the COVID-19 emergency,” said DMHC Director Mary Watanabe. “Once again we will be providing continued access to comprehensive and affordable health care coverage options for those who need it through the creation of this special-enrollment period.”

New Ad Campaigns: Nationally and in California

The executive order also announced that the federal government will resume investing in marketing and outreach which will help inform and enroll Americans across the nation. In addition, Covered California will be investing at least $6 million over the next few months to raise public awareness about the new special-enrollment period. Digital ads will begin appearing on Monday, Feb. 1, and new television ads will start airing statewide on Monday, Feb. 15.

“Today marks a new day for health care in America,” Lee said. “We are seeing an administration that is aggressively investing in marketing and outreach, and one that is committed to getting more Americans covered.”

Watch the new television ads focusing on the special-enrollment period, in both English and Spanish, at this link.

Deadline of Jan. 31 Still in Place to Get Covered by Feb. 1

While the new special-enrollment period will help millions of Americans across the country, open enrollment is still underway in California, and consumers have a few days left to sign up for coverage that starts Feb. 1. The annual open-enrollment period runs through Jan. 31, and consumers who sign up this month will need to pay their first bill in order to have their coverage take effect on Monday.

“You can still get coverage that takes effect in February, but time is running out,” Lee said. “Sign up by Jan. 31, pay your bill and you will have health care coverage that is effective for the whole month of February — now is *not* the time to go without insurance.”

Staying Safe While Getting Help Enrolling

Covered California also continues to support COVID-19 safety precautions — including wearing a mask, washing your hands and watching your distance — as well as contact-free enrollment over the phone or online.

Consumers can safely find out if they are eligible for financial help through Covered California, or low-cost or no-cost Medi-Cal, and see which plans are available in their area by using the CoveredCA.Com Shop and Compare Tool. All they need to do is enter their ZIP code, household income and the ages of those who need coverage and they will see the options available in their area.

Covered California is also working with more than 10,000 Licensed Insurance Agents who help Californians sign up and understand their coverage options through phone-based service models.

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.

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.

COVERED CALIFORNIA

News Release

Feb. 15, 2021

Covered California Launches New Television Ad Campaign to Reach Uninsured Californians During the COVID-19 Pandemic

- *New television ads began airing today in California's biggest media markets, in both English and Spanish, to let uninsured Californians know that they still have time to sign up for health insurance.*
- *The ads support Covered California's new special-enrollment period, which runs through May 15, in response to the ongoing pandemic.*
- *The special-enrollment period allows anyone who is uninsured and eligible to enroll to sign up for health care coverage immediately.*
- *Covered California's new ad campaign coincides with President Biden's executive order that established a special-enrollment period in the 36 states served by the federal marketplace, which also begins today.*
- *An estimated 2.7 million Californians are uninsured, including 1.2 million who are eligible for financial help from Covered California or through Medi-Cal.*

SACRAMENTO, Calif. — Covered California launched a new television ad campaign on Monday to reach uninsured Californians during the COVID-19 pandemic. The ads support Covered California's new special-enrollment period, which started on Feb. 1 and runs through May 15, to let uninsured Californians know that they still have time to sign up for health insurance.

"Taking care of your health has never more important than it is right now, and we want everyone to know that if you do not have health insurance, the time is now to check out Covered California and see if you are eligible for financial help to lower the cost of your coverage," said Peter V. Lee, executive director of Covered California. "You do not want to be uninsured right now and anyone who needs coverage – and is eligible to sign up through Covered California – can do so immediately."

The ads began airing today in California's biggest media markets, in both English and Spanish, to make sure that consumers know that enrollment is open due to the COVID-19 pandemic. You can see the ads here. Covered California is investing more than $6 million over the next few months to encourage consumers to check out their options. Digital ads have been appearing online since Feb. 1.

"Californians will be seeing ads from both Covered California AND the federal government for the first time in four years," Lee said. "We look forward to not only working with the new administration to get the word out that now is the time to enroll in affordable coverage, but also building on the Affordable Care Act to move us forward to coverage for all."

The new special-enrollment period allows uninsured individuals to sign up for coverage without needing to meet the normal qualifying life events, such as recent loss of coverage or moving. Anyone who meets Covered California's eligibility requirements, which are similar to those in place during the annual open-enrollment period, can sign up for coverage through May 15 and have their coverage begin on the first of the following month.

"Every Covered California plan is comprehensive, covering everything from preventive care to mental health," Lee said. "It's safe, it's secure, and in just minutes you can find out if you are eligible for financial help and the options available in your area."

Many Still Need Coverage

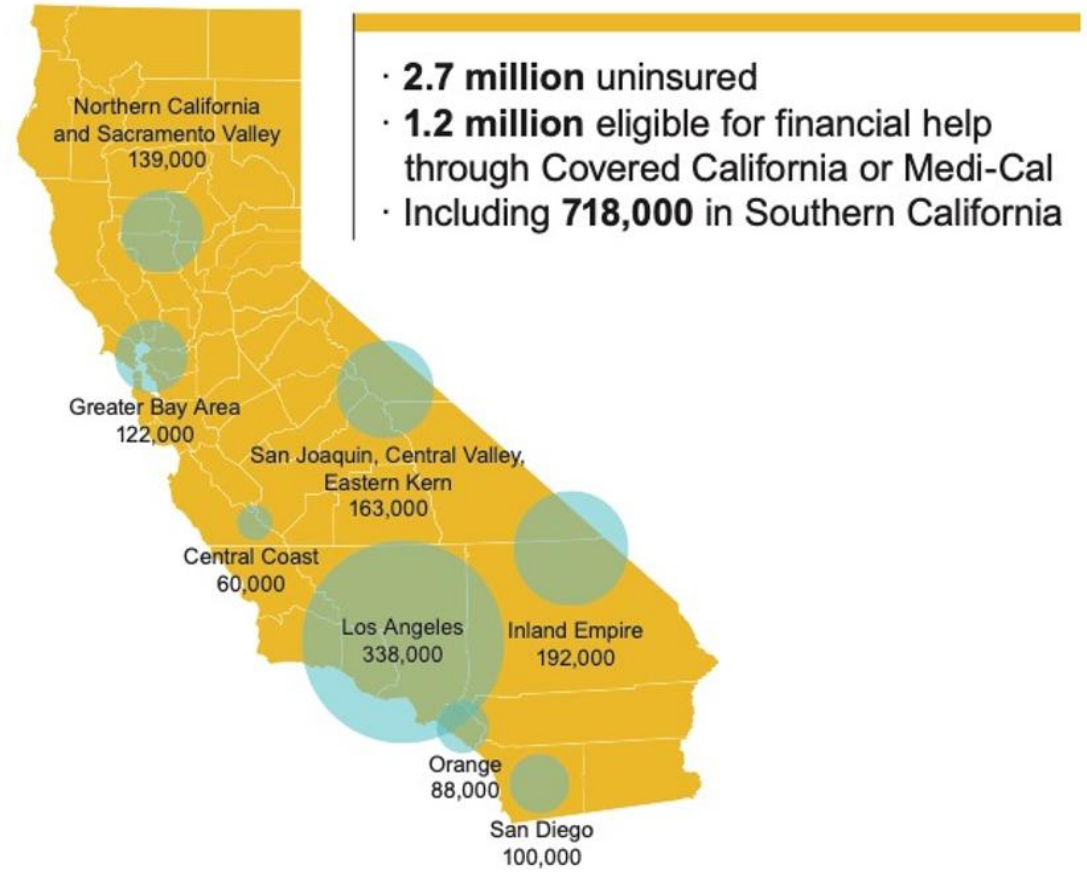
The COVID-19 pandemic continues to endanger the lives of Californians across the state. The most recent data shows 3.4 million people have been infected and the death toll is nearly 47,000.

The most recent data available shows an estimated 2.7 million Californians remain uninsured, including a projected 1.2 million who are eligible for financial help through Covered California or 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 living 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).

"The biggest hurdle to health insurance remains affordability, but most people who are uninsured do not know they are eligible for financial assistance, which is why everyone should just take a few minutes to check out their options," Lee said. "In just a few minutes you can see what your options are and find out if you qualify for financial assistance that helps bring the cost of coverage within reach."

Nearly 90 percent of Covered California's enrollees, or about 1.4 million people, receive financial help that lowers the cost of their monthly premium by an average 80 percent.

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



Of those receiving financial help, almost half — more than 660,000 — benefit from the state subsidy program launched in 2020 to make coverage more affordable, including 46,400 middle-income consumers who were previously ineligible for assistance because they exceeded the federal income requirements.

Federal Special-Enrollment Period

Covered California's new television ad campaign coincides with the start of a new special-enrollment period for the 36 states who operate in the federal marketplace. The federal special-enrollment period is the result of President Joe Biden's executive order which reopened federal health care marketplaces from Feb. 15 to May 15 due to the pandemic.

In addition, the Centers for Medicare and Medicaid Services plans to spend $50 million on outreach and education to promote the special-enrollment period and encourage enrollment.

"We applaud President Biden's actions and his commitment to do the national outreach that is essential to fostering more enrollment," Lee said. "Leaning in to help those who are uninsured get the financial help they need to get covered has never been so critical."

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.

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.

Staying Safe While Getting Help Enrolling

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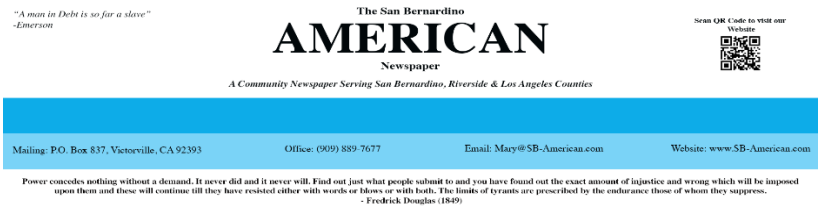

In Dr. King's Honor, California Black Doctors Call for Urgent Action During COVID-19 Crisis
Staff

"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:

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CoveredCA Record Number of Plan Selections
Staff

Covered California announced 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.”

“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

“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).

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).

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.”

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.

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People who still need health insurance have until Sunday to enroll in a plan through Covered California
Staff

People who still need health insurance have until Sunday to enroll in a plan through Covered California.

The enrollment deadline has been extended recently due to the push to get more people insured during the COVID-19 pandemic.

But it's not clear if there will be another extension.

LINK FOR MORE INFO: https://www.coveredca.com/

John Baackes, the CEO of LA Care Health Plan, tells KNX 1070 News the state offers subsidies so people won't have to pay the full premium.

Health insurance is required by the state otherwise people will have to pay a tax penalty.

Covered California to offer special enrollment period
Staff

SACRAMENTO, Calif. (AP) — Covered California says it will give people more time to purchase health insurance this year.

Open enrollment for the state's health insurance marketplace ends Sunday. But on Thursday, the agency that runs the marketplace said it would launch a special enrollment period next Monday that will run through May 15.

The federal Affordable Care Act created health insurance marketplaces for some people to purchase individual insurance plans with the help of federal subsidies. Most states let the federal government run their marketplaces for them but California runs its own.

The announcement came on the same day that President Joe Biden signed an executive order declaring a special enrollment period for states served by the federal marketplace.

In a news release, Covered California said of the estimated 2.7 million Californians who lack health insurance, about 1.2 million are either eligible for subsidies to help pay their monthly premiums or qualify for government-funded insurance through Medicaid.

Earlier this month, Covered California said nearly 1.6 million people had purchased health insurance through the marketplace.

CA Announces Special Enrollment To Help People Get Health Insurance
Staff

On the heels of an announcement by President Biden, Covered California said on Thursday, January 28 that it would establish a special-enrollment period to give people more opportunities to sign up for health care coverage as the country continues to grapple with the COVID-19 pandemic and economic recession.

The move comes after the president established a national special-enrollment period for the 36 states served by the federally facilitated marketplace and after announcing his commitment to launching a marketing campaign to promote enrollment.

"The pandemic and recession continue to be a painful reality, and Covered California is doing whatever it can to make sure people have every opportunity to sign up for health care coverage," said Peter V. Lee, executive director of Covered California. "There are

millions of Californians out there without the peace of mind and protection of health care coverage, and now is not the time to be uninsured."

Similar to the steps Covered California took last year, the new special-enrollment period will allow uninsured individuals to sign up for coverage without needing to meet the normal qualifying life events, such as recent loss of coverage or moving. Anyone who meets Covered California's eligibility requirements, which are similar to those in place during the annual open-enrollment period, can sign up for coverage through May 15 and have their coverage begin on the first of the following month.

"With this Executive Order the Biden-Harris Administration have demonstrated their commitment to getting as many Americans needed health care," said Lee. "This marks a sea-change after four years of inaction and Americans across the country will benefit from this leadership."

The executive order issued by President Biden will strengthen the Affordable Care Act and Medicaid so they can continue to provide access to live-saving care. The order directs federal agencies to reconsider policies that limit access, undermine protections for people with pre-existing conditions – including complications related to COVID-19 – make it more difficult to enroll or reduce affordability.

"Keeping the doors open at Covered California — and reopening them for millions of Americans across the country — is the right thing to do," said Dr. Mark Ghaly, the California Health and Human Services secretary and chair of the Covered California Board of Directors. "California applauds the Biden-Harris administration and looks forward to working with the federal government to not only respond to the COVID-19 pandemic, but to also get as many Californians covered as possible."

An estimated 2.7 million Californians are uninsured, including a projected 1.2 million who are eligible for financial help through Covered California, or 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 living in the Los Angeles, Inland Empire, Orange and San Diego metro areas.

Last year, Covered California established a COVID-19 special-enrollment period from March 20 to Aug. 31, which allowed any eligible uninsured individual to enroll. In addition, the exchange spent $9 million on an ad campaign to spread the word to those who needed coverage during the crisis. More than 289,000 people signed up for health care coverage during that time, which is more than twice the number who signed up during the same period in 2019.

“While vaccines are being distributed to Californians across the state, it will still be several months before enough people are inoculated to provide the kind of protection we need,” Lee said. “We are still in the grips of this pandemic, and now is the time to make sure you and your family have health care coverage in case you get sick or injured.”

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. Under the landmark state 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.

“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.”

Deadline of Jan. 31 still in place to get covered by Feb. 1

While the new special-enrollment period will help millions of Americans across the country, open enrollment is still underway in California, and consumers have a few days left to sign up for coverage that starts Feb. 1. The annual open-enrollment period runs through Jan. 31, and consumers who sign up this month will need to pay their first bill in order to have their coverage take effect on Monday.

“You can still get coverage that takes effect in February, but time is running out,” Lee said. “Sign up by Jan. 31, pay your bill and you will have health care coverage that is effective for the whole month of February — now is not the time to go without insurance.”

Staying safe while getting help enrolling

Covered California also continues to support COVID-19 safety precautions — including wearing a mask, washing your hands and watching your distance — as well as contact-free enrollment over the phone or online.

Consumers can safely find out if they are eligible for financial help through Covered California, or low-cost or no-cost Medi-Cal, and see which plans are available in their area by using the CoveredCA.Com Shop and Compare Tool. All they need to do is enter their ZIP code, household income and the ages of those who need coverage and they will see the options available in their area.

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California stands to win big as Biden and Democrats embrace Obamacare expansion
Jennifer Haberkorn

WASHINGTON — The Biden administration and Democrats in Congress are hoping to tuck into their economic recovery plan a significant expansion of the Affordable Care Act modeled off a program first enacted in California last year.

The proposal would amount to the most substantive expansion of Obamacare since its 2010 passage and potentially save California about $350 million a year by absorbing the state's costs for its own experimental program.

The Biden proposal "would totally take the place of, and do more than, what the state subsidies have done," said Peter Lee, executive director of Covered California. "The state would be able to repurpose resources. And Californians would benefit with more money in their pocket virtually overnight."

Similar to the California program, the federal proposal would boost premium subsidies already offered under Obamacare as well as increase the availability of subsidies to more households, depending on their income levels and insurance costs.

The California program expanded subsidies to include for the first time people who make as much as 600% of the federal poverty level, such as a family of four earning up to $159,000, up from the current federal maximum of 400% of the poverty level, or $106,000 a year for a family of four.

Biden's plan would take a different approach, offering subsidies to people at any income level if certain health insurance premiums exceeded 8.5% of their total income. It would also boost the amount of subsidies provided to people who already qualify for them.

The expansion is meant to address a problem with the original law, which prohibited subsidies to any households earning more than 400% of the poverty level. That left out residents in high-cost areas whose income levels were just above the line to qualify for assistance even though they had to pay large portions of their income for insurance.

The success of California's 2020 expansion boosted lawmakers' claim that increasing subsidies can help expand the number of Americans who get assistance and make insurance more affordable, addressing a chief, bipartisan criticism of the law.

"California's success confirms that the cost of premiums remains a key barrier to enrollment, and that the inability to afford coverage will be an increasingly bigger issue if Congress fails to address it," several Democrats from California wrote in a letter to congressional leaders last year, urging that the state model be included in an earlier COVID-19 relief bill. They argued that improving the tax credits would also disproportionately help people of color and those in states that did not take advantage of the law's expansion of the Medicaid program for the needy.

They hope that adopting a similar strategy at the federal level will serve as a down payment for the health reform Democrats promised voters they would deliver. The federal expansion may begin as a three-year program, though final details are being worked out.

California Democrats are eager to use the state as a test case for the progressive policies they hope their federal counterparts will enact nationwide on healthcare, climate and immigration.

"By increasing premium assistance and expanding eligibility, California has established a blueprint for effectively investing in the ACA," said Rep. Zoe Lofgren (D-San Jose), chairwoman of the state Democratic delegation.

“When the Legislature passed this and it was signed by Gov. [Gavin] Newsom, it was specifically saying this is the right thing to do,” Lee said. “But we’re doing this as a signal for Washington to build on and make the ACA better.”

Democrats have reason to tout the ACA’s successes in California, which aggressively implemented and sustained the law. The uninsured population fell from 7 million before the exchanges opened to an estimated 2.7 million last year.

“California in a lot of ways is a symbol of how transformative the Affordable Care Act can be, at least in terms of coverage,” said Shannon McConville, a researcher at the Public Policy Institute of California.

California’s expansion of subsidies made it the only state in the nation to expand premium assistance with state money.

In addition to the subsidies, California enacted other changes to its health exchange in 2020. After the federal government essentially repealed the mandate to buy coverage, the state put it back into place as a means of encouraging sign-ups.

The number of new enrollees jumped 41% to 418,052 in the 2020 enrollment period before COVID-19 was declared a pandemic. Even more signed up as the economy soured. Experts attribute the increase to a combination of the subsidies, the mandate and an aggressive marketing campaign.

On Capitol Hill, Democrats argue that the federal subsidy boost would stimulate the economy. Plus, the income requirements that already exist in the subsidy structure would ensure that money is targeted to the people with some of the lowest incomes and are in need of assistance.

For Democrats, it has added policy benefits of building on the health law. If enacted even on a temporary basis, lawmakers would probably have a hard time letting those benefits expire.

Biden and Democrats on Capitol Hill are hoping to use their slim majorities to build on the healthcare law, particularly to address affordability, arguably one of the law’s biggest weaknesses.

Almost immediately after the law was enacted, critics and many supporters complained that the ACA didn’t do much to help people with moderate incomes who were hit with premium bills that ate up a large percentage of their income, such as older adults who

did not yet qualify for Medicare. The 8.5% cap is viewed as a way to ensure that no one would have to spend too high a percentage of their pay on health insurance.

Republicans will probably oppose an expansion of the law. But Democrats are enacting their COVID-19 relief bill with a fast-track legislative procedure that doesn't allow for a Republican filibuster.

Although Biden has said he wants to work with Republicans on the coronavirus stimulus bill and met with 10 Senate Republicans this week, there is little sign of meaningful negotiation. Democrats appear ready to try to move the legislation on their own.

There is unlikely to be resistance to the subsidy expansion among Democrats, given the party's firm embrace of the law. The subsidies are in the current relief bill, but Democratic aides acknowledge it is too soon to know whether they will remain. If the expansion is cut from the current bill, Democrats are hopeful they can revive it later in the year in a second bill that cannot be filibustered.

The plan would also extend tax benefits for COBRA health insurance for people who have lost their jobs but want to remain on their employer plans.

The most substantial obstacle may be the price tag. The COBRA extension and ACA subsidies would cost $57 billion over three years, according to a Moody's Analytics estimate.

California joins Biden with special enrollment to help people get insurance
Staff

SACRAMENTO – Covered California announced recently that effective Monday, Feb. 1, anyone uninsured and eligible to enroll in health care coverage through Covered California can sign up through May 15.

The move follows President Biden's executive order to declare a special enrollment period from Feb. 15 through May 15 for the 36 states served by the federally facilitated marketplace, reopening the doors to coverage for millions of Americans.

An estimated 2.7 million Californians are uninsured, including 1.2 million who are eligible for financial help from Covered California or through Medi-Cal.

Covered California's current open-enrollment period runs through Jan. 31, and consumers must sign up by that deadline to have coverage that starts Feb. 1.

"The pandemic and recession continue to be a painful reality, and Covered California is doing whatever it can to make sure people have every opportunity to sign up for health care coverage," Peter V. Lee, executive director of Covered California, said. "There are millions of Californians out there without the peace of mind and protection of health care coverage, and now is not the time to be uninsured."

Similar to the steps Covered California took last year, the new special-enrollment period will allow uninsured individuals to sign up for coverage without needing to meet the normal qualifying life events, such as recent loss of coverage or moving. Anyone who meets Covered California's eligibility requirements, which are similar to those in place during the annual open-enrollment period, can sign up for coverage through May 15 and have their coverage begin on the first of the following month.

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Financial help lowers the cost of coverage.

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Learn more about Medi-Cal and off-exchange coverage.

In addition, consumers who sign up through http://CoveredCA.com may find out that they are eligible for no-cost or low-cost coverage through Medi-Cal, which they can enroll in online. It is important to note that those who are eligible for Medi-Cal can enroll year-round and have coverage that is effective immediately.

The Department of Insurance has also extended the special-enrollment period through May 15, which applies to all health plans in the individual market, including off-exchange health plans.

“The impact of this pandemic continues to be felt throughout California, and the DMHC is committed to helping those affected by the COVID-19 emergency,” Mary Watanabe, director of DMHC, said. “Once again we will be providing continued access to comprehensive and affordable health care coverage options for those who need it through the creation of this special-enrollment period.”

New ad campaigns begin nationally and in California.

The executive order also announced that the federal government will resume investing in marketing and outreach which will help inform and enroll Americans across the nation. In addition, Covered California will be investing at least $6 million over the next few months to raise public awareness about the new special-enrollment period. Digital ads began appearing Monday, Feb. 1, and new television ads will start airing statewide Monday, Feb. 15.

“Today marks a new day for healthcare in America,” Lee said. “We are seeing an administration that is aggressively investing in marketing and outreach, and one that is committed to getting more Americans covered.”

Stay safe while getting help enrolling.

Covered California also continues to support COVID-19 safety precautions – including wearing a mask, washing your hands and watching your distance – as well as contact-free enrollment over the phone or online.

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Biden's special Obamacare enrollment period opens Monday. Here's what you need to know
Tami Luhby

(CNN) Uninsured Americans who want to buy Affordable Care Act coverage have another three months to do so, thanks to an executive order President Joe Biden signed last month.

The federal Obamacare exchange, healthcare.gov, reopened Monday for a special enrollment period that runs until May 15. Most states that operate their own marketplaces are also doing the same or are extending their sign-up season for several more weeks.

The President is hoping that some of the 15 million uninsured people eligible for Affordable Care Act policies -- 9 million of whom qualify for federal financial assistance -- will participate. Individuals making up to about $51,000 and families of four earning up to about $104,800 are eligible for subsidies.

Biden tied the reopening of enrollment to the ongoing pandemic -- and to his $1.9 trillion stimulus plan. That package, the President wrote in a statement Monday, "will ramp up testing, tracing, and our national vaccination program," as well as "take big steps to lower health costs and expand access to care for all Americans, including those who have lost their jobs."

The federal exchange's homepage was updated with information about the special enrollment period Monday morning.

In his statement, Biden encouraged Americans who have coverage to "help your family and friends sign up and enroll."

Awareness of Obamacare coverage and premium subsidies remains fairly low, even though the exchanges first opened in 2014. Just under two-thirds of uninsured adults said they had heard nothing or only a little about financial assistance for policies, according to an Urban Institute study conducted in September. The Trump administration slashed Obamacare's marketing budget by 90% during its term.

"There are millions of people, literally, in the country who aren't enrolled because they don't even know they are eligible for something," said Joel Ario, managing director of Manatt Health Solutions and former health official in the Obama administration.

More money for outreach, but not enrollment
To address this, the Biden administration is pouring $50 million into outreach and education, though it has not provided many details on its advertising campaign or announced additional funds for enrollment assistance.

The marketing efforts will focus in particular on groups that have had less access to health coverage and greater disparities in health outcomes, including communities of color, according to a news release issued by the Centers for Medicare and Medicaid Services on Friday. It will run advertisements on broadcast and digital platforms, as well as in multiple languages, the agency said last month.

Biden has yet to announce his pick to head the agency, which runs the federal exchange, and his choice for Health and Human Services Secretary, Xavier Becerra, has yet to be confirmed by the Senate.

About 9 out of 10 enrollees in healthcare.gov receive subsidies, and three-quarters of consumers are eligible for financial assistance that would lower their premium to $50 or less a month, according to the agency.

Congressional Democrats are currently working on legislation that would make premium subsidies more generous and more available, but it's unclear how long it will take the bill to pass or how quickly federal and state agencies could reprogram the exchanges to reflect the increased assistance.

Biden highlighted some of the provisions in his statement.

"It will increase federal subsidies and decrease premiums in order to ensure that no one pays more than 8.5% of their income to purchase meaningful and comprehensive health coverage," he said. "And it incentivizes states to expand coverage to an

additional four million people with low incomes, and provides states the opportunity to extend coverage for a year to low-income women who have recently given birth."

How many people will enroll?
Still, it's unclear how many people will turn to the exchanges over the next three months.

More Americans have appeared to hold on to job-based coverage than expected, while many of those who have lost their employment and most of their income have turned to Medicaid. Between February and September, Medicaid enrollment jumped by more than 6.6 million people, or 10.3%, according to federal data.

But more people flocked to the federal Affordable Care Act exchange during the most recent open enrollment period, which ran for six weeks in November and December. That's the first time sign ups increased under the Trump administration. The number of new consumers for 2021 slid somewhat, however. Roughly 8.3 million people selected plans in total.

5 ways Biden plans to reset health care
Former President Donald Trump refused to reopen the federal exchange last spring, despite heavy lobbying from elected officials of both parties and the health care industry. But anyone who loses job-based health insurance coverage is eligible to sign up on the exchanges within 60 days of becoming uninsured. Enrollment in the first five months of 2020 jumped to nearly half a million people, up 46% from the same period the year before, the Trump administration said in June.

Eleven states that run their own Obamacare exchanges, along with the District of Columbia, allowed their uninsured residents to obtain coverage outside the usual time frame, in addition to those who lost their work policies or had other qualifying life changes. In total, more than 240,000 people signed up on the state-run exchanges between March and July, with several states reporting much greater interest than in 2019.

States saw many new consumers who had never interacted with the marketplace before, said Julie Bataille, senior vice president at GMMB, a consulting firm.

"That speaks to the need for outreach and enrollment because you are making sure individuals know the marketplace is there, that it is an option," said Bataille, a former Obama administration health official.

In California, the state-run exchange spends heavily on marketing annually, allocating $89 million for fiscal 2020. It spent $9 million during last year's special enrollment

period, which attracted 289,000 residents, more than twice the number that signed up during the same time frame a year earlier.

Covered California, which saw a record 1.6 million people selecting 2021 plans for coverage starting January 1, intends to spend $6 million for its upcoming special sign up session, which will also run through May 15.

"We've learned over the last eight years that promotions matters," said Peter Lee, the exchange's executive director. "It matters in many ways on the margins, but the margins are what make the most difference."

Those who are sick seek out coverage and enroll, he continued. But the advertising campaigns draw healthier residents who may not be as aware of the coverage or the subsidies -- and these folks can help balance the risk and lower premiums for everyone.

"If you want to get everyone covered, you can't sit on your hands and keep it a secret," Lee said.

Some local enrollment assistance groups plan to do their own ad campaigns, particularly to let residents know they are there to help.

Change Happens, a navigator group that covers 30 counties in southeast Texas, will run some ads with local newspapers and radio stations in coming weeks, said Jeness Sherrell, program director for adult services. It will supplement the national campaign.

The Houston-based organization used to do more marketing, including placing billboards, before the Trump administration cut its funding by more than half to $586,000. But it did set aside some money for advertising during the most recent open enrollment period for the first time in several years, hoping to reverse a decline in its enrollment numbers.

"We know we needed marketing to get the word out -- even more so for the pandemic," said Stacey Thompson, ACA navigator program coordinator at Change Happens.

Covered California launches TV ad campaign to reach the uninsured
Staff

CALIFORNIA — Covered California launched a new television ad campaign on Monday to reach uninsured Californians during the COVID-19 pandemic.

The ads support Covered California's new special-enrollment period, which started on Feb. 1 and runs through May 15, to let uninsured Californians know that they still have time to sign up for health insurance.

"Taking care of your health has never more important than it is right now, and we want everyone to know that if you do not have health insurance, the time is now to check out Covered California and see if you are eligible for financial help to lower the cost of your coverage," said Peter V. Lee, executive director of Covered California. "You do not want to be uninsured right now and anyone who needs coverage – and is eligible to sign up through Covered California – can do so immediately."
The ads began airing Monday in California's biggest media markets, in both English and Spanish, to make sure that consumers know that enrollment is open due to the COVID-19 pandemic.

You can see the ads here.

Covered California says they are investing more than $6 million over the next few months to encourage consumers to check out their options.

Nearly 90 percent of Covered California's enrollees, or about 1.4 million people, receive financial help that lowers the cost of their monthly premium by an average 80 percent.

Of those receiving financial help, almost half — more than 660,000 — benefit from the state subsidy program launched in 2020 to make coverage more affordable, including 46,400 middle-income consumers who were previously ineligible for assistance because they exceeded the federal income requirements.

Federal Special-Enrollment Period

Covered California's new television ad campaign coincides with the start of a new special enrollment period for the 36 states who operate in the federal marketplace.

The federal special-enrollment period is the result of President Joe Biden's executive order which reopened federal health care marketplaces from Feb. 15 to May 15 due to the pandemic.

In addition, the Centers for Medicare and Medicaid Services plans to spend $50 million on outreach and education to promote the special-enrollment period and encourage enrollment.

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.

Simply enter ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

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.

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.

SANTA BARBARA NEWS-PRESS

Help still available for uninsured people
Gerry Fall

Covered California launched a new television ad campaign Monday to reach uninsured Californians during the COVID-19 pandemic.

The ads support Covered California's new special enrollment period, which started Feb. 1 and runs through May 15. The commercials are informing uninsured Californians that they still have time to sign up for health insurance.

"Taking care of your health has never been more important than it is right now, and we want everyone to know that if you do not have health insurance, the time is now to check out Covered California and see if you are eligible for financial help to lower the cost of your coverage," said Peter V. Lee, executive director of Covered California. "You do not want to be uninsured right now and anyone who needs coverage — and is eligible to sign up through Covered California — can do so immediately."

The ads began airing Monday in California's biggest media markets, in both English and Spanish, to make sure that consumers know that enrollment is open due to the COVID-19 pandemic. Covered California is investing more than $6 million over the next few months to encourage consumers to check out their options. Digital ads have been appearing online since Feb. 1.

For more information, go to www.healthforcalifornia.com.

abc 7 KRCR NEWS

Covered California opens special enrollment period with new $6 million marketing campaign
Michael Patterson

EUREKA, Calif. — California's healthcare marketplace, Covered California, has once again opened a special enrollment period due to the COVID-19 pandemic.

"Millions of Americans have lost their jobs. Many have lost their health coverage. We decided now to make our doors wide open," said Covered California's Executive Director Peter Lee.

Lee says that while the fight against the pandemic may wind down this year, many people may have lost jobs, and in turn, their health care coverage.

"What the estimates are, [show] that jobs won't rebound until 2024, so we still have too many Californians and Americans that are out of work due to the recession caused by the pandemic," Lee said.

Covered California's special enrollment period opened Feb. 1 and will remain open through May 15.

According to data from the marketplace, 139,000 people in the Northern California and Sacramento Valley are without insurance and could qualify for financial assistance.

That's why a new $6 million marketing campaign has rolled out in major media markets to let people know what's available.

Lee says that while the television advertisements are in major media markets like Los Angeles, other digital ads are likely to be seen locally.

"Some of our ads in major metropolitan areas actually bleed over into Redding, Eureka etcetera," Lee said. "People know health insurance is expensive. They think they're priced out. That's not the case."

Lee says the funds used for ads are not taxpayer dollars and are taken from a portion of premiums collected from people who use Covered California.

He hopes this enrollment period will go a long way toward providing coverage for the over 2.7 million Californians that still remain uninsured.

Watch more here.

Due to COVID-19, Covered California's Special Enrollment on Now Through May 15 for Anyone Without Health Coverage
Staff

Covered California is reaching out to African Americans and other people of color in the state who are disproportionately impacted by COVID-19 virus, to urge them to enroll in health coverage through its special-enrollment period underway now through May 15 for anyone who doesn't have health insurance.

The COVID-19 pandemic continues to endanger the lives of Californians across the state. The most recent data shows more than 3.4 million people have been infected in the state, and the death toll has surpassed 47,000. African Americans, Latinos, Hawaiians and other Pacific Islanders represent the majority of those in California who are infected, hospitalized and die from the COVID-19 virus.

"Taking care of your health has never more important than it is right now, and we want everyone to know – particularly in our diverse communities of color – that if you do not have health insurance, the time is now to check out Covered California and see if you are eligible for financial help to lower the cost of your coverage," said Peter V. Lee, executive director of Covered California. "You do not want to be uninsured right now and anyone who needs coverage – and is eligible to sign up through Covered California – can do so immediately."

Covered California set up this new special-enrollment period which allows anyone, who is uninsured and eligible to enroll in health care coverage, to sign up for health care coverage through May 15. The move comes following President Joe Biden's recent executive order strengthening provisions of the Affordable Care Act, also known as Obamacare, and opening health plan enrollment on the federal health care exchanges from Feb. 15 through May 15 — as COVID-19 continues to surge throughout the U.S.

"Every Covered California plan is comprehensive, covering everything from preventive care to mental health," Lee said. "It's safe, it's secure, and in just minutes you can find out if you are eligible for financial help and the options available in your area."

An estimated 2.7 million Californians still don't have health insurance, including 1.2 million people who are eligible for financial help through Covered California to greatly reduce their monthly health care costs, or qualify for no-cost or low-cost Medi-Cal plans. The largest portion of these uninsured who are eligible for financial help through Covered California are in Southern California, with an estimated 718,000 people living in the Los Angeles, Inland Empire, Orange and San Diego metro areas.

"The biggest hurdle to health insurance remains affordability, but most people who are uninsured do not know they are eligible for financial assistance, which is why everyone should just take a few minutes to check out their options," Lee said. "In just a few minutes you can see what your options are and find out if you qualify for financial assistance that helps bring the cost of coverage within reach."

Consumers can safely and easily find out if they are eligible for financial help through Covered California or qualify for Medi-Cal, and see which health plans are available in their area by using the CoveredCA.Com Shop and Compare Tool. All they need to do is enter their ZIP code, household income and the ages of those who need coverage and they will see the health plan options available in their area.

Covered California also continues to support COVID-19 safety precautions — including wearing a mask, washing your hands and watching your distance — as well as contact-free health care enrollment online or over the phone by one of thousands of Covered California's certified enrollers across the state.

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

Visit 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.

Another important reason to sign up for Covered California health plans or Medi-Cal plans is that it's still the law for Californians to have health insurance in 2021 — or pay a costly penalty at tax time. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when filing their state income taxes. The penalty is administered by California's Franchise Tax Board and could be as much as $2,250 for a family of four or $750 for an individual.

POLITICO

How Covid-19 could make Americans healthier
JoAnne Kenen

If you tried to design a weapon customized to exploit every weakness in the U.S. health care system, you might have come up with SARS-CoV-2: the novel coronavirus.

The pandemic caused by that spiky virus, now in its second year, has rampaged across the country in part because our disease defense system — the critical but neglected discipline known as “public health” — has been so starved of resources for so long that it had been effectively dismantled before the coronavirus arrived. Without robust disease surveillance, stockpiles of emergency equipment and a skilled public health work force, we were all but defenseless.

As a result, for the past year, Americans have watched as their vaunted health care system, with its massive hospitals, top-flight surgeons and expensive technology, struggled against an enemy best fought with low-tech measures like wearing face masks and staying home.

We knew our health care system had deep flaws: Too little emphasis on prevention and primary care. Clunky data systems. A porous mental health system. Deep health disparities, arising from poverty, racism and decades of neglect. High costs. Uneven quality. And despite the gains of Obamacare, a lot of people who still can’t get affordable care at all.

And under it all, there was a deep, dangerous erosion in the social foundation of public health: trust. Trust in science, in medicine, in expertise, in government and in one another. Our national lack of trust will make recovery and rebuilding from Covid-19 that much harder.

“This pandemic has really exposed the failures of our health care system,” said Rep. Raul Ruiz (D-Calif.), a physician who represents a heavily Latino district in southeastern California and who leads the Congressional Hispanic Caucus. “Our health care system is geared to take care of really sick people with really, really good and expensive technology,” he added. “What we are not good at is old-fashioned community health. Public health.”

Pandemic as opportunity

The good news is that health officials and policy experts know a lot about how to fix America’s health system. A cottage industry of consultants, advisers and advocates for

a health care reboot has churned out volumes upon volumes of white papers, reports and conference proceedings for years. There's even a fair amount of consensus on the big picture, if not the nitty-gritty. But change is hard, and for every would-be change promoter, there is a change resister, often benefiting from an army of lobbyists or inertia bestowed by the status quo.

So despite the devastation caused by Covid-19, despite the nearly half-million lives lost and the economic and social costs, the pandemic is also an opportunity. The work needed to contain and recover from the coronavirus might — just might — create momentum to fix things before the next catastrophe, which will inevitably come in one form or another, perhaps before we've healed from this one.

Any such opening may be fleeting. Americans have short attention spans, so policy makers need to act fast. Governors face many competing demands on their state budgets, some of which were hammered more than others by the pandemic economy. Fixing health is hard — and highly politicized. Some changes can be swift; others will take money and time. But there may not be a better moment to get started.

President Joe Biden has already made his health and pandemic priorities clear in the stimulus bill he submitted to Congress. He plans to shore up the Affordable Care Act and move ahead on sustainable public health, including creating a dedicated public health job corps. But with Washington polarized and often slow to act, states have an opportunity to lead and go big. Recovery doesn't mean just getting back to where we were before the coronavirus. Recovery means finally fixing a lot of those things that everyone knew needed to be done, but never got done. It means using today's crisis to prepare for tomorrow's.

Traditionally, "public health" focused on the community — emergencies arising from events like floods or wildfires, contagious infections like tuberculosis, and programs like childhood vaccinations, maternal mortality and substance abuse. "Health care" was about patients and doctors and hospitals — really, about sickness more than wellness.

Now there's a chance for states to better integrate the two, to make both communities and individuals healthier. And to finally make progress against racial and ethnic disparities — not as an add-on, or a box to check, but across the board. If a global contagion teaches anything, it's that my ability to stay healthy depends on my neighbors not getting sick, either.

"Public health needs to be a strategy," said Trish Riley, executive director of the National Academy for State Health Policy, "not a department."

Prevention and containment

The essential concept driving public health is that the health begins in the community — on diseases being prevented when possible, and identified and contained when they do appear.

So when public health works and bad things don't happen, you can't see it. If you can't see it, you think you don't need it. And if you don't need it, lawmakers ask, why pay for it?

Nothing could be more wrong. Yet that misconception has bedeviled public health for years. After the Sept. 11 terror and the anthrax attacks, Congress and states invested in bioterror defense and built up state and local public health capacity. Then complacency set in, and the 2008 economic crash wrecked state budgets. Public health was starved again — of staff, of data, of lab and surveillance capacity, of basic equipment — whether it was facing disasters like fires or floods, a surging opioid crisis, or a strange new disease like Zika. When the coronavirus pandemic hit, some public health departments were trying to trace its spread with faxes and pencils.

"Looking back at some of our public health plans — they were from post-9/11. They were outdated," said West Virginia Public Health Officer Ayne Amjad, one of many state and local officials who found themselves doing combat with a pandemic with a depleted and obsolete arsenal.

Invisible invader

In the early weeks of the pandemic, local health officials didn't fully appreciate that an invisible invader was at their door — a situation that was aggravated by the Trump administration's and the Centers for Disease Control and Prevention's bad calls about testing and surveillance. From then on, the virus would always be two steps ahead of them — and as the vaccination missteps and emergence of alarming new virus variants illustrates, it still is.

"One of the things this pandemic makes clear is the perils of underinvesting in public health," said Richard Besser, a former acting director of the CDC who now leads the Robert Wood Johnson Foundation. "This is what happens when you lose public health professionals, when you don't invest in data systems, when you can't respond quickly to new public health crises that arrive."

The goal isn't just acquiring data. It's using it strategically, including to home in on inequity and discrimination which have been so pronounced in the pandemic, added Julie Morita, a former Chicago health commissioner who advised the Biden transition team and is executive vice president at the foundation.

Fixing public health also means repairing the CDC, the federal government's lead public health agency, which does its own science and research and which also gives states grants and guidance on challenges ranging from teen vaping to reopening schools. Biden-appointed CDC director Rochelle Walensky has vowed to rebuild public confidence, after some agency policies were undermined or politicized by the Trump White House.

But it's at the state level where public health war plans become boots on the ground. States don't need to wait for Washington or the CDC to tell them what to do. Though

they do need Congress to invest in public health and set a consistent national framework to fight the pandemic, many key-decision-makers are in the states; whether and how they seize the moment will determine not just whether their residents recover from Covid, but also if America will emerge from the pandemic with its public health restored.

Here are five key ways that states can combat Covid and prepare for the next threat at the same time.

Rehire public health workers and rebuild resources.

Perhaps counterintuitively, the Covid-19 pandemic has actually depleted the ranks of public health workers. The politicization of the pandemic meant some were fired, and others quit amid threats and harassment from people angry over business closures. Given that public health schools have been a popular destination the last decade or so, there's a big — and increasingly racially and ethnically diverse — workforce to pull new public health professionals from. But states will need to make sure salaries are adequate to draw good people into the public sector.

Figuring out how to build up a steady workforce — instead of hiring a crush of new people in a crisis followed by a hollowing out — is essential, said Karen DeSalvo, Google's chief health officer who was health commissioner in New Orleans as it recovered from Hurricane Katrina. "With public health, when [the crisis] is over, all the people who had come in to help you … everyone goes back to their corners. And the next crisis comes and you stand it all up again. I'd try to smooth that curve," she said.

Of course, this all requires spending money. It's been shown over and over again that investing in public health actually doesn't cost that much compared to other government programs — and it pays off in lower costs for other public services. Total health spending in the U.S. is nearing $4 trillion a year; the CDC budget (before emergency pandemic infusions) generally ran under $10 billion in recent years — the equivalent of pennies on the dollar.

Get data and labs out of their silos.

Public health preparedness doesn't just mean filling warehouses full of stuff. Increasingly, it's having 21st century data collection, and sophisticated laboratories that not only respond to a crisis, but help detect the next one before it's too late.

"It's more than just, 'Stockpile gloves and masks and we'll be fine,'" said Josh Sharfstein, who has worked in health at the federal, state and local levels and is now a vice dean at the Johns Hopkins Bloomberg School of Public Health.

States need to invest in things like connecting their own public health labs to other parts of the health system. They need to be able to detect emerging threats, not just chase them in the full-blown crisis. State labs on their own can't be expected to handle something like doing all the genomic sequencing needed to track emerging variants of

the coronavirus; the CDC, private labs and academic institutions play a big role. But upgraded and linked labs could contribute more.

And time and again, the pandemic has shown that states' antiquated data systems aren't up to the job. They aren't interconnected, they've been full of gaps (as are the CDC's), and they don't detect "the signal" from "the noise." And public health data is siloed from other health care data.

"We've got to erase that separation," said Alice Chen, the chief medical officer of Covered California, the state's online Obamacare market. "That's the biggest opportunity and I think that's the least addressed."

Put primary care back at the center of health care.

Integrating public health with the rest of the health care system doesn't just pick up faster on crises; it could help shift the whole system more toward primary care and prevention. A primary care focus would be a change from medicine today, which is centered on specialists, subspecialists and expensive procedures — not all of which are necessary. It would put needed emphasis, too, on managing the chronic diseases that are the biggest burden on the health system, and on patients and families. The lingering effects of Covid-19 in some patients, so-called "long Covid," though not yet well understood, may soon be our newest chronic disease challenge.

Rep. Ruiz, who volunteers in a street clinic when he's back in his district, said the pandemic is a reminder that our system needs to provide more home- and community-based care, which can live at that intersection of public health and health care. Focusing on mental health, diabetes, nutrition, smoking cessation, maternal mortality — or even better, preventing them — can keep people out of the emergency rooms and hospitals, saving money and improving health.

A handful of states, among them Massachusetts and Maryland, are engaged in cost-containment efforts that can also nudge systems toward a more "value-based" health system that elevates primary care and prevention. The federal government, which has a lot of opportunity to experiment on a larger stage with pilot programs and waivers in Medicare and Medicaid, can do the same.

Even if Washington is slow to act, states have several other big levers to pull — chiefly, their purchasing power as an employer and Medicaid, the federal-state program that now covers about 75 million low-income Americans. The biggest employer in most states is the state itself, but few use their public sector worker and teacher health plans to drive change.

States that run their own Obamacare exchanges can use their influence in similar ways to boost primary care and prevention, although the relatively small size of these markets limits their ripple effect. The California exchange is one that's making the effort.

“If you are a marketplace, to my mind, one of your obligations is not to only give people an insurance card, but to make sure they are getting the care they need and are being kept healthier,” Covered California Executive Director Peter Lee said. The whole idea is to keep people from getting sick when possible — and when people do inevitably fall ill, to keep them as well as possible for as long as possible.

More states now use managed care in Medicaid, and while there are good plans and not-so-good plans, they can give states flexibility on how to spend health care dollars, whether it be telemedicine or addressing social conditions that lead to poor health. And states can hold these plans accountable.

“If you believe that primary care is the most important single intervention to correct health care differentials — race, ethnicity, income — you need to ask, what can Medicaid do?” said David Blumenthal, the president of the Commonwealth Fund, who was the top health technology official early in the Obama administration.

Tackle the racial and social disparities that threaten the health of all communities.

Before the pandemic, health policy experts and government officials had begun to focus more on “social determinants of health,” a clumsy phrase for a simple concept: that people’s opportunities and environments, including racism, affect their health. Housing. Transportation. Education. Access to healthy food. Poverty. And more.

These circumstances are big reasons why poor and minority communities are so vulnerable to the coronavirus, and why so many of the pandemic hotspots are in disadvantaged parts of our cities and states. Nobody is advocating for the health care system to try on its own to fix all of the fallout of poverty and discrimination. But it has a role, often, again, through Medicaid health plans. Medicaid can partner creatively with other social service agencies or use its own dollars on needs that aren’t traditionally thought of as health care, but will improve health outcomes and health equity. For instance, Medicaid could team up with housing agencies, business groups, even a hospital system to get high-risk patients experiencing homelessness into homes.

Business and health groups can find ways to constructively interact. Former Surgeon General Jerome Adams tells a story about talking to some mayors who wanted to build sidewalks in their communities. His first thought was wow, they wanted to encourage walking to fight diabetes. Then he learned that they were actually trying to boost property values, and get more potential customers strolling into stores. And then he realized that it didn’t matter, the sidewalks would still fight diabetes — and create a way for business and health groups to join forces. Different goals. Shared gains.

“It’s not just a health care conversation. It’s an economic conversation, and health care is part of that conversation,” said Pennsylvania Insurance Commissioner Jessica Altman. “What part of this is the health care system’s responsibility to solve, and which is all of government’s responsibility?”

The pandemic, with its stark racial, ethnic and economic disparities, brought all that home. It turned social determinants from a talking point to an agenda item, entwined with, though not identical to, the national reckoning over race.

Every sector of society and the economy has been hit by the pandemic — and every one can be rebuilt with health and equity in mind. “We don’t just go back to where we were, because we weren’t in a great place,” said Cara James, who ran the Office on Minority Health at the Centers for Medicare and Medicaid Services during both the Obama and Trump administrations and now leads the Grantmakers in Health nonprofit. Equity has to be built in, she said. Not a P.S., but an “S.O.P.” — standard operating procedure.

Prepare now for a coming mental health tsunami.

Mental and behavioral health were daunting challenges well before the coronavirus plunged us into a year and counting of isolation, anxiety, economic hardship, disrupted relationships and grief. As we emerge, mental health will become an outright emergency; anxiety and depression are already elevated, and research has found that suicides often surge in the wake of disasters.

States should stand up hotlines and emergency services, as they work to expand mental health capacity longer term, including mental health community clinics, and a more robust behavioral health work force, including peer support and community mental health workers when appropriate.

“During the pandemic, everyone is triaging. Coming out of this, dealing with mental health will rise to near the top,” said Elinore McCance-Katz, who ran the Department of Health and Human Services’ mental health agency in the Trump administration, noting that not everyone will bounce back when the pandemic eases. “We can’t presume that when someone says, 'It’s over,' that everyone gets better.”

The federal government and the states should also expect to confront a rebounding opioid crisis, despite some hard-won pre-pandemic gains. “That is going to be a real driver of mortality — that and all the other deaths of despair,” said DeSalvo.

Still, the larger problem is that even before the pandemic, our health care system didn’t have adequate capacity. There aren’t enough mental health care providers, particularly in underserved areas, and many don’t accept the relatively low fees offered by insurers. Any “build it and they will come” state approach to growing the workforce will take time, so it should begin ASAP. States can also make sure their public employee health plans offer adequate psychiatric and counseling options, and create incentives like student loan forgiveness to encourage mental health professionals to go into underserved communities.

Christina Mullins, who runs West Virginia’s behavioral health, suggests that states need to improve their crisis services, including mobile units that can connect people to ongoing care. Congress can help by making permanent the emergency authorization

allowing providers to be reimbursed for telemedicine — including covering telephone counseling and consults, not just audiovisual ones, for people who don't have computers or who live in rural areas without broadband.

One of the biggest salves for mental health is to open schools as soon as safely possible for a whole long list of reasons, including that basic need of just letting kids have what they call "IRL" — for "in real life" — friendships and in-person contact with watchful adults who aren't their parents (although the Biden administration may find that it's easier said than done). McKance-Katz also wants mental health and behavioral clinics opened for in-person care — safely, with masks, distancing and fewer people gathering at any one time.

The bottom line is that it's really hard for people to recover their mental health when they are facing all sorts of other real-life stresses. Recent data from the CDC upholds that assessment — and it's worse for minorities. People with severe mental illnesses or who are in crisis need to be connected with social services, to get help with child care, housing and jobs.

Restoring trust

None of those changes are easy, and all of them require money, focus and persistence from state officials and federal partners. But people working on improving public health have come to appreciate a central challenge that affects all of them: Trust in public health agencies and expertise has been damaged to the point that it is causing real harm.

Rebuilding trust is a theme new CDC director Walensky has emphasized in just about every public utterance since her appointment. She has pledged to lead with "facts, science and integrity," even when the news is more bleak than what people or politicians want to hear.

Yet the erosion of trust predates Covid-19 and Donald Trump, although the former president's assaults on science and depiction of public health as the enemy of economic recovery deepened it. Right now, the lack of confidence in vaccines — the only way out of the pandemic — is where addressing the corrosion is most urgent.

But vaccination may also be a second chance. If states and their federal partners use vaccination to show how governments really can keep people healthy, it could lay the foundation for rebuilding the national public health system we need to keep Americans healthier long-term.

"These are trust-building opportunities, and they should not end when the vaccination level is high enough," said James, the former CMS minority health director. "There is work to be done. ... Address this crisis to tackle other issues."

Of course, it's not only health care that has been stained by mistrust, she noted — it's basically every sector of civil society. But conquering Covid, rebuilding public health, fairly and equitably, is a good way to start.

African Americans Urged to Enroll in Health Plans
Staff

Covered California is reaching out to African Americans and other people of color in the state who are disproportionately impacted by COVID-19 virus, to urge them to enroll in health coverage through its special-enrollment period underway now through May 15 for anyone who doesn't have health insurance.

The COVID-19 pandemic continues to endanger the lives of Californians across the state. The most recent data shows more than 3.4 million people have been infected in the state, and the death toll has surpassed 47,000. African Americans, Latinos, Hawaiians and other Pacific Islanders represent the majority of those in California who are infected, hospitalized and die from the COVID-19 virus.

"Taking care of your health has never more important than it is right now, and we want everyone to know – particularly in our diverse communities of color – that if you do not have health insurance, the time is now to check out Covered California and see if you are eligible for financial help to lower the cost of your coverage," said Peter V. Lee, executive director of Covered California. "You do not want to be uninsured right now and anyone who needs coverage – and is eligible to sign up through Covered California – can do so immediately."

Covered California set up this new special-enrollment period which allows anyone, who is uninsured and eligible to enroll in health care coverage, to sign up for health care coverage through May 15. The move comes following President Joe Biden's recent executive order strengthening provisions of the Affordable Care Act, also known as Obamacare, and opening health plan enrollment on the federal health care exchanges from Feb. 15 through May 15 — as COVID-19 continues to surge throughout the U.S.

“Every Covered California plan is comprehensive, covering everything from preventive care to mental health,” Lee said. “It’s safe, it’s secure, and in just minutes you can find out if you are eligible for financial help and the options available in your area.”

An estimated 2.7 million Californians still don’t have health insurance, including 1.2 million people who are eligible for financial help through Covered California to greatly reduce their monthly health care costs, or qualify for no-cost or low-cost Medi-Cal plans. The largest portion of these uninsured who are eligible for financial help through Covered California are in Southern California, with an estimated 718,000 people living in the Los Angeles, Inland Empire, Orange and San Diego metro areas.

“The biggest hurdle to health insurance remains affordability, but most people who are uninsured do not know they are eligible for financial assistance, which is why everyone should just take a few minutes to check out their options,” Lee said. “In just a few minutes you can see what your options are and find out if you qualify for financial assistance that helps bring the cost of coverage within reach.”

Consumers can safely and easily find out if they are eligible for financial help through Covered California or qualify for Medi-Cal, and see which health plans are available in their area by using the CoveredCA.Com Shop and Compare Tool. All they need to do is enter their ZIP code, household income and the ages of those who need coverage and they will see the health plan options available in their area.

Covered California also continues to support COVID-19 safety precautions — including wearing a mask, washing your hands and watching your distance — as well as contact-free health care enrollment online or over the phone by one of thousands of Covered California’s certified enrollers across the state.

Those interested in learning more about their health 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.

Another important reason to sign up for Covered California health plans or Medi-Cal plans is that it’s still the law for Californians to have health insurance in 2021 — or pay a costly penalty at tax time. Consumers who can afford health care coverage, but choose to go without, could pay a penalty when filing their state income taxes. The penalty is administered by California’s Franchise Tax Board and could be as much as $2,250 for a family of four or $750 for an individual.

Record Searchlight
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Covered California's special enrollment extended: What this means to consumers
Margaret Beck

In response to the pandemic, President Biden has extended the special enrollment period for individuals to sign up for health insurance coverage through the exchanges to May 15.

In California, the exchange is called Covered California and is accessible at www.coveredca.com, or call 800-300-1506. Likely you will be seeing a series of new ads as the exchange works to bring information to the public.

As a result of the pandemic, it's expected that many individuals will have a change in health insurance status. The uncertainties of businesses may cause cuts in hours thus making the employee ineligible for benefits. Or simply, they aren't able to offer it any longer. COBRA continuation coverage is likely too expensive for an unemployed worker.

As of last June, Shasta County had 7,670 individuals enrolled in Covered California, compared to 6,510 in June 2019. The majority of those enrolled showed incomes of 138-400% of the federal poverty level (FPL), with 37.9% falling into the 250-400% of FPL range.

- The range of income qualifying as 250-400% for an individual is $31,225-49,960.
- For a family of four the range is $64,375-82,915.

With a population of about 180,000 and 7% uninsured, there could be as many as 12,600 uninsured individuals that may qualify for help paying health insurance premiums.

Often people think that programs like the Affordable Care Act (ACA) are designed for the poorest individuals. The ACA was designed to specifically target the "working poor," those earning less than 400% of the FPL. When the law was crafted, this was the income range for the bulk of the uninsured. California enhanced those subsidies by adding additional subsidies to those earning up to 600% of FPL.

This does not mean that anything has been done to address the extremely high cost of health care in the U.S. That is an entirely different topic.

What has been addressed is the premium cost for individuals. The subsidies are an advanced premium tax credit (APTC), which means that the tax credit is applied immediately and the individual pays only the net premium after the credit. They do not have to wait until they file a tax return to get the tax credit.

A preview is available on the Covered California website under the “Shop and Compare” tab.

This helps the individual estimate their costs for plans based on income and family size.

It’s often a challenge to estimate income, particularly for the self-employed. My advice is to be conservative. These subsidies will be reconciled when the tax return is filed. If income is actually higher than estimated, the excess tax credit will need to be returned to the government. If income is actually lower, a tax refund could be generated.

Since it’s tax season, this is a perfect time to discuss this with your tax professional who might be able to give you a better sense of your qualifying income. It is called MAGI (Modified Adjusted Gross Income).

One note of caution: If an individual is offered “affordable health insurance” on the job, then the whole family is ineligible for a subsidy. This is defined based on the premium for employee only coverage, not the family rate. For example, if you work for an employer who pays 100% of the employee premium but charges $1,000 monthly for the dependent coverage, there would be no subsidy for the family. The best explanation including examples can be found at www.healthcare.gov/glossary/affordable-coverage.

This is called the “family glitch”. It is expected that there will be proposals to fix it. The National Association of Health Underwriters is supporting legislation that would allow non-covered dependents to have access to subsidies but would not undermine the employer sponsored system.

Covered California launches new television advertising campaign
Staff

Covered California launched a new television ad campaign on Monday to reach uninsured Californians during the COVID-19 pandemic. The ads support Covered

California's new special-enrollment period, which runs through May 15, to let uninsured Californians know that they still have time to sign up for health insurance.

"Taking care of your health has never more important than it is right now, and we want everyone to know that if you do not have health insurance, the time is now to check out Covered California and see if you are eligible for financial help to lower the cost of your coverage," said Peter V. Lee, executive director of Covered California. "You do not want to be uninsured right now and anyone who needs coverage – and is eligible to sign up through Covered California – can do so immediately."

The ads are running in California's biggest media markets, in both English and Spanish, to make sure that consumers know that enrollment is open due to the COVID-19 pandemic. Covered California is investing more than $6 million over the next few months to encourage consumers to check out their options. Digital ads have been appearing online since Feb. 1.

"Californians will be seeing ads from both Covered California AND the federal government for the first time in four years," Lee said. "We look forward to not only working with the new administration to get the word out that now is the time to enroll in affordable coverage, but also building on the Affordable Care Act to move us forward to coverage for all."

The new special-enrollment period allows uninsured individuals to sign up for coverage without needing to meet the normal qualifying life events, such as recent loss of coverage or moving. Anyone who meets Covered California's eligibility requirements, which are similar to those in place during the annual open-enrollment period, can sign up for coverage through May 15 and have their coverage begin on the first of the following month.

"Every Covered California plan is comprehensive, covering everything from preventive care to mental health," Lee said. "It's safe, it's secure, and in just minutes you can find out if you are eligible for financial help and the options available in your area."

The COVID-19 pandemic continues to endanger the lives of Californians across the state. The most recent data shows 3.4 million people have been infected and the death toll is nearly 47,000.

The most recent data available shows an estimated 2.7 million Californians remain uninsured, including a projected 1.2 million who are eligible for financial help through Covered California or 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 living in the Los Angeles, Inland Empire,

Orange and San Diego metro areas “The biggest hurdle to health insurance remains affordability, but most people who are uninsured do not know they are eligible for financial assistance”, Lee said.

ACASignups.net (also known as Obamacare)
Healthcare policy data, analysis & snark.

Covered California launches new television advertising campaign
Charles Gaba

OK, Covered California hasn't actually released an official press release or Open Enrollment Report, but I have acquired a single slide which was delivered at a university presentation by Covered CA head Peter Lee the other day. It doesn't provide tons of detail but give the most important toplines (the way the graph breaks out the numbers is a little confusing but I figured it out:

Total QHP selections from 11/01/20 - 1/31/21: 1.63 million, a record high for the state
This is a 5.9% increase year over year from the 2020 OEP's 1.54 million (it says 1.57 million on the graph but the official CMS tally is 1,538,819).

Of those, 1.38 million (around 85%) were existing CoveredCA enrollees who renewed their policies (including 376,000 who had enrolled via Special Enrollment Periods)
The other 249,000 (15%) are new enrollees
While "truly" new enrollment is down 41% from last year, that's misleading...since SEP enrollment was up 72%. Most of that was obviously due to last year's COVID-19 SEP enrollment in California. The main point is that the vast majority of "new" 2021 enrollees actually enrolled a good 6 - 8 months earlier than they normally would have...and then mostly stuck around for 2021 as well.

The combination of "SEP New" and "True New" enrollees ended up being nearly the same: 625K vs. 634K...while "Official" renewals (of people who had enrolled during the 2020 OEP and renewed for another year) increased by 10.2%, from 911,000 to just over 1 million.

Obviously "normal" SEP enrollment varies from year to year anyway, but it remained pretty constant for the 5 previous years, averaging around 235,000/year. Based on that, CoveredCA saw a 60% increase for the full period from 2/01/20 - 10/31/20...around 141,000 more than you'd normally expect.

I assume an official report/press release will be showing up in the near future with a bunch more details/graphs, but this will have to do for the moment.

Los Angeles Times

Editorial: Congress wants to make health insurance more affordable — but only for some, and only temporarily
Editorial Board

One of the many lessons from the COVID-19 pandemic is that a health insurance system that relies on employer-sponsored policies is poorly equipped to handle a disease-induced recession. Millions of Americans lost their coverage when the economy plunged, taking their jobs (and badly needed health benefits) with it.

Fortunately, Americans under 65 had a double-layered safety net: Medicaid to cover people with little or no income, and the state Obamacare exchanges to offer private insurance policies to the rest of the uninsured. The 2010 Affordable Care Act created the exchanges to serve people not eligible for coverage by a large group health plan, with income-based subsidies for Americans earning up to four times the federal poverty level.

For people who were still earning more than a minimal amount of money, however, the coverage could be costly even with subsidies. Premiums were capped at almost 10% of household income for people earning three to four times the federal poverty level, and there was no cap for people with higher incomes. Combined with steadily rising deductibles, high premiums have been one of the biggest challenges not just for the ACA but for the entire U.S. healthcare system.

This week, Congress is expected to take a major step toward easing the costs of Obamacare plans. The version of President Biden's $1.9-trillion COVID relief bill that lawmakers are poised to approve includes larger premium subsidies for ACA policies, lowering the percentage of income that anyone would have to spend on insurance through 2022. Even people earning more than four times the poverty level will pay no more than 8.5% of their income for coverage this year and next year.

That's a big (albeit temporary) improvement in affordability, especially for working-class Americans with moderate incomes. In California, for example, the average savings could be $100 a month for people earning less than four times the poverty level, said Peter V. Lee, executive director of Covered California. But it's not cheap — the

Congressional Budget Office estimated that the extra subsidies will cost taxpayers about $34 billion.

The challenge for Congress will be to find a permanent solution to the affordability problem, and not just for people enrolled in the ACA. Treatment costs have been growing faster than inflation for years, and though the ACA experimented with ways to give doctors and hospitals more incentive to limit spending, the industry remains on an unsustainable path.

Higher subsidies are a straightforward response to the growing costs, but they're the equivalent of a pill that treats the symptoms without curing the disease. Actually restraining the growth of healthcare spending — reducing unnecessary procedures and getting more value out of every dollar spent — is hard and controversial work. Biden's relief bill buys lawmakers a little time, but they need to get cracking.

Obamacare premiums go down under the COVID relief bill. Here's who will benefit
Jennifer Haberkorn

The COVID-19 stimulus bill set to be approved by Congress this week will extend short-term economic relief to tens of millions of Americans through a two-year boost in Affordable Care Act subsidies, the first substantive expansion of the law since it was approved in 2010.

Democrats are eager to immediately get the subsidies into Americans' pocketbooks to address the economic fallout of the pandemic. At the same time, they're also addressing one of the top criticisms of the law — its high premiums — to lay the groundwork to enact a more permanent expansion of one of their signature legislative accomplishments.

I already receive ACA subsidies. Will this affect me?
Yes. Most people who already get Obamacare premium subsidies will receive more under the new law. That's because Congress is changing the way subsidies are calculated and lowering — across the board — how much consumers are expected to pay, based on their annual income.

For instance, people who make up to 150% of the federal poverty level, or $19,320 for an individual and $39,750 for a family of four, will no longer be required to pay anything

toward their premium, based on the cost of the second lowest-cost “silver” level plan for each region.

Under the existing law, those consumers pay up to 4.14% of their income on premiums, according to an analysis by the Kaiser Family Foundation.

So, for instance, a 21-year-old with an income of $19,320 who was eligible for a subsidy of about $3,500 under the ACA, would get $4,300 under the new plan, assuming the cost of his benchmark silver plan is $4,300.

An individual who makes up to $25,760 or a family of four that earns $53,000 will be required to contribute up to 2% of their income toward their premium, down from the 6.52% they pay currently.

The people who stand to benefit the most are those who make just over the poverty level because their premium costs will go down to $0, according to several estimates.

The scale will increase to an 8.5% cap for anyone making over 400% of the federal poverty level, or $51,520 for an individual or $106,000 for a family of four.

What if I make more than that and didn’t qualify for ACA subsidies in the past?
You may be in luck. The ACA previously offered no subsidies to anyone making over 400% of the poverty level, regardless of the size of their insurance bills. If someone made 401% of the poverty level, he or she was left with no assistance, even if their insurance costs were substantive.

“You could be spending not just 10%, but 20% or 30% or more of your income on coverage,” said Anthony Wright, executive director of Health Access California, an advocacy group.

The new 8.5% threshold now applies to everyone, regardless of income. It is meant to ensure that insurance doesn’t eat up a more significant percentage of one’s income, and address the “cliff” that was created in the law for people whose income was just above the maximum level for assistance.

Older adults, especially those who previously just surpassed the income eligibility levels, stand to benefit substantially because their insurance costs are higher than young adults. So will those in areas with high insurance costs.

A single 64-year-old who makes $58,000 was eligible for no subsidies under the ACA because she just missed the income requirement, leaving her with a $12,900 bill to pay

herself. Under the new plan, she would be eligible for a $7,950 credit, according to the Congressional Budget Office. Her out-of-pocket cost for her premium would be $4,950.

But it won't help everyone who earns more than 400% of the poverty level. People won't qualify under the new system unless the benchmark silver plan cost in their area is more than 8.5% of their income.

How many people stand to benefit?
Roughly 29 million people. The subsidies could help the "vast majority" of the nearly 14 million people who buy coverage on the individual market and the nearly 15 million people who are uninsured, but eligible to buy coverage on the federal or state exchanges, according to the Kaiser Family Foundation.

"It is a really big deal for people who have lost their jobs and have to buy coverage as an individual," Wright said. "This helps with the sticker shock they feel. It's exactly what's needed in this pandemic.

I don't have an Obamacare plan because I didn't qualify for subsidies. Should I switch now?
People who are newly eligible for subsidies but not enrolled in plans on the exchange could have to make a decision on whether it is worth switching in the middle of the year, giving up any payment they have made toward yearly deductibles in order to take advantage of the subsidies, said Cynthia Cox, a vice president at the Kaiser Family Foundation.

"I think a lot of them are still going to be better off switching, especially for a family making just over 400%, because it is likely their premium could be cut in half," Cox said.

Will this do anything to help those uninsured?
It is unknown how many people who don't have insurance coverage today will enroll to take up the benefit.

The CBO estimates that an additional 1.7 million people would enroll next year because of the new subsidies. Surveys of uninsured persons repeatedly show that cost is a top reason why he or she doesn't have coverage.

Didn't California recently expand subsidies? How will the state and federal program intersect?
The federal subsidy expansion will replace a three-year California subsidy expansion that began in 2020, but exactly how that will work and when remains unclear.

The California program, which supporters say was a successful pilot of the federal plan, also boosted subsidies for low-income people and extended eligibility to people between 400% and 600% of the poverty level. But the federal plan is more generous, according to healthcare advocates.

A spokesman for Covered California, the state's insurance exchange, said the agency is still reviewing the bill. "This new federal subsidies will build on California's experience, and for consumers this new assistance will go even further in making healthcare affordable." said Peter Lee, executive director of Covered California.

The agency previously predicted that the federal expansion would save the state about $350 million per year.

Health Access California is advocating that the state repurpose those dollars back into trying to improve healthcare affordability, such as addressing cost sharing and deductibles.

"These new federal resources will supplant the state's existing efforts, but California is an expensive state and Californians will continue to struggle to pay for care — particularly out of pocket expenses," said Diana Douglas, a policy advocate with Health Access California.

How do I determine if I qualify for additional help?
The answer will be individualized for each person based on income level, age and the cost of insurance coverage in their region. Online calculators, such as those at CoveredCa.com, HealthCare.gov and at Kaiser, are expected to be updated.

Other eligibility requirements to receive subsidies remains the same. They extend only to U.S. citizens and people lawfully present in the country who do not have an affordable offer of coverage at work and are not eligible for other public programs, such as Medicaid or the Children's Health Insurance Program.

When does all this start?
The new subsidies, retroactive to Jan. 1, 2021, will go into effect immediately upon President Biden's signature. People who are already enrolled in ACA plans are expected to see the benefits automatically, although the process in which federal payments are updated has not yet been made public.

Once the law takes effect, people who sign up at Healthcare.gov and Covered California — both are currently in the middle of a special open-enrollment period — will receive the new benefits.

How much does this cost?
The two-year program will increase the federal deficit by $34.2 billion, according to the Congressional Budget Office.

This isn't permanent?
Under the bill, the expansion of subsidies will remain in effect only through 2022.

Democrats have already indicated they hope to enact a more permanent expansion of subsidies, but the question facing them now will be how to do so.

Republicans, who have long tried to repeal Obamacare, aren't likely to go along easily. On the other hand, once benefits are granted by Congress, they are often hard to take away, and no one wants to be blamed for what would effectively be a premium price hike in two years.

ACA Federal Marketplace Sees 7% Enrollment Increase in 2021
Kelsey Waddill

January 14, 2021 - CMS has released its final snapshot for Affordable Care Act enrollment on the federal platform for the 2021 open enrollment period.

This year's open enrollment was unique in part due to the absence of two states on the federal platform: New Jersey and Pennsylvania.

These two states together contributed around seven percent of all plan selections during 2020. Thus, a comparison of enrollment levels after removing those two states from the 2020 open enrollment total shows that enrollment effectively rose seven percent from 2020 to 2021.

However, when New Jersey and Pennsylvania are included in 2020 enrollment, overall enrollment remained stable from 2020 to 2021, despite the extraordinary circumstances of the coronavirus pandemic.

Enrollees made over 8.25 million plan selections during the 2021 open enrollment. This was consistent with preliminary data that CMS released in December 2020 when open enrollment concluded. When dependents are included, over 10.16 million consumers are covered by a plan purchased on the federal platform.

“These results are consistent with recently released data showing higher effectuated enrollment mid-year due to fewer people dropping coverage and more people enrolling through special enrollment periods,” the press release stated.

By late May 2020, 12 of the 13 state-based marketplaces had opened their own special enrollment periods due to the economic impact of the coronavirus pandemic. However, the Trump Administration chose not to open a special enrollment period for the pandemic on the federal platform.

More than 1.88 million of the enrollees were new consumers. Over 6.36 million individuals renewed their coverage on the Affordable Care Act marketplace through the federal platform.

Compared to 2020 open enrollment—minus New Jersey and Pennsylvania’s results—, the number of new consumers was 3.6 percent lower in 2021. In contrast, the number of consumers who renewed with active plan selections rose by 13.2 percent and the share of those who renewed automatically also increased by 4.4 percent.

When broken down by state, Florida had the highest number of enrollees on the federal platform by far, with more than 2.12 million enrollees. Texas followed with nearly 1.3 million enrollees. No other states surpassed a million enrollees.

“CMS has layered year upon year of improvements on HealthCare.gov, a sterling record of success that puts the lie to baseless accusations of sabotage,” CMS Administrator Seema Verma said in a press release.

“Our policies have lowered premiums, brought issuers back to the market, stabilized a law that had been in a tailspin for years and improved the customer experience. I want to thank the team at CMS, which for so long has worked tirelessly for Americans in the individual market.”

Since 2018, the average second lowest-cost silver plan premiums for states on the federal platform have declined by eight percent on average.

The number of payers on the exchange—specifically, on HealthCare.gov—has likewise dropped.

Nearly three in ten HealthCare.gov enrollees had access to only one payer in 2018. Three years later, only four percent of enrollees had just one payer option on the federal platform. Around 75 percent of enrollees had access to three payer options or more.

CMS continued to leverage enhanced direct enrollment as a supplement for the federal platform. Around 1.13 million plans were selected through an enhanced direct enrollment pathway, which is more than double the number of plan selections in 2020 open enrollment (520,000 selections).

Additionally, around 50,000 agents and brokers registered to support enrollment on the federal platform. CMS sent hundreds of millions of reminders via email and text as well as millions of outreach emails.

The call center maintained a 90 percent consumer satisfaction rate during open enrollment. This service has received positive reviews during all four years of the Trump Administration, the press release pointed out.

Almost 4.4 million individuals called the call center. Around 331,300 spoke with a Spanish-speaking representative.

CMS also updated the application process on the federal platform and optimized it for mobile.

Bloomberg LAW

States Can Exit Obamacare Exchange in 2022 Under Trump Administration Rule
Sara Hansard

States would be able to largely bypass the federal Obamacare exchange under a rule finalized Thursday by the Trump administration.

The last-minute rule is aimed at interjecting more free market competition into the Affordable Care Act marketplaces by allowing web brokers and health insurers to directly enroll people in health plans.

But it’s unclear whether the rule will take effect. Congress and the incoming administration could undo recent regulations adopted by Trump under the Congressional Review Act. Officials for Biden also say they plan to pause all rules whose effective dates occur after President Donald Trump leaves office. The Obamacare exchange rule is one such rule.

Georgia got the go-ahead in November to bypass the federal HealthCare.gov exchange starting in 2023, and the new rule would allow other states to do the same, beginning in 2022.

Georgia said its plan would give people more ways to find coverage, rather than be limited to HealthCare.gov, which it said can be difficult to use.

The final rule also codifies a 2018 guidance allowing states to use Obamacare subsidies for health plans that may not meet the ACA's coverage requirements, such as short-term limited-duration health plans and association health plans.

The 2018 guidance also loosened definitions for comprehensiveness, affordability, and coverage that states must meet when seeking an ACA waiver.

"The Departments are of the view that formalizing these policies and interpretations through rulemaking will encourage more states to pursue waivers without being concerned that some of the rules may change without sufficient notice after they have submitted a waiver application," the rule said.

Bloomberg LAW

Biden to Have Tough Time Withdrawing Obamacare, Medicaid Waivers
Lydia Wheeler

The Biden administration will have a tricky time walking back Trump-era waivers that let states enact work requirements for Medicaid, switch program funding to a lump sum, and pull out of Obamacare's federally funded health insurance marketplace.

With litigation over the waivers pending, Biden's Department of Health and Human Services will have to not only act fast but be strategic in the reasons it gives for rescinding Trump administration approvals. The Republican-led states that sought out these program changes aren't likely to accept the about-face without a fight. And those legal battles could be harder to win.

"Everything the Biden administration does will be under intense scrutiny from a judiciary that is stacked with handpicked, conservative judges and that puts a premium on procedural scrupulousness," said Nicholas Bagley, a law professor at the University of Michigan Law School.

“At the same time, there’s real urgency in actually changing government policy to help people, and it’s a tricky balance,” he said.

Seema Verma, former administrator of the Centers for Medicare & Medicaid Services, may have made that balancing act even harder when she changed the terms of the Medicaid waivers before she left office.

Uncharted Territory
Waivers issued under Section 1115 of the Social Security Act are a discretionary tool the CMS has to let states try out innovative ways to run their Medicaid programs. Waivers issued under Section 1332 of the Affordable Care Act, meanwhile, allow states to try new ways to increase access to affordable health care.

The CMS has the authority to rescind waivers if a program is no longer promoting the objectives of the law under which it was issued.

“There’s not a lot of precedence for administrations coming in and rescinding prior approvals,” said MaryBeth Musumeci, associate director at the Kaiser Family Foundation’s Program on Medicaid and the Uninsured.

The CMS approved 12 waivers that force Medicaid recipients in certain states to work in order to get coverage, according to the Kaiser Family Foundation’s online tracker. The agency also approved one waiver that allows Tennessee to cap its federal funding for Medicaid in exchange for more flexibility in how it uses those funds.

Terminating such waivers could prove more challenging than rolling back Trump-era regulations.

To roll back a regulation, an agency generally has to put out a new proposed rule that justifies the change and accept public comment. To terminate a Medicaid waiver, the Biden administration would have to notify each state, provide a reason for its rescission, and give the state a chance to request a hearing, according to the terms of the waivers.

But Verma asked states on Jan. 4 to sign a letter agreeing to new terms that would prevent the agency from suspending, terminating, or withdrawing any waiver within nine months of notifying the state of the reversal.

The letters “are nothing more than a hastily-drafted, transparent attempt to tie the hands of the Biden Administration for at least nine months, and entrench your shameful Medicaid legacy after your time as CMS Administrator has ended,” Rep. Frank Pallone Jr. (D-N.J.) and Sen. Ron Wyden (D-Ore.) said in a letter to Verma on Jan. 19.

Though there's debate on whether Verma's letter to the states is valid, Bagley said it was issued to both delay the withdrawal of the work requirements and give the Supreme Court an opportunity to rule on their legality.

The high court is expected to hear arguments in March over whether the Trump administration lawfully approved work requirements for Medicaid beneficiaries in Arkansas and New Hampshire. The Biden administration could potentially moot the case by terminating the waivers.

"If the Biden administration hit the ground running, it could have provided hearings on a very short time frame and finally and formally withdrawn the waivers prior to the Supreme Court issuing its decision," Bagley said. "Now that seems like it could be trickier if they are required to wait nine months as a result of this letter."

Tennessee Gov. Bill Lee (R)'s office didn't respond to a request for comment about the future of its waiver.

Contractual Agreement

Ron Klain, President Joseph Biden's chief of staff, ordered the federal agencies in a memo Wednesday to freeze all regulations that haven't yet taken effect. But it's unclear if the regulatory freeze will apply to Verma's letter of agreement.

"I do not believe it would," said Ross Margulies, a partner at Foley Hoag LLP, noting that the agreement would already be in effect if it's been signed by a state.

A waiver is essentially a contract between the federal government and a state. How easy it is to walk back a waiver that's already been approved depends on the details, terms, and conditions of the waiver itself, which may vary waiver to waiver and state by state.

One factor that will have to be considered is whether states have any "reliance interests" in the Medicaid waivers that have been approved, meaning the agency will have to look at what resources the state expended in developing and implementing the policy, and whether its rescission could affect other programs.

"It will need to to think about whether states have a reliance interest in their waivers and, if so, whether the factors favoring revocation outweigh any such reliance interest,"said Matthew Lawrence, a professor at Emory University School of Law.

But some could argue a state has no reliance interests in a waiver that has been struck down as illegal like several of the work requirement waivers, Lawrence said.

In the Courts
Also under litigation is a waiver the Trump administration issued under Section 1332 of the ACA that allows Georgia to exit Obamacare's federally funded health insurance marketplace. The program, known as the Georgia Access Model, eliminates the state's reliance on Healthcare.gov and would force residents to shop around with private insurers for a health-care plan.

When asked if the state would challenge a termination of its waiver, Georgia Gov. Brian Kemp's office said it would not comment on hypothetical executive branch actions.

The Georgia Access Model will "reduce Georgians' dependence on the failed promises of the Affordable Care Act, giving low-income Georgians access to affordable care, and increasing competition in the private sector to make more options available throughout the state," Mallory Blount, a spokeswoman for the governor said in an email.

Forbes

Why Trump Lost The Election: Health Care
John C. Goodman

Prior to the November elections, National Review editor Rich Lowry made a prediction. If Donald Trump loses, he said, it will be his failure to propose a health plan. As an example of what Trump should be doing, Lowry pointed to an article I wrote with Heritage Foundation scholar Marie Fishpaw discussing key health reforms.

After the election, the editors of the Wall Street Journal echoed Lowry. They also pointed to our article and said this is the roadmap for Republicans, going forward.

Here is what everyone was missing: Marie Fishpaw and I were not writing about what we should do. We were mainly writing about what had already been done. These were remarkable changes – radical deregulation of the entire health care industry, in fact – that Donald Trump never talked about. And, sorry to say, on the way out the door the Trump administration was still not saying very much.

Donald Trump's most important domestic policy accomplishments were in the area of deregulation. And no industry was more impactfully deregulated than health care.

Here is a brief overview.

Seniors can now talk to their doctors by phone. And not just phone. They can also communicate by means of email, Zoom, Skype, Facebook and other devices. Believe it or not, as we entered 2020 it was illegal (by act of Congress!) for doctors to bill Medicare for consultations by means of telemedicine, except in rare circumstances. The Trump administration had been pushing the envelope, allowing virtual check-ins for example and allowing demonstration projects in the Medicare Advantage plans.

Then, when Congress gave its temporary approval in the face of the Covid-19 crisis, the administration pounced. By April, one in five seniors in rural areas and almost one in three in urban areas had had at least one telehealth visit. And this is the least computer-literate segment of the population!

What made such a rapid change possible? Several years of preparation. The Centers for Medicare and Medicaid (CMS) had to decide what procedures would qualify for a virtual visit and which ones would not (they finally approved 145). They had to decide what fee should be charged: whether a virtual consultation would be paid at the same rate as an in-office visit, and whether an audio-only consultation would be paid the same as an audio/visional one. These decisions took months. And they are the reason why the administration was ready when Covid hit.

Had Hillary Clinton been president, she probably would have been moved to permit telemedicine the same way Congress was moved. But telehealth consultations would not have started in February 2020. More likely they would have started in November or December 2020.

Non-seniors can have virtual consultations. Prior to the Covid-19 breakout, many employers and many health plans made phone consultations available to the younger population. Teledoc, for example, provided the opportunity for phone consultations to 20 million customers. But Zoom, Facebook and other visual devices were off-limits because they did not satisfy the federal government’s privacy requirements. Those regulations have now been suspended because of Covid and millions of patients and doctors are taking advantage of that suspension.

Employees can have 24/7 access to primary care. Being able to talk to a doctor at nights and on weekends rather than making a trip to a hospital emergency room used to be a privilege only enjoyed by the rich. It was called “concierge care.” Today, a similar service is called “direct primary care” (DPC) and the cost is affordable by just about anyone who can afford to buy health insurance. Atlas MD in Wichita, for example, charges $50 a month for a mother and $10 a month for a child. In addition to 24/7 primary care, patients have access to generic drugs for prices lower than what Medicaid pays and access to inexpensive lab tests as well.

Yet prior to last year, employers were not allowed to put money into an account for employees to use to contract with a DPC doctor of their choice. That's unfortunate, because DPC at nights and on weekends is not only cheaper than the emergency room, it is much safer.

The Trump administration asked the IRS to approve the use of employee accounts for DPC contracting, and an announcement from the IRS is still pending. As of today, it appears that Health Savings Accounts (HSAs) cannot be used for that purpose, but a similar account called a Health Reimbursement arrangement (HRA) probably can be.

Employees can have personal and portable health insurance. Prior to 2019, it was illegal for employers to purchase insurance that employees owned and could take with them from job to job and in and out of the labor market. In fact, under Obama administration rules, employers caught doing that faced the highest fine in all of Obamacare. Beginning January 1 of last year, however, employers can now fund individually owned health insurance for their employees, and the Trump administration encouraged them to do so.

A missed opportunity. Donald Trump not only failed to campaign on these and other important health reforms, he missed the opportunity to make the case for finishing the job. All of these accomplishments are temporary. In some cases, they are emergency measures tied to Covid. When the virus goes away, for example, the ability of seniors to talk to their doctor by phone also goes away. In other cases, the reforms were the result of executive orders that can be reversed by president Biden or some future president.

What the Trump administration did for health care is one of the best-kept secrets in America. Donald Trump himself is the reason for that.

Biden to reopen ACA insurance marketplaces as pandemic has cost millions of Americans their coverage
Amy Goldstein

President Biden is scheduled to take executive actions as early as Thursday to reopen federal marketplaces selling Affordable Care Act health plans and to lower recent barriers to joining Medicaid.

The orders will be Biden's first steps since taking office to help Americans gain health insurance, a prominent campaign goal that has assumed escalating significance as the pandemic has dramatized the need for affordable health care — and deprived millions of Americans coverage as they have lost jobs in the economic fallout.

Under one order, HealthCare.gov, the online insurance marketplace for Americans who cannot get affordable coverage through their jobs, will swiftly reopen for at least a few months, according to several individuals inside and outside the administration familiar with the plans. Ordinarily, signing up for such coverage is tightly restricted outside a six-week period late each year.

The Biden administration has said a key metric in its first 100 days will be administering 100 million coronavirus vaccine shots. (The Washington Post)
Another part of Biden's scheduled actions, the individuals said, is intended to reverse Trump-era changes to Medicaid that critics say damaged Americans' access to the safety-net insurance. It is unclear whether Biden's order will undo a Trump-era rule allowing states to impose work requirements, or simply direct federal health officials to review rules to make sure they expand coverage to the program that insures about 70 million low-income people in the United States.

The actions are part of a series of rapid executive orders the president is issuing in his initial days in office to demonstrate he intends to steer the machinery of government in a direction far different from that of his predecessor.

Biden has been saying for many months that helping people get insurance is a crucial federal responsibility. Yet until the actions planned for this week, he has not yet focused on this broader objective, shining a spotlight instead on trying to expand vaccinations and other federal responses to the pandemic.

The most ambitious parts of Biden's campaign health-care platform would require Congress to provide consent and money. Those include creating a government insurance option alongside the ACA health plans sold by private insurers, and helping poor residents afford ACA coverage if they live in about a dozen states that have not expanded their Medicaid programs under the decade-old health law.

A White House spokesman declined to discuss the plans. Two HHS officials, speaking on the condition of anonymity about an event the White House has not announced, said Monday they were anticipating that the event would be held on Thursday.

According to a document obtained by The Washington Post, the president also intends to sign an order rescinding the so-called Mexico City rule, which compels nonprofits in other countries that receive federal family planning aid to promise not to perform or

encourage abortions. Biden advisers last week previewed an end to this rule, which for decades has reappeared when Republicans occupied the White House and vanished under Democratic presidents.

The document also says Biden will disavow a multinational antiabortion declaration that the Trump administration signed three months ago.

The actions to expand insurance through the ACA and Medicaid come as the Supreme Court is considering two cases that could shape the outcome. One case is an effort to overturn rulings by lower federal courts, which have held that state rules, requiring some residents to work or prepare for jobs to qualify for Medicaid, are illegal. The other case involves an attempt to overturn the entire ACA.

According to the individuals inside and outside the administration, the order to reopen the federal insurance marketplaces will be framed in the context of the pandemic, essentially saying that anyone eligible for ACA coverage who has been harmed by the coronavirus will be allowed to sign up.

“This is absolutely in the covid age and the recession caused by covid,” said a health-care policy leader who has been in discussions with the administration. “There is financial displacement we need to address,” said this person, who spoke on the condition of anonymity to describe plans the White House has not announced.

The reopening of HealthCare.gov will be accompanied by an infusion of federal support to draw attention to the opportunity through advertising and other outreach efforts. This, too, reverses the Trump administration’s stance that supporting such outreach was wasteful. During its first two years, it slashed money for advertising and for community groups known as navigators that helped people enroll.

It is not clear whether restoring outreach will be part of Biden’s order or will be done more quietly within federal health-care agencies.

Federal rules already allow people to qualify for a special enrollment period to buy ACA health plans if their circumstances change in important ways, including losing a job. But such exceptions require people to seek permission individually, and many are unaware they can do so. Trump health officials also tightened the rules for qualifying for special enrollment.

In contrast, Biden is expected to open enrollment without anyone needing to seek permission, said Eliot Fishman, senior director of health policy for Families USA, a consumer health-advocacy group.

In the early days of the pandemic, the health insurance industry and congressional Democrats urged the Trump administration to reopen HealthCare.gov, the online federal ACA enrollment system on which three dozen states rely, to give more people the opportunity to sign up. At the end of March, Trump health officials decided against that.

During the most recent enrollment period, ending the middle of last month, nearly 8.3 million people signed up for health plans in the states using HealthCare.gov. The figure is about the same as the previous year, even though it includes two fewer states, which began operating their own marketplaces.

Leaders of groups helping with enrollment around the country said they were approached for help this last time by many people who had lost jobs or income because of the pandemic.

The order involving Medicaid is designed to alter course on experiments — known as "waivers" — that allow states to get federal permission to run their Medicaid programs in nontraditional ways. The work requirements, blocked so far by federal courts, are one of those experiments. Another was an announcement a year ago by Seema Verma, the Trump administration's administrator of the Centers for Medicare and Medicaid Services, that states could apply for a fundamental change to the program, favored by conservatives, that would cap its funding, rather than operating as an entitlement program with federal money rising and falling with the number of people covered.

"You could think about it as announcing a war against the war on Medicaid," said Katherine Hempstead, a senior policy adviser at the Robert Wood Johnson Foundation.

Dan Mendelson, founder of Avalere Health, a consulting firm, said Biden's initial steps to broaden insurance match his campaign position that the United States does not need to switch to a system of single-payer insurance favored by more liberal Democrats.

The orders the president will sign "are going to do it through the existing programs," Mendelson said.

The New York Times

Biden plans to reopen Obamacare exchanges in many states.
Margot Sanger-Katz

The Biden administration plans to reopen enrollment in many of the Affordable Care Act marketplaces, both to help those who may have lost health insurance during the pandemic and to offer coverage to those who did not have any and now want it. The move will be announced on Thursday as part of an executive order describing administration policies on shoring up health insurance coverage, according to three people familiar with the details.

The so-called special enrollment period is intended to help people who have lost coverage in the past year, but it will be open to those who want health insurance for any reason, in the 36 states that use Healthcare.gov. The decision was reported earlier by The Washington Post.

Typically, Americans without a special circumstance can buy Obamacare insurance only during a six-week period in the fall, a restriction meant to encourage people to hold coverage even when they are healthy. The sign-up period for this year's coverage ended in mid-December, with enrollments only slightly higher than they were last year. But the Trump administration did little to advertise it. The Biden administration plans to have a large marketing campaign to announce the new opportunity and encourage people to enroll in health plans, two of the people said.

The insurance industry, which usually supports tight limits on insurance enrollments, is backing the extra enrollment period now. Around 15 million Americans are uninsured and eligible for marketplace coverage, according to a recent analysis from the Kaiser Family Foundation. Most would qualify for some form of financial assistance if they bought such coverage — and about four million could sign up for a high-deductible plan that would cost them nothing in premiums.

"For the four million people who could be getting free coverage who are instead uninsured — that, to me, is screaming out for outreach," said Cynthia Cox, a vice president at the foundation and a co-author of the analysis.

It remains unclear how many people lost health insurance last year because of the pandemic, but most working-age Americans receive coverage through their employers, and millions have lost jobs.

Enrollment in Medicaid, the public health insurance program for the poor and disabled, has grown substantially during the pandemic. And consumer advocates say there are also many Americans who were uninsured before but might want coverage now because of the public health crisis. Several states that run their own marketplaces established special enrollment periods last year and saw increased sign-ups.

5 ways Biden plans to reset health care
Tami Luhby, Caroline Kelly and Devan Cole

(CNN) Strengthen the Affordable Care Act. Restore abortion protections. Lower drug prices.

President Joe Biden has a long list of health care promises -- many of which center on reversing policies enacted by the Trump administration over the past four years.

However, it will take the President's health officials time to address all of the measures, particularly as battling the coronavirus pandemic remains the top immediate priority.

Some items would be easy to undo, but others involve regulations and waivers that can't simply be voided. And some would need approval from Congress, which would be a challenge because Biden can't afford to lose a single Democrat in the Senate -- and few in the House, after his party lost seats in the chamber.

Also, lawmakers have yet to confirm Xavier Becerra, Biden's pick for Health and Human Services Secretary, and the President has yet to name his administrator for the Centers for Medicare and Medicaid Services, who will play a central role in putting his agenda into place.

Here's what's on Biden's health care checklist:

Saving and strengthening the Affordable Care Act: The central theme of Biden's health care campaign, prior to the pandemic, was improving the Affordable Care Act. Though former President Donald Trump did not succeed in achieving his key 2016 pledge to

repeal the law, his health officials made a multitude of changes to it. Reversing those will keep Biden's team busy.

Among the top priorities will likely be saving the law itself from being declared unconstitutional by the Supreme Court. The justices are currently considering a case brought of a coalition of Republican state attorneys general -- and backed by the Trump administration. It revolves around Congress reducing the penalty for not having health insurance to zero several years ago, which the states argue rendered the individual mandate unconstitutional and the entire law invalid.

The case will continue even if the Justice Department under Biden withdraws, because it originated with Texas and other Republican-led states. But the President-elect could work with the new Democratic majority in Congress to short circuit the GOP states' legal argument -- by setting the penalty at a $1, for instance.

As for shoring up and building on the Affordable Care Act, Biden has plans big and small.

Two of his campaign promises -- instituting a government-backed public option and making federal subsidies more generous -- would require congressional action. He's already tucked his goal of expanding Obamacare's subsidies so no one pays more than 8.5% of his or her income for coverage into the economic relief package he unveiled last week.

But there are many measures that would be an easier lift. They could restore the annual open enrollment period to three months, which it was before the Trump administration cut it to six weeks. And they could increase funding for marketing and enrollment assistance, both of which were deeply slashed in recent years. And they could pull back on allowing private brokers to advise consumers looking for policies, which Trump officials pushed.

Somewhat more involved would be reversing various measures the Trump administration put in place to chip away at the Affordable Care Act. These include broadening the duration of short-term health plans to a year, and, more recently, allowing Georgia to stop using the federal exchange, healthcare.gov, and shift to a private sector model instead. The Centers for Medicare and Medicaid Services went a step further in recent weeks, establishing a pathway for all states to do this for 2023. Biden may also want to institute a special enrollment period for Obamacare to allow the uninsured to sign up, which Trump refused to do last year.
Bolstering Medicaid: The Trump administration made many historic changes to the health insurance program for low-income Americans, in line with Republicans' long-standing wish list. Officials allowed states to introduce work requirements and just

approved Tennessee's request to shift its federal Medicaid funding to a type of block grant.

The Supreme Court recently agreed to consider the approval of work requirements in Arkansas and New Hampshire, which were voided by lower courts.

These measures run counter to Biden's promise to expand access to Medicaid so his administration is expected to seek to limit or undo these waivers during his term, as well as possibly restore the criteria on waivers' impact on increasing coverage.

Also, Congress has limited states' ability to trim their Medicaid rolls during the public health emergency. The Biden administration may want to continue some of those provisions after it ends.

Changing abortion policy: The Biden administration is also moving to revamp federal abortion policy by rescinding a slew of restrictions implemented over the past four years.

Biden is set on Thursday to revoke the Trump administration rule blocking federally funded health care providers in the Title X family planning program from referring patients for abortions.

The President will also reverse the so-called Mexico City Policy, a ban on US government funding for foreign nonprofits that perform or promote abortions or related services. The Trump administration reinstated the restriction in 2017 by presidential memorandum and extended it to all applicable US global health funding under the "Protecting Life in Global Health Assistance" policy.

On the health insurance front, the incoming administration is expected to reinstitute guidance that states cannot bar Medicaid funds from going to qualified providers that also provide abortion-related services, such as Planned Parenthood. Medicaid funding does not cover abortions, except in cases of rape, incest or when the woman's life is at risk, due to the 1976 Hyde Amendment.

Biden has pledged to protect Roe v. Wade, the 1973 landmark Supreme Court decision legalizing abortion nationwide prior to viability, which can occur at around 24 weeks of pregnancy. He has also indicated that his administration's Justice Department will seek to combat state laws restricting abortion access, such as requirements for parental notification, waiting periods, and ultrasounds.
Biden appears unlikely to enforce a recent move by Trump officials to withhold $200 million in Medicaid funding from California in the first quarter of 2021 due to the state's requirement that state insurance companies provide abortion insurance coverage.

The administration is also not expected to pursue Trump-era federal regulations that have been blocked by the courts, including measures that would have required insurers on the Obamacare exchanges that cover abortions to issue separate bills for that coverage, and the so-called conscience rule, which would have let health care workers who cite moral or religious reasons opt out of providing certain medical procedures, such as abortion, sterilization and assisted suicide.

Reducing drug costs: Like many presidents, including Trump, Biden has promised to lower drug costs. Among his preferred ways is to allow Medicare to negotiate prices, which is also favored by the Democratic-led House. But actually putting this into law would be a massive undertaking in Congress.

The Trump administration pushed through the bevy of drug price rules in recent months, including pegging Medicare reimbursements to drug costs in other countries, effectively banning drug makers from providing rebates to pharmacy benefit managers and insurers and establishing a path for states to import medication from abroad. Drug industry groups have already filed litigation against the first two and Canada has expressed its disapproval of the final one.

It remains to be seen what Biden's Department of Health and Human Services will do with them.

Biden also supports allowing consumers to import prescription drugs from other countries.

Augmenting transgender health care rights: The Trump administration moved last year to nix an Obama-era regulation prohibiting discrimination in health care against patients who are transgender, but a federal judge later blocked the repeal.

With the rule still in place, Biden could try to reinforce it by issuing a new, more targeted rule that specifically prohibits that type of discrimination, going a step further than the department did in its 2016 regulation.

The incoming administration has also promised to take action on LGBTQ mental health services, something that will be key for members of the transgender community, which sees uniquely high rates of suicide attempts.

Los Angeles Times

Opinion: Biden is already trying to reverse Trump's assault on healthcare. He has a long way to go
Jon Healey

President Biden took several steps Thursday to undo some of the damage President Trump inflicted on the health insurance program created by the 2010 Affordable Care Act, and that's a good thing. Trump needlessly undermined the state exchanges that made coverage available and affordable to millions of lower-income Americans who don't have access to an employer's health plan.

But make no mistake, Biden's actions won't do much to improve the U.S. healthcare system as a whole. The problems of ever-rising costs and large numbers of uninsured Americans remain, and will continue to fester until more dramatic and permanent steps are taken.

The president signed a couple of healthcare-related executive orders Thursday, the more controversial of which reversed or started reversing Trump policies that cut off federal family planning dollars — which cannot be used to pay for abortions — to groups here and abroad that used other funds to offer abortions or abortion referrals. The other order focused on Trump's mean-spirited and misguided efforts to weaken the ACA and Medicaid.

It will certainly help to have the federal government resume promoting state insurance exchanges. It will also help hold down premiums in those exchanges to cut back on temporary insurance plans that offer cheaper but far more limited coverage — plans that drew younger, healthier people out of the exchanges.

The exchanges addressed the needs of a relatively small share of the population, however. According to the Kaiser Family Foundation, only about 15% of Americans in 2019 were in the group served by the exchanges — people who weren't covered by workplace health plans, Medicare, Medicaid or military health benefits.

Every American is affected by the rising cost of healthcare. The ACA explored ways to change the incentives that were driving up healthcare spending, but costs continue to rise far faster than inflation. And consumers are feeling that in their pocketbooks, whether it be the rising cost of prescription drugs or the growing deductibles they have to cover when they seek treatment.

Tackling costs is probably the hardest aspect of healthcare reform. The Trump administration had two main strategies: to force hospitals to disclose their prices to promote price competition, and in the case of prescription drugs, to piggyback on the price controls that other countries set for certain medications. It also sought to end the secretive rebate payments drug companies made to the “pharmacy benefit managers” many insurers use, hoping to force those discounts to flow directly to consumers.

Those were concrete steps, albeit limited ones. But the fundamental problem is that, unlike seemingly every other industry, technological advancements and innovation keep making healthcare more expensive, not less. The sort of productivity growth seen in other industries hasn’t been apparent in healthcare.

Unless we as a society want to devote an ever larger portion of our resources to healthcare, we have to find ways to get more value out of our healthcare dollars. Maybe that means paying doctors, hospitals and drug and device makers less for their services — which would face considerable opposition. More likely, it means paying for fewer services that are wasteful, duplicative or in some other way unnecessary, and keeping people healthier in the first place.

Although there’s interest and ongoing research in each of these areas, progressive Democrats are focused on the first option — paying providers less for care, medications and medical devices. They would do that through “Medicare for all,” which would set a budget for U.S. healthcare spending. But members of Congress are hardly the best guardians of the Treasury, and it’s easy to envision lawmakers raising the budget annually rather than trying to hold down spending, which could lengthen wait times for surgeries or limit the availability of the costliest drugs and treatments.

Biden is famously not a Medicare for all kind of guy. His focus on the campaign trail was more on reducing insurance premiums than on holding down the costs that are forcing premiums to rise.

Rising premiums help explain why almost 29 million Americans went uninsured in 2019. Congress can remove some of that disincentive by putting more tax dollars into premium subsidies, as California has done. In fact, Biden’s $1.9 trillion COVID-19 relief proposal calls on Congress to provide ACA subsidies large enough to hold premiums to no more than 8.5% of a household’s income, which would be a significant expansion for families earning more than 2½ times the federal poverty level.

Many uninsured Americans, however, are low-income people living in the 12 states that haven’t expanded Medicaid, as the ACA intended, or who are in the country illegally and ineligible for premium subsidies. Extending coverage to those groups is both a public health issue and a political challenge. Biden can’t coerce states into changing

their stance on Medicaid, and he hasn't sought to extend ACA subsidies to people regardless of immigration status — and probably doesn't have the votes to do so.

How Obamacare Survived Trump and What Biden Might Do Next
Adam Schank and Danielle Parnass | Bloomberg

The U.S. health-care law known as Obamacare spent its first decade dodging a series of existential risks. By a single vote in the Senate, the law survived a repeal attempt in 2017 pushed by President Donald Trump. Joe Biden's arrival in the White House could blunt any impact of the latest danger -- a case now before the Supreme Court -- and give Obamacare (more formally, the Affordable Care Act) a chance to grow beyond its initial scope. Biden pushed for the law as vice president under President Barack Obama.

1. How much of Obamacare survived under Trump?

Most of it, including tax subsidies to help people afford coverage and, in 39 states (including the District of Columbia), expanded eligibility for Medicaid, the U.S. health insurance program for low-income Americans. Key Obamacare consumer protections that also remain in place allow children to stay on a parent's policy until age 26, require insurance companies to treat people with preexisting conditions equally and prohibit the imposition of annual or lifetime coverage limits.

2. How many Americans are covered because of Obamacare?

Roughly 20 million. About two-thirds of them joined Medicaid as a result of the expanded eligibility. The rest found coverage by comparison-shopping among private insurers at government-run online marketplaces, where policies include subsidies for people who make as much as 400% of the federal poverty level. (The expanded version of Medicaid enrolls people earning up to 138% of the poverty line.) Even with Obamacare in place, 28.9 million Americans lacked coverage in 2019, two million more than in 2016, according to the Kaiser Family Foundation. The U.S. is an outlier among developed countries by not having universal health coverage.

3. Which parts have been eliminated?

Obamacare originally required all states to participate in the expanded Medicaid program; the Supreme Court, in a 2012 split ruling that upheld most of the law, struck down the requirement. The law as written also required all Americans to buy health insurance -- the so-called individual mandate -- at risk of a tax penalty. The Trump administration whittled away at Obamacare with executive actions, including one that cut

funding for so-called navigator programs that help sign people up. A tax overhaul passed by Republicans and signed by Trump in 2017 eliminated the penalty for noncompliance, rendering the mandate moot and paving the way for the broader constitutional challenge to the law now before the Supreme Court.

4. What is that case about?

Republican-controlled states say that when Congress voided the penalty for not having insurance, all of Obamacare was rendered unconstitutional. The Trump administration sided with those states. The Supreme Court heard arguments shortly after Trump's third court nominee, Amy Coney Barrett, took her seat as an associate justice. While Republicans were banking on the Court's 6-3 conservative majority, Chief Justice John Roberts and Associate Justice Brett Kavanaugh signaled during the November oral arguments they are inclined to uphold the bulk of the law even if individual mandate is struck down. A ruling is likely by June.

5. What happens if Obamacare is struck down?

If the ruling were to be put into effect immediately, it would rescind coverage for millions of Americans as well as undo consumer protections and regulations that have reshaped the business models for insurers, drug companies, hospitals and doctors, all during a pandemic that's prompted 485,000 Americans to sign up for Obamacare after losing health-care coverage from their employer. The court, as part of any ruling against Obamacare, could also issue a stay to give the Biden administration a chance to respond. Or Congress, now in Democratic hands by the slimmest margin, could try to forestall the ruling by restoring a nominal tax for the mandate, or passing a law specifying that the loss of the mandate should not bring down the rest of the law.

6. If Obamacare survives, what does Biden want to do with it?

He campaigned on a pledge to expand the program by offering a government-provided alternative to private insurance that's known as a public option, a proposal he's called "Bidencare." It would be available to all Americans, including those who get their insurance through work. Low-income Americans would be automatically enrolled and, if eligible, their premiums would be free. Biden's plan also envisions expanding Obamacare tax credits to try making premiums more affordable for middle-income households. His plan set him apart from the progressive wing of the Democratic party, which has pushed the idea of achieving universal coverage by scrapping private insurance and replacing it with "Medicare for All."

7. What has Biden done already?

An executive order he issued will create a special enrollment period for plans sold in the federal Healthcare.gov market from Feb. 15 to May 15, offering a path to health care for people who find themselves without insurance coverage after losing their jobs. The order also directs agencies to look for ways to strengthen Medicaid, the federal health program for low-income people, and Obamacare more broadly. He could also take other

administrative actions, like restoring funding for navigators and reversing Trump administration guidance letting states waive certain Obamacare rules.

8. Is Obamacare viable for the long term in its current state?

Some economists worry about a “death spiral” of rising costs in the absence of a mechanism, like the individual mandate, that forces healthy Americans to get covered, since healthier people buying coverage keeps costs down for sick people. That’s one issue. Another is the limited coverage options available to Americans in rural and remote parts of the country. And in the mostly Republican-led states where elected leaders have declined to expand Medicaid eligibility, many residents fall in a coverage gap, earning just enough income that they don’t qualify for subsidies.

9. Do Americans want Obamacare to stay or go?

U.S. public opinion of the law was mostly negative from its passage in March 2010 until Trump became president and sought to repeal it, according to tracking surveys by the Kaiser Family Foundation. The threat of elimination – which failed when the late Senator John McCain of Arizona gave a memorable thumbs down in an early morning vote -- put a spotlight on popular provisions of the law, notably its prohibition on insurers charging sick people more for coverage and its list of “essential health benefits,” like hospitalization and maternity care, that must be covered. Kaiser’s tracking survey found in October that 55% of Americans viewed the law favorably, while 37% viewed it unfavorably.

In ‘Do-Over,’ Enrollment in Affordable Care Act Health Insurance Reopens
Ann Carns

People who missed open enrollment for Affordable Care Act health insurance late last year will get another opportunity to sign up, starting in mid-February.

President Biden signed an executive order last month creating an extra, three-month enrollment period starting Feb. 15. Consumers can again shop for coverage on HealthCare.gov, the federal insurance marketplace, which serves three dozen states.

“It’s a chance for a do-over of open enrollment,” said Cynthia Cox, director of the Kaiser Family Foundation’s Program on the A.C.A.

Because of the pandemic, millions of people lost their jobs, and the insurance that went along with those jobs, at a time of heightened health risk. Many of them may have found health coverage through Medicaid, the joint federal-state health insurance program for low-income people. But many people remain uninsured.

Typically, people may sign up for coverage outside open enrollment only if they can document “special” circumstances, like the birth of a child, a marriage or divorce, or the loss of health insurance. (They can generally enroll in A.C.A. plans within 60 days of losing health coverage. If they’ve lost their job recently, they can apply for coverage now.)

Open enrollment on HealthCare.gov ended on Dec. 15. (Dates for state marketplaces vary.) The extra sign-up window is expected to mimic open enrollment, said Cheryl Fish-Parcham, director of access initiatives at Families USA, a health insurance advocacy group. “You don’t have to prove” that you had a change in circumstances.

People who previously had job-based insurance but lost it during the pandemic may not realize that they are probably eligible for coverage with financial help, according to an analysis in January by the Urban Institute. Almost half of uninsured adults familiar with state and federal health insurance marketplace plans had not sought information on them, “most commonly because of cost concerns,” the report found.

“Many people who have lost employer insurance may not be familiar with the marketplace because they’ve never had to use it,” said Laura Packard, executive director of Get America Covered, a group that promotes increased health coverage.

About 15 million uninsured people are eligible to buy coverage through the marketplace, and about nine million of them qualify, based on their income, for free or reduced-cost monthly premiums, according to a Kaiser analysis.

This time around, the federal government is expected to spend $50 million on marketing and outreach efforts, to let people know that low-cost coverage is available, according to the Centers for Medicare and Medicaid Services, which administers HealthCare.gov. The Trump administration had cut advertising for the marketplace by 90 percent.

“Outreach efforts will include considerable awareness-building efforts” to encourage the uninsured to go to HealthCare.gov and enroll, according to a statement from the health care agency.

In addition to people who lack insurance, the open enrollment period is expected to apply to people who have A.C.A. coverage but want to switch plans, Ms. Cox said.

The Affordable Care Act, also known as Obamacare, provided for the sale of subsidized, private health insurance plans through federal and state marketplaces for people without job-based insurance. The 2010 law also expanded eligibility for Medicaid in many states. The law protects people with pre-existing conditions from being excluded from coverage, and requires health plans to provide certain essential coverage like preventive care.

The Supreme Court is weighing a Republican-backed legal challenge to the Affordable Care Act. A ruling is expected by June. But in oral arguments in the case in November, a majority of the justices indicated that they would reject attempts to kill the law.

Here are questions and answers about the special open enrollment period:

Where can I get help choosing a health plan?

Visit HealthCare.gov and click on “find local help.” This will list approved brokers and “assisters” who are authorized to guide consumers in selecting coverage. (Or call 800-318-2596.) Starting with trained helpers will steer shoppers clear of “junk” plans that may not provide all the care required by Obamacare plans, Ms. Packard said.

“If a plan looks too good to be true, be skeptical,” she said.

She urged shoppers to consider costs beyond the monthly premium, especially if family members have chronic health conditions like diabetes. “Human nature is to pick the cheapest one,” she said. But lower monthly premiums typically mean higher out-of-pocket costs, which can add up if someone needs regular medication and treatments.

Consumers can preview plans and prices now at HealthCare.gov. Rates are set for the plan year, so they will be the same as they were during open enrollment, according to the Centers for Medicare and Medicaid Services. (If you’ve had a birthday since Jan. 1, however, you may see a rate increase because of your higher age.)

How long will the extra HealthCare.gov open enrollment period last?

The special enrollment period is twice as long as last year’s open enrollment, to give people more time to shop and buy coverage. The period will run from Feb. 15 through May 15, according to the Centers for Medicare and Medicaid Services.

Coverage chosen during the extra enrollment period will begin the first of the month after selection of the plan.

What if I live in a state that manages its own health insurance marketplace?

Fourteen states and the District of Columbia run their own exchanges. Most have said they will also reopen enrollment to mirror HealthCare.gov. Dates of the extra enrollment period may vary by state. To confirm the details, check with your state’s marketplace. If you start at HealthCare.gov, you’ll be directed to your state’s marketplace.

Ms. Fish-Parcham suggested that even if your state didn’t formally extend open enrollment, it was worth checking to see if you could qualify for a “special” enrollment

category, especially if you had lost income during the pandemic.

POLITICO

Democrats push temporary Obamacare expansion in Covid bill
Alice Miranda Ollstein

Pieces of the Covid-19 relief package House Democrats released Monday night include the first major expansion of Affordable Care Act subsidies in more than a decade — a key plank of President Joe Biden's health care agenda that they hope to pass in the coming weeks.

Democrats are hoping that the beefed up subsidies, combined with Biden's recent executive order to reopen the ACA's markets and advertise heavily to entice people to enroll, will make a major dent in the ranks of uninsured Americans that have grown during the pandemic and ensuing economic recession.

The bill, which the Ways and Means Committee will mark up later this week, would fully subsidize ACA coverage for people earning up to 150 percent of the federal poverty level and those on unemployment insurance. It also ends the so-called subsidy cliff for people making over 400 percent of the federal poverty level, making them eligible for subsidies for the first time and capping their premium costs at 8.5 percent of income.

The subsidy boosts would only last for two years, though Congress later could vote to extend them or make them permanent.

Another provision would have the federal government cover 85 percent of the cost of private health insurance for workers laid off during the pandemic through Sept. 21.

What happens next: House Democrats plan to advance the American Rescue Act using budget reconciliation, which will allow the bill to avoid a Senate filibuster and pass with a simple majority in that chamber. Senate Democrats have yet to unveil their version of the bill.

What it means: Democrats' new control of the White House and Congress gives them the opportunity to make changes to the ACA they've long promised, and the pandemic has provided added urgency to push them through.

These provisions, which enjoy support from the insurance and hospital industries, are also a much easier lift than the bigger health policy changes Biden campaigned on, including a public option and lowering the Medicare eligibility age.

Still, experts worry that even with the enhanced subsidies, millions of Americans will still be unable to afford an insurance plan, putting them at risk of high out-of-pocket health costs as the pandemic continues to rage.

Stan Dorn of the consumer advocacy group Families USA said while the COBRA provision will help some of the newly jobless remain in their workplace health plans, requiring people to pick up 15 percent of the cost could “leave many people behind.”

“Fifteen percent of an employer-based plan could still be more than $200 per month for family coverage,” he said. “People may not be able to afford it, and the enrollment could be mainly people with health problems, which isn’t good.".

Broad Coalition of Health Industry Groups Calls for Obamacare Expansion
Reed Abelson

In an unusual display of unity, groups representing nearly all the major players in the American health care system — hospitals, doctors, insurance companies and employers — are joining forces to urge Congress to embrace President Biden’s broad vision of building on the Affordable Care Act to reach the long elusive goal of universal coverage.

The coalition is composed of eight powerful industry groups, including America’s Health Insurance Plans, the American Medical Association and the U.S. Chamber of Commerce. It released a detailed set of proposals on Wednesday morning, including an increase in the federal subsidies available to help people afford coverage and a three-year re-establishment of the generous match in federal funding to states to entice more of them to expand their Medicaid programs. The coalition also urged the government to spend more money on enrolling people in plans offered by the insurance markets established under the law, efforts that were slashed by the previous administration.

“While we sometimes disagree on important issues in health care, we are in total agreement that Americans deserve a stable health care market that provides access to high-quality care and affordable coverage for all,” the coalition said in a joint statement.

Some of the proposals, including increases in federal subsidies, are already being discussed as part of a broad Covid-19 relief bill and have long been on a list of proposals made by the groups to Congress.

The decision to work together was fueled by the pandemic, the coalition said, and by the need to address “longstanding inequities in health care access and disparities in health outcomes.” Millions of Americans lost their insurance during the downturn, and the virus

has disproportionately affected communities of color, which have experienced high numbers of cases and deaths.

The recommendations signal a strong show of support for the beleaguered health care law, which had been under fierce attack not only from Republicans under the Trump administration but from progressive Democrats who have urged replacing it altogether with a government-run “Medicare for all” system.

While the hospitals, the doctors and the insurers, which benefit when more people have coverage, had previously united to fight the attempts to repeal Obamacare by the Republicans in 2017, the new coalition also includes the Chamber, which had not been a proponent of the law.

“We have always believed that there are better approaches to expanding health care coverage and lowering costs than the A.C.A., but it is the law of the land and as such we want it to function as smoothly and efficiently as possible,” Neil Bradley, the executive vice president and chief policy officer for the Chamber, said in an emailed statement.

Given the election of Mr. Biden and the change in the composition of Congress, “we now have an opportunity to see something actually happen,” said Chip Kahn, the president of the Federation of American Hospitals, which represents for-profit hospitals and, along with the American Hospital Association, is a member of the coalition. In addition to the American Medical Association, the American Academy of Family Physicians is also a member of the coalition.

“This is a very specific set of proposals for the A.C.A. framework to meet its aspirations,” Mr. Kahn said.

The coalition now estimates that 29 million working-age people remain uninsured, and it says that the proposed measures are a way to achieve near-universal coverage.

“We worked hard with all of the partners in the coalition to put forth recommendations to get us to where we need to a pathway to really expand coverage,” said Justine Handelman, a senior vice president for the Blue Cross Blue Shield Association, which is a member of the coalition.

Employer groups, which include the American Benefits Council, are particularly supportive of temporary measures that would help people retain their job-based coverage during the pandemic. The coalition is calling for higher subsidies under COBRA, the federal law that allows people to retain employer-provided health benefits after leaving a job, so that people can afford to keep those job-based plans or so the federal government can provide direct loans to employers.

“It’s really all about the existing system and figuring out the gaps and issues,” said Jeanette Thornton, a senior vice president at America’s Health Insurance Plans. All of the recommendations are “about filling those gaps,” she said.

Biden administration asks Supreme Court to save Obamacare, flipping Trump arguments

Ariane de Vogue and Tami Luhby

(CNN) The Biden administration told the Supreme Court on Wednesday that it should uphold the Affordable Care Act, reversing the position of the Trump administration that had urged the justices to strike down the entire law amid the coronavirus pandemic.

"Following the change in Administration, the Department of Justice has reconsidered the government's position," Deputy Solicitor General Edwin Kneedler told the court in a letter Wednesday. The United States "no longer adheres to the conclusions" in a brief filed by the Trump administration.

Kneedler said the federal government now maintains that the law's individual mandate is constitutional, but even if the court disagrees, it should sever the mandate and allow the rest of the sprawling law to stand. Such a move would maintain the status quo, as the penalty associated with the mandate has been brought down to zero.

The case was argued on November 10 and is currently before the justices, with a decision expected by July.

The letter marks one of the most substantive reversals the Biden administration has taken, but it does not mean the case will go away. It was originally brought by Republican attorneys general, and the Trump administration later joined on.

The challengers argue that the law's individual mandate is unconstitutional and that every other provision of the sprawling 900 page law should fall with it. California, joined by other Democratic-led states, as well as the House of Representatives, supports the law and has urged the justices to leave it in place.

The lawsuit concerns a move Congress made in 2017 to cut the penalty for those who lacked insurance to zero as part of the year-end tax overhaul. Critics raced to court arguing that the Supreme Court in 2012 had upheld the law under Congress' tax power, therefore, since the mandate is no longer tied to a specific tax penalty, it has lost its legal underpinning.

Since it was enacted in 2010, the Affordable Care Act has become an integral part of the nation's health care system. It enacted historic protections for those with preexisting

conditions, allowed children to stay on their parents' plan until age 26 and has provided coverage to more than 20 million Americans, among other measures.

Biden's executive actions on health care

Wednesday's move highlights President Joe Biden's belief that the law is on strong legal footing. Last month, Biden announced he would reopen enrollment on the Affordable Care Act exchanges for three months, announcing that he was signing executive orders related to the law to "undo the damage Trump has done." The special enrollment period starts on Monday.

Biden's health care promises rely on the Affordable Care Act.

He wants to expand federal subsidies to make coverage more affordable for more Americans -- which Democratic lawmakers have included in their Covid-19 relief bill making its way through Congress. And the President also wants to create a government-run public option to compete with private insurers, though that will face steep hurdles on Capitol Hill.

The President is moving quickly to shift away from the changes made by the Trump administration, which sought to weaken the law administratively after Congress failed to repeal it in 2017.

The executive order also directs federal agencies to reexamine a multitude of Trump administration actions, including weakening protections for those with preexisting conditions, undermining the Obamacare exchanges and making it more difficult or more expensive to enroll in Affordable Care Act policies or Medicaid.

And Biden is asking agencies to look at Affordable Care Act and Medicaid waivers and demonstration projects that the Trump administration approved or put in place that may reduce coverage or undermine the programs, including work requirements.

Affordable Care Act subsidies likely to increase under congressional plan
Amy Goldstein

Federal assistance in affording health insurance would expand for the first time in more than a decade under plans Congress is considering to provide relief to Americans harmed by the coronavirus pandemic.

The expansion of federal subsidies for Affordable Care Act health plans, stretching to reach people who are in the middle class or unemployed, is woven into a proposal the House Ways and Means Committee is expected to approve by the end of this week. The proposal also would raise ACA insurance subsidies for consumers already eligible for that help.

The ideas have been adopted in the past year by the Democratic-led House but had no chance of becoming reality until the Senate and the White House shifted last month into Democratic hands. Now, the committee's plan — or something similar — is widely anticipated to become law, marking the first time since the ACA came into existence 11 years ago that the government would be adjusting the law's subsidies, which some policy analysts have consistently criticized as too small to be useful for some people struggling to afford health coverage.

Increasing ACA subsidies and widening who can get them would represent a first step by Congress to embrace President Biden's credo of using the sweeping — and politically polarizing — law as the main tool for improving the nation's health-care system.

Some aspects of Biden's health-care plans from his campaign are controversial even within his own party, such as a proposal to add a new government insurance alternative to compete with private health plans sold through ACA insurance marketplaces. The greater use of subsidies, however, is a strategy that has consensus support among House and Senate Democrats, from liberals to moderates, though it is opposed by most Republicans.

In starting with subsidy adjustments, the powerful Ways and Means Committee is essentially saying that, because of the pandemic, "the American people are in a world of hurt right now, and they need help right now," said Stan Dorn, a longtime health-policy specialist and senior fellow at Families USA, a liberal consumer health group. "Let's take those steps that the vast majority of health-care stakeholders support . . . and at some later point we can revisit these broader philosophical questions," including Biden's campaign plans for a public insurance option and lowering the age at which Americans can join Medicare to 60.

According to a White House official, who spoke on the condition of anonymity to discuss private conversations, the administration is in close contact with the House and Senate as the chambers draft pandemic relief legislation. The official said the ACA subsidies in the Ways and Means plan are consistent with ideas Biden laid out in what the White House calls the American Rescue Plan he has proposed.

According to Congress's Joint Committee on Taxation, the changes would cost $52.6 billion. Another $6.3 billion under the plan would eliminate reimbursements people with ACA health plans ordinarily would be required to pay if they misjudged how much income they expected to earn in a year — and thus were given larger subsidies than they deserved.

As Ways and Means began considering its relief legislation Wednesday, chairman Richard E. Neal (D-Mass.) noted that the increased ACA subsidies would be accompanied by an increase in federal help in affording COBRA benefits, a type of insurance that laid-off employees from certain companies can purchase. They and other aspects of the committee's relief package "will give Americans a sense of security in a time of overwhelming uncertainty," he said.

Neal pointed out that the health-insurance proposal comes in tandem with the first action the Biden White House has taken to broaden access to coverage, including for the millions of Americans who have lost health benefits as their jobs were swept away by the pandemic's economic ripple effects. Two weeks ago, the president ordered the reopening of the ACA's federal insurance marketplaces for three months to give people who need coverage during the pandemic an extra chance to buy health plans.

ACA health plans were created under the 2010 law for individuals and families who cannot get affordable health benefits through a job. During the Trump administration, the window for buying insurance through HealthCare.gov, an online insurance-buying system, was narrowed to six weeks near the end of each year.

The new enrollment opportunity will run from next week through May 15. If Congress adopts the increased subsidies for monthly premiums during that time, the change "would kind of supercharge the new enrollment period," said Larry Levitt, executive vice president of the Kaiser Family Foundation, a health-policy research group. Levitt has suggested previously that the new enrollment period was a "very partial step" and predicted that it might not attract many customers because the health plans were not affordable to everyone eligible for them.

The Ways and Means proposal would make a significant change by ending a rule that made the premium subsidies unavailable to consumers with incomes more than about $51,000 for an individual and $106,000 for a family of four — 400 percent of the federal poverty line.

For the first time, people in that middle-class group could qualify for help paying for premiums to ensure that they did not pay more than 8.5 percent of their income toward a health plan.

And at the low end of the income scale, federal subsidies would fully cover premiums for people with incomes of up to about $19,000 for an individual and nearly $40,000 for a family of four — 150 percent of the poverty level.

For income tiers in between, the subsidies at each tier would be larger than they are now.

These subsidy adjustments would be temporary, for 2021 and 2022.

Other changes, aimed at Americans who have lost jobs because of the pandemic, would be just for the current year, anticipating that the economy might improve if the coronavirus fades after 2021.

One change would provide substantial ACA subsidies to anyone who is receiving unemployment insurance. The other would raise federal subsidies for COBRA, which tends to be expensive. The proposal would provide subsidies amounting to 85 percent of premiums through that program.

“The ACA has never done a good job of taking people who lost a job and getting them health insurance,” Dorn said. “This bill takes a more serious effort than we’ve ever done in our history to provide health insurance to people who lose their jobs.”

Republicans, who are in the House minority, remain opposed to the committee’s proposal, as they were when the House passed elements of it in individual bills last year. In his opening statement as the committee began debating its relief bill, Rep. Kevin Brady (R-Tex.), Ways and Means’ ranking Republican, criticized what he called “higher subsidies for the failing Obamacare program.” And he derided the larger subsidies for COBRA insurance, contending they would be “another incentive to stay home, rather than rejoin the workforce.”
Dorn said the adjustments to ACA subsidies would put the federal help in line with financial help for insurance provided by Massachusetts and New York — two states whose generous assistance with health plans for some people has resulted in relatively few uninsured residents.

The New York Times

If the Supreme Court Ends Obamacare, Here's What It Would Mean
Reed Abelson and Abby Goodnough

What would happen if the Supreme Court struck down the Affordable Care Act?

The fate of the sprawling, decade-old health law known as Obamacare was already in question, with the high court expected to hear arguments a week after the presidential election in the latest case seeking to overturn it. But now, the death of Justice Ruth Bader Ginsburg increases the possibility that the court could abolish it, even as millions of people are losing job-based health coverage during the coronavirus pandemic.

A federal judge in Texas invalidated the entire law in 2018. The Trump administration, which had initially supported eliminating only some parts of the law, then changed its position and agreed with the judge's ruling. Earlier this year the Supreme Court agreed to take the case.

Mr. Trump has vowed to replace Justice Ginsburg, a stalwart defender of the law, before the election. If he is successful in placing a sixth conservative on the court, its new composition could provide the necessary five votes to uphold the Texas decision.

Many millions more people would be affected by such a ruling than those who rely on the law for health insurance. Its many provisions touch the lives of most Americans, from nursing mothers to people who eat at chain restaurants.

Here are some potential consequences, based on estimates by various groups.

133 MILLION

Americans with protected pre-existing conditions

As many as 133 million Americans — roughly half the population under the age of 65 — have pre-existing medical conditions that could disqualify them from buying a health insurance policy or cause them to pay significantly higher premiums if the health law were overturned, according to a government analysis done in 2017. An existing medical condition includes such common ailments as high blood pressure or asthma, any of which could require those buying insurance on their own to pay much more for a policy, if they could get one at all.

The coronavirus, which has infected nearly seven million Americans to date and may have long-term health implications for many of those who become ill, could also become

one of the many medical histories that would make it challenging for someone to find insurance.

Under the A.C.A., no one can be denied coverage under any circumstance, and insurance companies cannot retroactively cancel a policy unless they find evidence of fraud. The Kaiser Family Foundation estimated that 54 million people have conditions serious enough that insurers would outright deny them coverage if the A.C.A. were not in effect, according to an analysis it did in 2019. Its estimates are based on the guidelines insurers had in place about whom to cover before the law was enacted.

Most Americans would still be able to get coverage under a plan provided by an employer or under a federal program, as they did before the law was passed, but protections for pre-existing conditions are particularly important during an economic downturn or to those who want to start their own businesses or retire early. Before the A.C.A., employers would sometimes refuse to cover certain conditions. If the law went away, companies would have to decide if they would drop any of the conditions they are now required to cover.

The need to protect people with existing medical conditions from discrimination by insurers was a central theme in the 2018 midterm elections, and Democrats attributed much of their success in reclaiming control of the House of Representatives to voters' desire to safeguard those protections. Mr. Trump and many Republicans promise to keep this provision of the law, but have not said how they would do that. Before the law, some individuals were sent to high-risk pools operated by states, but even that coverage was often inadequate.

21 MILLION

People who could lose their health insurance

Of the 23 million people who either buy health insurance through the marketplaces set up by the law (roughly 11 million) or receive coverage through the expansion of Medicaid (12 million), about 21 million are at serious risk of becoming uninsured if Obamacare is struck down. That includes more than nine million who receive federal subsidies.

On average, the subsidies cover $492 of a $576 monthly premium this year, according to a report from the Department of Health and Human Services. If the marketplaces and subsidies go away, a comprehensive health plan would become unaffordable for most of those people and many of them would become uninsured.

States could not possibly replace the full amount of federal subsidies with state funds.

12 MILLION

Adults who could lose Medicaid coverage

Medicaid, the government insurance program for the poor that is jointly funded by the federal government and the states, has been the workhorse of Obamacare. If the health law were struck down, more than 12 million low-income adults who have gained Medicaid coverage through the law's expansion of the program could lose it.

In all, according to the Urban Institute, enrollment in the program would drop by more than 15 million, including roughly three million children who got Medicaid or the Children's Health Insurance Program when their parents signed up for coverage.

The law ensures that states will never have to pay more than 10 percent of costs for their expanded Medicaid population; few if any states would be able to pick up the remaining 90 percent to keep their programs going. Over all, the federal government's tab was $66 billion last year, according to the Congressional Budget Office.

Losing free health insurance would, of course, also mean worse access to care and, quite possibly, worse health for the millions who would be affected. Among other things, studies have found that Medicaid expansion has led to better access to preventive screenings, medications and mental health services.

800,000

People with opioid addiction getting treatment through Medicaid

The health law took effect just as the opioid epidemic was spreading to all corners of the country, and health officials in many states say that one of its biggest benefits has been providing access to addiction treatment. It requires insurance companies to cover substance abuse treatment, and they could stop if the law were struck down.

The biggest group able to get access to addiction treatment under the law is adults who have gained Medicaid coverage. The Kaiser Family Foundation estimated that 40 percent of people from 18 to 65 with opioid addiction — roughly 800,000 — are on Medicaid, many or most of whom became eligible for it through the health law. Kaiser also found that in 2016, Americans with Medicaid coverage were twice as likely as those with no insurance to receive any treatment for addiction.

States with expanded Medicaid are spending much more on medications that treat opioid addiction than they used to. From 2013 through 2017, Medicaid spending on prescriptions for two medications that treat opioid addiction more than doubled: It reached $887 million, up from nearly $358 million in 2013, according to the Urban Institute.

The growing insured population in many states has also drawn more treatment providers, including methadone clinics, inpatient programs and primary care doctors who prescribe two other anti-craving medications, buprenorphine and naltrexone. These significant expansions of addiction care could shrink if the law were struck down, leaving a handful of federal grant programs as the main sources of funds.

165 MILLION

Americans who no longer face caps on expensive treatments

The law protects many Americans from caps that insurers and employers once used to limit how much they had to pay out in coverage each year or over a lifetime. Among them are those who get coverage through an employer — more than 150 million before the pandemic caused widespread job loss — as well as roughly 15 million enrolled in Obamacare and other plans in the individual insurance market.

Before the A.C.A., people with conditions like cancer or hemophilia that were very expensive to treat often faced enormous out-of-pocket costs once their medical bills reached these caps.

While not all health coverage was capped, most companies had some sort of limit in place in 2009. A 2017 Brookings analysis estimated that 109 million people would face lifetime limits on their coverage without the health law, with some companies saying they would cover no more than $1 million in medical bills per employee. The vast majority of people never hit those limits, but some who did were forced into bankruptcy or went without treatment.

60 MILLION

Medicare beneficiaries would face changes to medical care and possibly higher premiums

About 60 million people are covered under Medicare, the federal health insurance program for people 65 and older and people of all ages with disabilities. Even though the main aim of the A.C.A. was to overhaul the health insurance markets, the law “touches virtually every part of Medicare,” said Tricia Neuman, a senior vice president for the Kaiser Family Foundation, which did an analysis of the law’s repeal. Overturning the law would be “very disruptive,” she said.

If the A.C.A. is struck down, Medicare beneficiaries would have to pay more for preventive care, like a wellness visit or diabetes check, which are now free. They would also have to pay more toward their prescription drugs. About five million people faced the so-called Medicare doughnut hole, or coverage gap, in 2016, which the A.C.A. sought to eliminate. If the law were overturned, that coverage gap would widen again.

The law also made other changes, like cutting the amount the federal government paid hospitals and other providers as well as private Medicare Advantage plans. Undoing the cuts could increase the program’s overall costs by hundreds of billions of dollars, according to Ms. Neuman. Premiums under the program could go up as a result.

The A.C.A. was also responsible for promoting experiments into new ways of paying hospitals and doctors, creating vehicles like accountable care organizations to help hospitals, doctors and others to better coordinate patients’ care.

If the groups save Medicare money on the care they provide, they get to keep some of those savings. About 11 million people are now enrolled in these Medicare groups, and it is unclear what would happen to these experiments if the law were deemed unconstitutional. Some of Mr. Trump's initiatives, like the efforts to lower drug prices, would also be hindered without the federal authority established under the A.C.A.

Repealing the law would also eliminate a 0.9 percent increase in the payroll tax for high earners, which would mean less money coming into the Medicare trust fund. The fund is already heading toward insolvency — partly because other taxes created by the law that had provided revenue for the fund have already been repealed — by 2024.

2 MILLION

Young adults with coverage through their parents' plans

The A.C.A. required employers to cover their employees' children under the age of 26, and it is one of the law's most popular provisions. Roughly two million young adults are covered under a parent's insurance plan, according to a 2016 government estimate. If the law were struck down, employers would have to decide if they would continue to offer the coverage. Dorian Smith, a partner at Mercer, a benefits consulting firm, predicted that many companies would most likely continue.

$50 BILLION

Medical care for the uninsured could cost billions more

Doctors and hospitals could lose a crucial source of revenue, as more people lose insurance during an economic downturn. The Urban Institute estimated that nationwide, without the A.C.A., the cost of care for people who cannot pay for it could increase as much as $50.2 billion.

Hospitals and other medical providers, many of whom are already struggling financially because of the pandemic, would incur losses, as many now have higher revenues and reduced costs for uncompensated care in states that expanded Medicaid. A study in 2017 by the Commonwealth Fund found that for every dollar of uncompensated care costs those states had in 2013, the health law had erased 40 cents by 2015, or a total of $6.2 billion.

The health insurance industry would be upended by the elimination of A.C.A. requirements. Insurers in many markets could again deny coverage or charge higher premiums to people with pre-existing medical conditions, and they could charge women higher rates. States could still regulate insurance, but consumers would see more variation from state to state. Insurers would also probably see lower revenues and fewer

members in the plans they operate in the individual market and for state Medicaid programs at a time when millions of people are losing their job-based coverage.

1,000 CALORIES

Menu labels are among dozens of the law's provisions that are less well known

The A.C.A. requires nutrition labeling and calorie counts on menu items at chain restaurants.

It requires many employers to provide "reasonable break time" and a private space for nursing mothers to pump breast milk.

It created a pathway for federal approval of biosimilars, which are near-copies of biologic drugs, made from living cells.

These and other measures would have no legal mandate to continue if the A.C.A. is eliminated.

'Obamacare' sign-ups reopen as Democrats push for more aid
Ricardo Alonso-Zaldivar

WASHINGTON (AP) — HealthCare.gov's market for subsidized health plans reopens Monday for a special three-month sign-up window as the Democratic-led Congress pushes a boost in financial help that could cut premiums by double digits.

This enrollment period during the coronavirus pandemic is an early test of President Joe Biden's strategy to use the Affordable Care Act as a springboard toward health coverage for all. Advancing on a parallel track, the new COVID-19 relief bill from House Democrats would offer a generous, though temporary, increase in subsidies for people covered by the law known as "Obamacare."

"It is a hugely important signaling move," said Katherine Hempstead of the nonpartisan Robert Wood Johnson Foundation. "The administration is doing more than having open enrollment here, they're saying they want to make this coverage more affordable."

While policy experts like Hempstead are taking note, it's unclear how uninsured Americans will respond. Former President Barack Obama's health law has been on the books over a decade, but surveys consistently show that many people lacking job-based

insurance do not realize they may qualify. The Congressional Budget Office estimates that about 33 million people are uninsured this year.

At Foundation Communities, an Austin, Texas, nonprofit that serves low-income working people, program director Kori Hattemer says she's seeing an uptick in interest. Although her agency had not started advertising, appointments for enrollment assistance booked up quickly. Volunteer counselors are being called back.

For clients, "it's their last chance probably to enroll in health insurance for 2021," Hattemer said.

One is Jacklindy Barradez, a housekeeper and restaurant worker unemployed since the start of the pandemic. Her husband hung on to his maintenance job, but the couple and their two children are uninsured. Barradez said a friend told her about the health law and she intends to follow through.

With no health insurance as the pandemic stretches into its second year, Barradez is uneasy. "We are not exempt from having something happen to us," she said in Spanish, her first language. "Not having the means to respond is extremely worrisome."

The Biden administration is going the extra mile to try to sign up people such as Barradez.

HealthCare.gov will be accepting applications through May 15, a period about twice as long as annual open enrollment. The Centers for Medicare and Medicaid Services, which runs the program, has a $50 million advertising budget, five times what the Trump administration would spend on annual open enrollment. Under Biden, there will be a special emphasis on reaching Black and Latino communities that have borne a heavy burden from COVID-19.

Across the country, people in the 36 states served by the federal HealthCare.gov marketplace will be able to apply. Additionally, most states that run their own marketplaces are matching the federal effort, giving it the feel of a national campaign.

The appeal for uninsured people could become much clearer if Congress increases premium subsidies as part of its next virus relief package.

"That would be a great incentive to get people in the door," said Tara Straw, a health policy analyst with the Center on Budget and Policy Priorities, which advocates on behalf of low-income people. More generous help would be available not just to the newly enrolled, but to all who are covered through the law's marketplaces.

By the budget center's calculations, a family of four making $50,000 would pay $67 a month in premiums for a standard plan, instead of an average of $252 currently, while also qualifying for help with deductibles and copays. The boost in premium assistance would be available for this year and for 2022.

Similarly, a single person making $30,000 a year would pay $85 a month for a standard plan instead of the current $195.

The Democratic proposal would allow more solid middle-class households to qualify for financial help. On the opposite end of the scale, those who've experienced unemployment would qualify for extra-generous subsidies.

Republicans who tried but failed to repeal the law under President Donald Trump are calling the Democratic plan a waste of taxpayer dollars. But many Democrats see it as merely a down payment on a more ambitious health care agenda.

The Obama health law now covers more than 20 million people through a combination of subsidized private plans and, in most states, expanded Medicaid.

Experts agree that job losses during the pandemic have led to more uninsured people, but it's unclear how many more. Some estimates range from 5 million to 10 million, while the Congressional Budget Office suggests a lower number, more like 3 million.

Chris Sloan of the consulting firm Avalere Health says it's likely that many who became unemployed in the pandemic had no job-based health insurance to begin with. That means they represent the demographic for which the health law was originally designed.

"People are coming back into the workforce as the unemployment rate comes down, but they may not necessarily have the same job or as good a job," said Sloan. "This will be an important option for people still facing job and employment insecurity."

The ACA Marketplace Is Open Again for Insurance Sign-Ups. Here's What You Need to Know.
Michelle Andrews

For people who've been without health insurance during the pandemic, relief is in sight.

In January, President Joe Biden signed an executive order to open up the federal health insurance marketplace for three months as of Monday so uninsured people can buy a plan and those who want to change their marketplace coverage can do so.

Consumer advocates applauded the directive. Since 2016, the number of Americans without health insurance has been on the rise, reaching 30 million in 2019. The economic upheaval caused by the novel coronavirus has made a bad situation worse, throwing millions off their insurance plans.

The move is in stark contrast to the Trump administration's approach. As covid-19 took hold last spring and the economy imploded, health experts pleaded with the Trump administration to open up the federal marketplace so people could buy insurance to protect themselves during the worst public health emergency in a century. The administration declined, noting that people who suddenly found themselves without coverage because they lost their jobs were able to sign up on the marketplace under ordinary rules. They also cited concerns that sick people who had resisted buying insurance before would buy coverage and drive up premiums.

The Biden administration is promising to spend $50 million on outreach and education to get the word out about the new special enrollment period. That's critical, experts said. Although the number of people signing up for Affordable Care Act plans has generally remained robust, the number of new consumers enrolling in the federal marketplace has dropped every year since 2016, according to KFF, corresponding to funding cuts in marketing and outreach. (KHN is an editorially independent program of KFF.)

"There are a lot of uninsured people who even before covid were eligible for either hefty marketplace subsidies or for Medicaid and not aware of it," said Sabrina Corlette, a research professor at Georgetown University's Center on Health Insurance Reforms. A marketing blitz can reach a broad swath of people and hopefully draw them in, regardless of whether they're uninsured because of covid or not, she said.

Here are answers to questions about the new enrollment option.

Q: When can consumers sign up, and in which states?

The sign-up window will be open for three months, from Monday through May 15. Uninsured residents of any of the 36 states that use the federal healthcare.gov platform can look for plans during that time and enroll.

States and the District of Columbia that operate their own marketplaces are establishing special enrollment periods similar to the new federal one, though they may have somewhat different time frames or eligibility rules. In Massachusetts, for example, the sign-up window remains open until May 23, while in Connecticut, it closes March 15. Meanwhile, Colorado has reopened enrollment in its marketplace for residents who lack insurance, but anyone already enrolled in one of the state's marketplace plans won't be allowed to switch to a different plan based on this special enrollment period.

Q: Can people who lost their jobs and health insurance many months ago sign up during the new enrollment period?

Yes. The enrollment window is open to anyone who is uninsured and would normally be eligible to buy coverage on the exchange (people who are serving prison or jail terms and those who are in the country without legal permission aren't allowed to enroll).

People with incomes up to 400% of the federal poverty level (about $51,500 for one person or $106,000 for a family of four) are eligible for premium tax credits that may substantially reduce their costs.

Typically, people can buy a marketplace plan only during the annual open enrollment period in the fall or if a major life event gives them another opportunity to sign up, called a special enrollment period. Losing job-based health coverage is one event that creates a special sign-up opportunity; so is getting married or having a baby. But usually people must sign up with the marketplace within 60 days of the event.

With the new special enrollment period, how long someone has been uninsured isn't relevant, nor do people have to provide documentation that they've lost job-based coverage.

"The message is quite simple: Come and apply," said Sarah Lueck, a senior policy analyst at the Center on Budget and Policy Priorities.

Q: What about people who are already enrolled in a marketplace plan? Can they switch their coverage during this new enrollment period?

Yes, as long as their coverage is through the federal marketplace. If, for example, someone is enrolled in a gold plan now but wants to switch to a cheaper bronze plan with a higher deductible, that's allowed. As mentioned above, however, some state-operated marketplaces may not make that option available.

Q: Many people have lost significant income during the pandemic. How do they decide whether a marketplace plan with premium subsidies is a better buy for them than Medicaid?

They don't have to decide. During the application process, the marketplace asks people for income information. If their annual income is below the Medicaid threshold (for many adults in most states, 138% of the federal poverty level, or about $18,000 for an individual), they will be directed to that program for coverage. If people are eligible for Medicaid, they can't get subsidized coverage on the exchange.

People can sign up for Medicaid anytime; there's no need to wait for an annual or special enrollment period.

Those already enrolled in a marketplace plan whose income changes should go back into the marketplace and update their income information as soon as possible. They may be eligible for larger premium subsidies for their marketplace plan or, if their income has dropped significantly, for Medicaid. (Likewise, if their income has increased and they don't adjust their marketplace income estimates, they could be on the hook for overpayments of their subsidies when they file their taxes.)

Q: What about people who signed up under the federal COBRA law to continue their employer coverage after losing their job? Can they drop it and sign up for a marketplace plan?

Yes people in federal marketplace states can take that step, health experts say. Under COBRA, people can be required to pay the full amount of the premium plus a 2% administrative fee. Marketplace coverage is almost certainly cheaper.

Normally, if people have COBRA coverage and they drop it midyear, they can't sign up for a marketplace plan until the annual fall open enrollment period. But this special enrollment period will give people that option.

Update: This story was updated on Feb. 16 at 2 pm ET to delete information about Idaho not yet deciding on a special enrollment period. Your Health Idaho, the state-run exchange, announced its plans for that SEP.

FiveThirtyEight

The Democrats Have An Ambitious Agenda. Here's What They Should Learn From Obamacare.
Dan Hopkins

In 2010, the last time Democrats controlled both houses of Congress and the presidency, they used the opportunity to pass sweeping health care reform legislation known as the Affordable Care Act, or Obamacare.

Now, though, Democrats are back in the driver's seat, with unified control of the federal government thanks to their Senate wins in Georgia. So, what lessons from their 2010 signature accomplishment should they apply to their efforts to pass legislation in 2021, whether it's on COVID-19 or climate change?

As a political science professor studying public perceptions of the ACA, I see two core lessons for Democrats to keep in mind. First, to stop high-profile laws from becoming unpopular, it helps to keep them simple. And the ACA was anything but: It sought to increase access to health insurance through a complex patchwork of regulations and other policies, which included creating new health insurance exchanges, expanding Medicaid, adding new rules to guarantee insurance access regardless of preexisting conditions, and mandating that all Americans obtain health insurance.

Second, when the public evaluates a complex, multifaceted policy, like the ACA, there is a tendency to focus on its least popular parts. Most of the ACA's major provisions were actually pretty popular. In a January 2010 Kaiser Family Foundation poll, for instance,

67 percent of respondents said that they were more likely to support health care legislation that created insurance exchanges, while 62 percent said the same about expanding Medicaid. Yet, Obamacare as a whole was viewed unfavorably from 2011 until 2017. That was, in large part, due to one unpopular provision in the law: the individual mandate. In that same 2010 KFF poll, 62 percent said that the health insurance mandate made them less likely to support the bill. And for millions of Americans, the ACA became synonymous with the individual mandate.

The complexity of the ACA also masked its impact to a degree. For instance, the ACA's exchanges should have fostered support for the law — after all, they enabled millions of Americans to get insurance, often with subsidies averaging thousands of dollars. Yet, as Cornell University's Will Hobbs and I find in our preprint, the 2014 rollout of the exchanges did not increase support for the ACA. In part, that's because the exchanges relied on private insurers, and so the government's role in facilitating the insurance was obscured. The exchanges were also designed to be bolstered by the individual mandate, but given the mandate's unpopularity, it provoked a demonstrable backlash. We found, too, that exchange customers felt more negative toward the ACA if local premiums spiked. Once again, losses loomed larger than gains.

Not all parts of the law were unsuccessful, though. Take the ACA's expansion of Medicaid. It extended coverage to most low-income adults, including adults without children, and is a key source of support for the ACA. In fact, in a 2019 article I co-authored with then-University of Pennsylvania researcher Kalind Parish, we found that poorer residents in states where Medicaid had been expanded were notably more supportive of the ACA after its implementation. That's evidence that tangible, positive experiences with the law had an effect, too.

Policy design clearly plays a role in a law's popularity. And policies that impose clear costs or obscure benefits are likely to be less popular, as we saw with the ACA. That said, there is one more key lesson here: It's really hard for politicians to control the messaging of any piece of legislation. According to research I conducted for a 2018 article, the messaging that the two parties used in the initial debates around the ACA did little to influence public opinion, or even the words Americans used to explain their attitudes toward the ACA. The rhetoric used by politicians — remember former Alaska Gov. Sarah Palin's infamous Facebook post suggesting that the ACA would create "death panels" — corresponded very little with the language used by Americans when talking about the ACA. This echoes other research that has also found little evidence of opinions shifting in response to messaging. This holds true even among groups for whom the messaging is targeted (like older Americans). Rather, the key to successful legislation seems to hinge on how the policy is designed, not how it is discussed.

And that makes some sense, as the central goal of legislating is to shape policy, not public opinion. But this is not to say the two aren't closely related. After all, the ACA's initial unpopularity undermined the Democrats' ability to defend it, leaving the law politically vulnerable for years. It also had very real electoral consequences when Democrats lost the House in 2010. So, as the Democratic Congress gets ready to pass

its agenda, it may be wise to internalize these lessons from the ACA to avoid the same pitfalls.

Why Biden Has a Chance to Cut Deals With Red State Holdouts on Medicaid
Noam. N. Levey

President Joe Biden has an unexpected opening to cut deals with red states to expand Medicaid, raising the prospect that the new administration could extend health protections to millions of uninsured Americans and reach a goal that has eluded Democrats for a decade.

The opportunity emerges as the covid-19 pandemic saps state budgets and strains safety nets. That may help break the Medicaid deadlock in some of the 12 states that have rejected federal funding made available by the Affordable Care Act, health officials, patient advocates and political observers say.

Any breakthrough will require a delicate political balancing act. New Medicaid compromises could leave some states with safety-net programs that, while covering more people, don't insure as many as Democrats would like. Any expansion deals would also need to allow Republican state officials to tell their constituents they didn't simply accept the 2010 health law, often called Obamacare.

"Getting all the remaining states to embrace the Medicaid expansion is not going to happen overnight," said Matt Salo, executive director of the nonpartisan National Association of Medicaid Directors. "But there are significant opportunities for the Biden administration to meet many of them halfway."

Key to these potential compromises will likely be federal signoff on conservative versions of Medicaid expansion, such as limits on who qualifies for the program or more federal funding, which congressional Democrats have proposed in the latest covid relief bill.

But any deals would bring the country closer to fulfilling the promise of the 2010 law, a pillar of Biden's agenda, and begin to reverse Trump administration efforts to weaken public programs, which swelled the ranks of the uninsured.

"A new administration with a focus on coverage can make a difference in how these states proceed," said Cindy Mann, who oversaw Medicaid in the Obama administration and now consults extensively with states at the law firm Manatt, Phelps & Phillips.

Medicaid, the half-century-old health insurance program for the poor and people with disabilities, and the related Children's Health Insurance Program cover more than 70 million Americans, including nearly half the nation's children.

Enrollment surged following enactment of the health law, which provides hundreds of billions of dollars to states to expand eligibility to low-income, working-age adults.

However, enlarging the government safety net has long been anathema to most Republicans, many of whom fear that federal programs will inevitably impose higher costs on states.

And although the GOP's decade-long campaign to "repeal and replace" the health law has largely collapsed, hostility toward it remains high among Republican voters.

That makes it perilous for politicians to embrace any part of it, said Republican pollster Bill McInturff, a partner at Public Opinion Strategies. "A lot of Republican state legislators are sitting in core red districts, looking over their shoulders at a primary challenge," he said.

Many conservatives have called instead for federal Medicaid block grants that cap how much federal money goes to states in exchange for giving states more leeway to decide whom they cover and what benefits their programs offer.

Many Democrats and patient advocates fear block grants will restrict access to care. But just before leaving office, the Trump administration gave Tennessee permission to experiment with such an approach.

"It's a frustrating place to be," said Tom Banning, the longtime head of the Texas Academy of Family Physicians, which has labored to persuade the state's Republican leaders to drop their opposition to expanding Medicaid. "Despite covid and despite all the attention on health and disparities, we see almost no movement on this issue."

Some 1.5 million low-income Texans are shut out of Medicaid because the state has resisted expansion, according to estimates by KFF. (KHN is an editorially independent program of KFF.)

An additional 800,000 people are locked out in Florida, which has also blocked expansion.

Two million more are caught in the 10 remaining holdouts: Alabama, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Wisconsin and Wyoming.

Advocates of Medicaid expansion, which is broadly popular with voters, believe they may be able to break through in a handful of these states that allow ballot initiatives, including Mississippi and South Dakota.

Since 2018, voters in Idaho, Nebraska, Utah, Oklahoma and Missouri have backed initiatives to expand Medicaid eligibility, effectively circumventing Republican political leaders.

“The work that we’ve done around the country shows that no matter where people live — red state or blue state — there is overwhelming support for expanding access to health care,” said Kelly Hall, policy director of the Fairness Project, a nonprofit advocacy group that has helped organize the Medicaid measures.

But most of the holdout states, including Texas, don’t allow citizens to put initiatives on the ballot without legislative approval.

And although Florida has an initiative process, mounting a ballot campaign there is challenging, as political advertising is expensive. Unlike in many states, Florida’s leading hospital association hasn’t backed expansion.

Another route for expansion: compromises that could win over skeptical Republican state leaders and still get the green light from the Biden administration.

The Obama administration approved conservative Medicaid expansion in Arkansas, which funneled enrollees into the commercial insurance market, and in Indiana, which forced enrollees to pay more for their medical care.

Money is a major focus of current talks in several states, according to health officials, advocates and others involved in efforts across the country.

The health law at first fully funded Medicaid expansion with federal money, but after the first three years, states had to begin paying part of the tab. Now, states must come up with 10% of the cost of expansion.

Even that small share is a challenge for states, many of which are reeling from the economic downturn caused by the pandemic, said David Becker, a health economist at the University of Alabama-Birmingham who has assisted efforts to expand Medicaid in that state.

“The question is: Where do we get the money?” Becker said, noting that some Republicans may be open to expanding Medicaid if the federal government pays the full cost of the expansion, at least for a year or two.

Other efforts to find ways to offset state costs are underway in Kansas and North Carolina, which have Democratic governors whose expansion plans have been blocked by Republican state legislators. Kansas Gov. Laura Kelly this month proposed using money from the sale and taxation of medical marijuana.

Some Democrats in Congress are pushing to revise the health law to provide full federal funding to states that expand Medicaid now. Separately, in the stimulus bill unveiled last

week, House Democrats proposed an additional boost in total Medicaid aid to states that expand.

Other Republicans have signaled interest in partly expanding Medicaid, opening the program to people making up to 100% of the federal poverty level, or about $12,900, rather than 138%, or $17,800, as the law stipulated.

The Obama administration rejected this approach, but the idea has gained traction in several states, including Georgia.

It's unclear what kind of compromises the new administration may consider, as Biden has yet to even nominate someone to oversee the Medicaid program.

Some Democrats say it's time to give up the search for middle ground with Republicans on Medicaid.

A better strategy, they say, is a new government insurance plan, or public option, for people in non-expansion states, a strategy Biden endorsed on the campaign trail.

"Democrats can no longer countenance millions of Americans living in poverty without insurance," said Chris Jennings, a Democratic health care strategist who worked in the White House under Presidents Bill Clinton and Barack Obama and served on Biden's transition team.

"This is why the Biden public option or other new ways to secure affordable, meaningful care should become the order of the day for people living in states like Florida and Texas."

Opinion: COVID relief bill would offer more relief on health insurance premiums too
Jon Healey

On the campaign trail, Joe Biden pledged to use the Affordable Care Act as a foundation for extending health insurance to all Americans. And in his first major legislative proposal — a $1.9-trillion COVID-19 relief package — Biden is trying to take the first steps in that direction. The moves are significant, but also limited in ways that set up tough choices down the road.

It's nice to see Washington finally trying to make the ACA deliver affordable coverage to more people, rather than trying to kill it or undermine its protections for people with

preexisting conditions. Biden's proposal, as advanced by the House Ways & Means Committee last week, would provide larger premium subsidies for two years to the vast majority of people who buy coverage through the state Obamacare exchanges.

The state exchanges serve people who aren't covered by an employer's health plan or a public program (such as Medicare or Medicaid). That's a narrow slice of the American public in practice — roughly 19 million Americans buy policies in the nongroup market — but in theory it could be anyone who is self-employed or can't find work, who retires early or whose workplace offers no coverage.

Under the ACA, the amount of help you receive is tied to your income and the cost of a mid-level policy (that is, a policy that covers 70% of a person's average annual healthcare bills). For someone with an income equal to or a little above the federal poverty level (which currently sits at $12,760 for a single person and $26,200 for a family of four), premiums for a mid-level policy would be capped at 2% of income. At three to four times the poverty level, premiums are capped at just under 10% of income. Above four times the poverty level, there is no subsidy. As a result, the average mid-level policy last year would have cost a family of four with an income just above four times the poverty level more than 17% of their monthly salary.

Under the Biden proposal, anyone at or near the poverty level could get subsidies large enough to enable them to buy a mid-level policy without paying any premiums. The subsidies would diminish gradually from there, but would be available to people with much higher incomes than the current law provides. The maximum anyone would pay for the benchmark plan — the second least expensive mid-level policy — would be about 8.5% of income.

As you might expect, this is not cheap. The Congressional Budget Office estimates that the federal government's cost would be $34 billion. That's because it would cut premiums for millions of Americans by hundreds to thousands of dollars over the next two years.

Peter V. Lee, executive director of Covered California, said the higher subsidies for people earning less than four times the poverty line would cut premiums by an average of $100 a month in this state. For those earning more, Lee said, the expanded federal subsidies would help more than the subsidies that California enacted in 2019, while saving taxpayers here hundreds of millions of dollars.

Larry Levitt, executive vice president for health policy at the Kaiser Family Foundation, noted that people near the poverty line and those who are above the range of the current subsidies "are two groups that have been squeezed by healthcare costs." The

Biden proposal “would fill in some of the big affordability gaps in the ACA as originally enacted,” he said.

But there are downsides, starting with the temporary nature of the increase in subsidies. Unless Congress extends the relief, people who shop at the state exchanges will be in for a rude awakening when their premiums jump in two years.

“It also doesn’t fully resolve affordability issues, such as high deductibles, or do anything to help people with employer coverage who struggle with the high cost,” Levitt observed.

Indeed, the problem with the ACA is that it did little to rein in the rising cost of medical services, devices and pharmaceuticals that have driven premiums and deductibles steadily higher. Instead, it launched a number of experiments aimed at giving doctors, hospitals and insurers more incentive to limit spending, which have encouraged some new approaches but haven’t transformed the industry.

Like the ACA itself, Biden’s temporary plan addresses affordability by pouring more money into subsidies, not by doing the much harder and more controversial work of lowering the cost of healthcare services. But if subsidies are its only response to the problem, the federal government won’t be applying any pressure on the industry to deliver more care for the dollar, and premiums will continue to rise faster than inflation. That’s not making healthcare more affordable, it’s just shifting an ever-growing bill from one payer — people with insurance — to another — people who pay taxes.

The COVID relief bill would buy Congress time to work on a longer-term answer, even though lawmakers may be tempted just to extend the higher subsidies for several more years. At some point, however, they are going to have to grapple with the incessant increase in healthcare spending, or live with the consequences of healthcare bills consuming a larger and larger share of the economy, crowding out potentially more productive uses of our dollars.

Next Year, Extend Open Enrollment Of The ACA Marketplaces Into January
Coleman Drake and David Anderson

When the 2021 open enrollment period for the federally facilitated health insurance Marketplace, Healthcare.gov, ended on December 15, 2020, more than 8.25 million individuals had enrolled. After including the state-based Marketplaces, overall Marketplace enrollment increased for the first time since 2016. This increase occurred despite decreased affordability for the large majority of enrollees, minimal advertising, and little navigation support, which would have helped more people who could have benefitted from enrolling but did not. What is more, a complex enrollment process, described below, has meant that among even those who do attempt to sign-up on time, many may still ultimately miss out on securing coverage. Fortunately, there's a straightforward fix to begin addressing this problem next year.

Improving Affordability As A Priority

The Biden administration aims to increase Marketplace plan affordability for more Americans. Leading Democratic proposals in the Senate and the House would remove the income cap that limits premium tax credit subsidies to households with incomes at or below 400 percent of the federal poverty level—slightly more than $50,000 for an individual and $100,000 for a family of four. These proposals also would reduce the applicable percentage that all households would pay for the benchmark plan. As has always been the case, premium tax credit subsidies do not just apply to benchmark plans; rather, they can be applied toward any plan. This proposal would thus decrease the out-of-pocket premiums of all Marketplace plans.

A significant consequence of increased subsidies, then, is that the availability of zero-premium plans will increase substantially as the number of plans whose premiums are less than enrollees' premium tax credit subsidies increases. Zero-premium plans have been available to some enrollees since the start of the Marketplaces in 2014, but they only became common in 2018 due to the practice of silver loading.

Only a fraction of those eligible for Marketplace plans enroll even when premiums are reduced to zero by subsidies. This conundrum illustrates an emerging paradigm in health insurance research: Prices are not the only barrier to enrollment. Administrative burdens, such as determining one's eligibility for a social welfare program or the time it takes to enroll, also pose significant barriers to health insurance coverage.

Easier Enrollment

The Biden administration could decrease the administrative burden of Marketplace enrollment by extending Healthcare.gov's open enrollment period into January, so that it ends on January 15, 2022, rather than December 15, 2021. As we explain below, such an extended open enrollment period would likely increase the number of individuals with health insurance coverage by allowing greater flexibility in signing up for coverage.

Currently, enrolling in a Marketplace plan in the federally facilitated Marketplace is a two-step process. Families must first choose a plan. They must then make their first premium payment to their insurer by January 1. The household's policy is activated only after their insurer receives this payment. If payment is not received by January 1, the household remains uninsured.

Zero-premium plans eliminate the second step, as there is no need to make a premium payment for a plan with no premium. Households who have selected plans with premiums, on the other hand, face an administrative burden in that they must make their first payment by January 1. Since many households do not select a plan until close to December 15, they often have only two weeks to pay their insurer. Financial and emotional stress related to the holidays, simple mistakes filling out checks, and COVID-19-related complications can all make this a challenging task. Unfortunately, households that do not get their check in on time have to wait until the next year's open enrollment period to get covered.

It does not have to be this way. Several state-based Marketplaces have longer open enrollment periods that extend into January. Colorado's open enrollment period, for instance, is typically extended through at least January 15. These enrollment periods provide families with a second chance to enroll if they miss the January 1 payment deadline; they can simply re-enroll in the Marketplace and make a payment to their insurer by February 1. Healthcare.gov previously operated its open enrollment period through the end of January during the Obama administration.

A Second Chance

The opportunity to obtain coverage after missing the January 1 payment deadline matters. In our research on Colorado's Marketplace with Sih-Ting Cai and Daniel W. Sacks, we found that households enrolled in zero-premium plans were covered, on average, for 50 more days than those that were not. This increase was entirely due to households that enrolled in zero-premium plans being more likely to start coverage on January 1. This effect was even larger among lower-income households, who likely have greater difficulty making their first payment on time due to a lack of access to checking accounts. By offering an extended open enrollment period, states such as Colorado have allowed households who miss the January 1 payment deadline with an opportunity to become insured on February 1 rather than remaining uninsured for the entire year.

Extending the open enrollment period into January also makes signing up for coverage easier from a practical standpoint. Katherine Swartz and John Graves found that families often experience more financial insecurity and have less mental energy to

devote to purchasing health insurance in the last two weeks of the calendar year, likely due to the holidays. Simply allowing families the opportunity to purchase insurance at a less demanding time of year could thus help to reduce the number of uninsured. Additionally, December is a particularly demanding time for insurance brokers, who often serve both Medicare and Marketplace clients during December. Extended enrollment periods would allow brokers to devote more time to clients in both insurance markets.

The Biden administration has an ambitious legislative agenda to improve, strengthen, and reform the health insurance Marketplaces. To that end, it has administrative tools at its disposal to reduce administrative burdens that often stand in the way of families obtaining health insurance. Extending the Marketplaces' open enrollment period would be an immediate and effective administrative action to reduce the uninsured rate and improve the Affordable Care Act.

What Democrats Can Learn From Obamacare, According To Barack Obama
Jonathan Cohn

Everybody is talking about how Democrats need to avoid the traps that ensnared them during former President Barack Obama's first term, when they repeatedly got bogged down in bipartisan negotiations, made all sorts of substantive concessions on policy, and still got virtually no GOP support for their initiatives.

Not so long ago, I got to interview an expert on the matter: President Obama himself.

Our conversation took place in early March 2020, well before anyone knew Joe Biden would win the nomination and become president this year, or that Democrats would also have full control of Congress, or that the overwhelming political priority would be dealing with COVID-19. And strictly speaking, the interview with Obama wasn't about how Democrats should govern. The subject was the Affordable Care Act, for a new book about the law's history that is coming out on Tuesday.

But the conversation covered a lot more than health care policy, because it's impossible to talk about the 2010 law without talking about the ways politics have been changing in the past decade, and how those changes affected what Democrats were and weren't able to do. In many ways, the saga of the Affordable Care Act is a case study in the

challenges that progressives must overcome if they want to pass ambitious legislation — challenges facing Democrats now just as surely as they did during Obama's tenure.

The Democrats today have one advantage, though. They can learn from the past. And when I asked Obama to reflect on what he and the Affordable Care Act's architects got wrong, he cited a failure to grasp the depth and duration of GOP opposition.

"I think what we got wrong was underestimating the degree to which political polarization had — the degree to which political polarization meant that the issue was never settled," the former president said, adding later, "I think any progressive president, on any issue for the next several years, is going to have to confront the problem that the GOP has shifted into a perpetual campaign mode."

Obama's focus on Republican opposition and its effects may sound self-serving to some people — whether it's conservatives who blame Obama for polarizing the country, or progressives who think Obama is trying to avoid blame for compromises he should never have made. Reasonable people can certainly question individual decisions that Obama, along with other Democratic leaders, made at various points in the Affordable Care Act's history.

But the transformation of the Republicans into a more ideologically and temperamentally extreme party really has changed American politics in profound ways, and Democrats really do need to adapt to that transformation if they want to succeed. That means paying attention to what went wrong with the Affordable Care Act — although, to be clear, it also means recognizing what went right. And Obama has some ideas about that too.

A Blueprint For Compromise

The conversation with Obama, inside an office building not far from the White House, lasted for nearly an hour. He looked more relaxed than I'd ever seen him. He was wearing a black, open-collar shirt, casual dark gray pants and loafers — and, as he gleefully pointed out, no socks. "The best part of not being president anymore," he said of his attire. But he talked like he always did, with that deliberate, professorial cadence and sentences full of dependent clauses in order to capture every last nuance.

The timing seemed fortuitous because it was right before the 10-year anniversary of the Affordable Care Act's signing, a milestone he planned to mark by attending a conference and celebration at American University nearby. Then the pandemic hit, forcing it to be canceled, which felt somehow appropriate given that the law continues to inspire mixed feelings. Approval of the program is higher than in the past, according to polls, but it's still lower than cherished programs like Medicare and Social Security.

Some of that is due to polarization, with Obamacare popular among Democratic voters and unpopular among Republicans for reasons that probably have little to do with anything but partisan loyalty. But performance is still an issue. Many millions still can't pay their medical bills, because they don't have insurance or their insurance covers too

little. The U.S. still has the world's most confusing and expensive system, with little evidence that the extra money buys better quality.

I think what we got wrong was underestimating ... the degree to which political polarization meant that the issue was never settled. Former President Barack Obama

Not that the Affordable Care Act's architects thought they were fixing all of the health care system's problems. After nearly a century of failed attempts at passing universal coverage, most recently during Bill Clinton's presidency, Democrats were determined to find a more politically viable path. By around 2006 or so, a consensus had taken shape around a plan that leaned heavily on private insurance and minimized disruption of existing arrangements, and a strategy that stressed negotiating with the health care industry rather than fighting it.

It was a far cry from the government-run insurance plan that Harry Truman once championed, but Democratic leaders embraced it as the best they could get — and so did Obama, who repeated in our interview his belief that something like a government-run, "single-payer" system would probably work best, but creating one right away would be too difficult.

"We have a legacy system that is one-sixth of the economy," Obama said. "The idea that you could, in some way, dismantle that entire system — or even transition it entirely — to a single payer system looked politically impractical and probably really disruptive. ... The best chance to actually get people healthier was going to be to design a system that acknowledged 85% of the American people have health insurance and that plugged the gap for those 15% who don't."

The concept was notional until April 2006, when a state-level reform fitting those criteria became law in Massachusetts, with the signature of a Republican governor (Mitt Romney) and support of some conservative intellectuals (at the Heritage Foundation). It was proof of concept for the Democrats — including Obama, who, while putting together his campaign health plan, was already thinking about what might get GOP votes.

"I was never under an illusion that we would get majority Republican support," Obama said. "But it was my belief that a law signed by Mitt Romney, and that could be traced back to ideas that had appeared in the Heritage Foundation literature, would give some political cover to those Republicans who were so inclined to vote for it."

"Obviously," Obama said, "that did not prove to be the case."

Opposition As The Republican Brand

No, it did not — although, contrary to what some Republicans say now, it was not for Democrats' lack of effort. In addition to believing in bipartisanship as a virtue, Obama could count votes, especially in the Senate, where a small-state bias gave conservative states disproportionate power — and where the filibuster was becoming a de facto, 60-vote requirement for all legislation.

Among the many political realities of 2009 frequently forgotten today are that Democrats had only 58 Senate seats for the first few months, because of litigation over Minnesota's close Senate race (eventually Democrat Al Franken won the seat) and because Pennsylvania Sen. Arlen Specter was still a Republican (eventually he switched parties).

Ending the filibuster wasn't on the political agenda in the way it is now. And Democratic leaders rejected the idea of using the budget reconciliation process, where they wouldn't have to worry about the filibuster, in part because they thought its complex parliamentary rules would prohibit essential parts of the proposal, turning legislation into "Swiss cheese."

Behind a belief in the necessity of bipartisanship was a faith that it was possible — a notion that didn't seem as preposterous then as it does now.

Lawmakers from both parties had collaborated in the late 1990s to create a new program for insuring children. The senators who led that effort were Orrin Hatch, the conservative Republican from Utah, and Ted Kennedy, the liberal Democrat from Massachusetts. At one point in 2008, a former Kennedy aide told me, Hatch dispatched his advisers to see if the two could work together on a universal coverage bill.

It was a starter home. It's been vandalized. And people at times tried to undermine its foundations. But it's held up.

Another possible GOP partner was Iowa Sen. Charles Grassley, who had worked closely with the top ranking Democrat on the Finance Committee, Montana's Max Baucus, on the Medicare drug program under President George W. Bush. They had a close relationship and, at a private meeting of several senators that Baucus convened just after the election in 2008, Grassley said, "I haven't heard anything here I don't like … I can't think of an issue that isn't compromise-able," according to the notes one participant took.

But even if Hatch and Grassley were truly interested in bipartisanship, they did not speak for their party or for leadership, which from the beginning urged members to oppose Obama's agenda fully — as Mitch McConnell, who was (and is again) the Senate minority leader, later admitted. All of this happened at a time when the GOP was also becoming more ideologically extreme, with conservatives displacing the remaining moderates.

By the middle of 2009, Jim DeMint, the arch-conservative South Carolina Republican who had riled up Tea Party activists by promising that defeating reform would be Obama's "Waterloo," was setting the tone on health care. Grassley, facing the threat of a conservative primary challenge, started talking about "death panels" at events back home. And in a meeting Obama later described in his memoir, the Iowa senator told the former president there was no concession that would win his vote.

The Leverage Of Conservative Democrats

The ultimate futility of courting Republicans — so memorable today — is one of many grievances more progressive Democrats still hold over Obama's handling of the health care law. And in the popular imagination, it is the main reason Obama made so many key compromises, like dropping a "public option" — the idea of a government-run insurance plan that would offer a more efficient, more patient-friendly alternative to private insurance.

But here too it is easy to forget another reality of 2009 politics, one still very relevant today: The big pressure to compromise came from conservative Democrats who had leverage to kill legislation if they wanted. In the Senate, this was a function of the same small-state bias that gave Republicans outsized power, and as a practical matter, it meant that Democratic leaders were constantly trying to satisfy senators from places like Arkansas and Nebraska where voters were especially suspicious of big new federal programs and prone to believing conservative propaganda about what proposed legislation would do.

Those conservative Democrats were the ones who were dead set against the public option. They were the ones who kept pushing to give state officials more power over the program. They were the ones most anxious over new spending. And those decisions had consequences later, when the law took effect. Among other things, it meant less financial assistance for some middle-class Americans buying insurance.

Whether Obama could have pushed conservative Democrats harder, or picked different places to give ground, remains a source of disagreement between him and some of his liberal allies even today. What's not in dispute is that Obama always realized the law would need more work. That's why he talked about it as a "starter home," with the expectation that it would be possible to bolster and expand the program over time, through a series of legislative and administrative fixes.

What I did not see, for example, was Republican governors refusing [federal] Medicaid dollars that would provide health insurance to millions of their people.

But that chance never came, because Republicans focused on repeal and, at times, trying to sabotage the program outright. "Think about Medicare," Obama said. "That was a big political fight, but once it got passed, everybody moved on and tried to make it work. Bush's drug benefit program, right? It was a contentious issue. But once it got passed, even those Democrats who had opposed it tried to make it work."

In our interview, Obama still seemed taken aback that Republican state officials were refusing to expand Medicaid eligibility, as the Affordable Care Act envisioned, even though the federal government had committed to covering most of the cost and literally millions of low-income Americans scattered across states like Florida, Georgia and Texas stood to get insurance.

“What I did not see, for example, was Republican governors refusing [federal] Medicaid dollars that would provide health insurance to millions of their people,” Obama said. “We’ve never seen in American history a situation in which state governments reject benefits for their people purely on ideological grounds.”

Fixing The Senate — And Democracy

Near the end of the conversation, I thought back to something Obama said at the March 2010 signing ceremony: “We are a nation that faces its challenges and accepts its responsibilities. We are a nation that does what is hard. What is necessary.” Had the difficulty passing and implementing Obamacare shaken that faith?

“No,” he said quickly, “because it passed, and 20 million people got health insurance, and it’s still there.“ Then he paused, opened his eyes a bit wider, and started up again: “But I think what it does reveal is some major structural problems in our current political system that make it much harder to do big things than it used to be.”

You can have something that 70% of the country wants and it can’t pass. And that can’t be how any democracy functions over time.

One of those structural problems, he said, is that “the conservative media universe operates in an entirely different universe,” less tethered to reality. Another, he said, is the makeup U.S. Senate, where the small-state bias gives lawmakers representing a small portion of the population the ability to block legislation — and to escape accountability for doing so.

“You can have something that 70% of the country wants and it can’t pass,” Obama said. “And that can’t be how any democracy functions over time. If you ask me what has contributed to the cynicism — of government, and to some degree what contributed to the cynicism around the health care initiative — it’s the fact that a small minority of people can put a halt to everything.”

Eliminating the filibuster would mitigate, although not eliminate, the small-state bias — and Obama said that “may” be necessary. When I pressed to see if he’d endorse the idea more clearly, he said, “That’s a longer argument and discussion to have.” (Several months later, at the funeral of Democratic Rep. John Lewis of Georgia, Obama offered a stronger endorsement for ending the 60-vote requirement, though he was specifically speaking about voting rights legislation.)

Obama also said future Democrats need to make different policy design decisions. Specifically, he said, they should expect no more cooperation for implementing their reforms than he got for the Affordable Care Act — although, he warned, without such cooperation, making government programs work is bound to be a lot more difficult:

“You get the program started, you figure out what the kinks are, what works, what doesn’t. You amend, build, improve, refine — that kind of iterative process, where you’ve set a goal and gotten the foundations laid, and then Congress in a cooperative

fashion works to keep making it better. That process, which is very beneficial because you're getting real data and feedback about what's working and what's not — that's less available to you now. The process that built Social Security, built Medicaid, Medicare, that only works if you got both parties working in good faith."

Hard Things Are Hard; Better Is Good

The awareness of structural problems in American politics, starting with the Senate, already feels stronger than it did a year ago, when Obama said all of these things to me. And the approach Democrats are taking to their COVID-19 relief bill suggests they are learning to adapt. Party leaders decided early on to use budget reconciliation, so they can pass something with 50 votes in the Senate; Republican support would be nice, they said, but they're not going to hold up legislation for it.

But reconciliation isn't a cure-all for the Senate's structural problems, especially given the strict, quirky rules about what provisions can even pass through that process. And at least for the moment, ending or even reforming the filibuster seems to be off the table.

A big reason for that is the same one that checked liberal ambitions in 2009: the resistance of more conservative Democrats. Already two of them, West Virginia's Joe Manchin and Arizona's Kyrsten Sinema, have said they would oppose eliminating the filibuster. They've also expressed skepticism about ideas high on the progressive agenda, like raising the minimum wage to $15 an hour.

They could change their minds of course. And the pressure to enact these policies could build, thanks to a progressive movement that is already louder and more organized around goals than it was during Obama's presidency. But even if Democrats succeed at reducing structural barriers to change, and even if a progressive movement succeeds in demanding more action, legislation is likely to be full of compromises and fall short of Democrats' loftiest goals, just like the Affordable Care Act did.

Those kinds of compromises are frequently deflating. That doesn't mean they should be, and the Affordable Care Act is an example of why. It still achieved a lot — more, in fact, than even many liberals seem to grasp. It's already transformed the political conversation on health care, so that the principles of universal coverage now have wide acceptance.

The proof is in the rhetoric of Republicans, who claim to support these goals as much as Democrats do, while promising supposedly better alternatives they've never been able to pass as legislation.

"The fact that they haven't been able to come up with something," Obama said, "indicates either bad faith on their part or the fact that we were pretty thorough and looking at all the options and we arrived at what was the most realistic way to deliver universal health coverage."

The Affordable Care Act's other impact is the human one — the people who got insurance and are better off, financially and medically, according to a substantial and growing pile of research. The number of Americans without insurance remains near historic lows. It's no exaggeration to say that the Affordable Care Act, for all of its inadequacies, is still the most far-reaching and significant domestic policy achievement in half a century.

Talking about his "starter home," Obama told me, "It's been vandalized. And people at times tried to undermine its foundations. But it's held up." He's right, and now the Biden administration may even have a chance to do some of the repair work Obama never could, starting with extra funding for subsidies that is already in the Democratic COVID-19 relief bill.

Two of Obama's favorite sayings are "hard things are hard" and "better is good." Both apply in this case, and today's Democrats would do well to keep them both in mind.

How Covid-19 could make Americans healthier
JoAnne Kenen

Former President Donald Trump is gone and so are his promises to throw out Obamacare. Now the Republican Party is left with figuring out what comes after "repeal and replace."

GOP lawmakers rarely mention Obamacare, and a GOP-backed challenge to the law at the Supreme Court doesn't appear to be a major threat. Republican attacks on Democrats pursuing a "government takeover" of health care through a single-payer system don't quite sizzle when President Joe Biden has made clear he wants nothing to do with it. And long-favored Republican designs on shrinking the health care safety net isn't great policy or politics in the middle of a pandemic and economic crisis.

Which leaves a big fat question mark about what vision of health care Republicans will offer to voters as the country emerges from the pandemic, after a decade in which implacable opposition to the Affordable Care Act was part of the GOP's core identity.

"Republicans don't run on health. If they do, it's always negative danger warning, not positive improvement optimism. It's in their DNA," said Tom Miller, a health policy expert at the conservative-leaning American Enterprise Institute who has advised candidates on health care over the years.

“If the Republicans have a health care agenda, they haven’t shown their cards,” said Drew Altman, who runs the Kaiser Family Foundation. Some ideas they do tout — about drug prices, for instance — are “pinpricks” that wouldn’t lead to fundamental change, he said. Other ideas they’ve pushed in recent years, like Medicaid work requirements, would shrink rather than expand the number of people covered and government dollars spent.

Nowhere has the post-repeal Republican vacuum been more evident than in two days of Senate confirmation hearings this week for the likely next Health secretary, Xavier Becerra. Republicans seldom mentioned the landmark health care law, let alone critiqued it, across five-plus hours of testimony. They spent almost as much time quizzing Becerra, a longtime House member who is now California attorney general, about an obscure federal drug discount program called 340B that pharmaceutical companies and hospitals are feuding over than they did about the health care wars of the past decade.

At one point, when Becerra promised to use the top perch at the Department of Health and Human Services to improve the Affordable Care Act rather than push for the “Medicare for All”-style system that he has championed in the past, the top Republican on the Senate Finance Committee, Mike Crapo (R-Idaho), replied: “I appreciate hearing that.”

Obamacare has played a huge role in every election since Barack Obama himself won the presidency promising health reform in 2008. His health law was one reason Democrats lost control of the House immediately after its passage — and why they won back the chamber a few years later after Trump’s failed, unpopular repeal drive. Health care again could play a pivotal role in determining control of Congress in the 2022 midterms.

But now Obamacare is firmly implanted in the U.S. health care system and viewed more favorably. It’s still not embraced by large numbers of conservative voters, but public attitudes have softened toward many of its key components. Keeping young adults on their parents’ health plans until age 26 and protecting the tens of millions of people with pre-existing conditions is now the American way.

“The ACA has become sort of embedded in popular consciousness, whether people realize it or not,” said Nicole Huberfeld, an expert on health law at Boston University. Given that Republicans couldn’t repeal the law when they ran the government, she added, “Maybe they’ve learned to move on.”

Republicans no doubt will figure out some kind of health care message between now and the 2022 elections. But it’s TBD. And it may not center on the ACA.

Miller expects Republicans will return to arguing about the deficit, and that could bring back battles over Medicare and Medicaid. But the shaky finances of the Medicare trust fund didn’t feature prominently in the Becerra hearings either. Becerra was able to

answer plain vanilla questions about Medicare with pledges to work with Republicans to protect the elderly.

Republicans could also try to shape some health care spending and small print that's crucial to the industry, Miller said, though that's not likely to be an election changer. Some of the Republican populism that's now channeling anger toward tech giants and social media companies could also target "Health Care Inc.," he said.

But it may be time for something completely different — and possibly less partisan, said David Winston, president of the Winston Group, a strategic planning and survey firm. Winston, who has advised congressional Republicans for a decade and used to work for Newt Gingrich, noted that amid the pandemic, people are thinking differently about their health — not just their health insurance.

"It's an important structural change," he said. And that may mean that Congress finally moves beyond the Obamacare wars, and delves deeper into things like personalized medicine, immunology and health technology. Lawmakers from both parties have already expressed an interest in expanding telehealth, which has been crucial during the pandemic. Congress, he said, would be left trying to figure out how to nurture innovation — without breaking the bank.

Not everyone on the Hill is ready to turn to that. While Becerra is likely to be confirmed with some bipartisan support, most of the "no" votes from the Republican side will arise from Becerra's strong support of abortion rights — not broader disagreements over the direction of the health care system. That, and contraception coverage, particularly his involvement in a lawsuit involving an order of Catholic nuns called Little Sisters of the Poor, were by far the most acrimonious exchanges in his hearings before the Senate Finance and HELP committees this week.

Becerra deflected attacks on his past support for single-payer, or Medicare for all, by noting that he will work for a Biden administration, which is committed to strengthening the ACA. Several proposals to expand on the law, including more generous subsidies to purchase health insurance, are in Biden's stimulus plan now pending in Congress.

Becerra also remarked that as a member of the House Ways and Means Committee for 24 years, he helped write the historic law. "I was in those rooms," Becerra told Sen. Bob Menendez (D-N.J.), who reminisced about drafting the ACA.

Robert Blendon at the Harvard School of Public Health, who has been polling on health care for years, said the current Republican quandary echoes the old debates between the Richard Nixon and Ronald Reagan wings of the party. Nixon, embracing what would become known as "managed competition," favored a high-level federal framework to protect people from high health costs, with states in charge of setting the rules for a robust private insurance market.

In some ways, Nixon envisioned Obamacare Lite — or more accurately, Obamacare Very Very Lite. The ACA is a more robust, more expensive, and more heavily regulated

framework, with states overseeing health insurance markets and the feds writing the rules and picking up much of the tab.

The Reagan wing, in contrast, didn't see much of a federal role in protecting access to care or shielding people from health cost calamities. Reaganites, Blendon said, believed Nixon's vision would be the first step on the slippery slope to single-payer.

Sometime between now and the 2022 elections, Republicans will have to move beyond that divide. Whatever they come up with, it will likely focus on giving states more leeway to regulate their health insurance markets. Even if Republicans are no longer threatening to upend the ACA, they still complain that its coverage is still too costly.

"Republicans want access to insurance," Blendon said. "They just don't want their health care controlled by federal government." But how to guarantee that access — and who does the guaranteeing if not the federal government — remains the unanswered question.

At Last, Democrats Get Chance to Engineer Obamacare 2.0
Sarah Kliff and Margot Sanger-Katz

Ever since the Affordable Care Act became law in 2010 — a big deal, in the (sanitized) words of Vice President Joseph R. Biden Jr. — Democrats have itched to fix its flaws.

But Republicans united against the law and, for the next decade, blocked nearly all efforts to buttress it or to make the kinds of technical corrections that are common in the years after a major piece of legislation.

Now the Biden administration and a Democratic Congress hope to engineer the first major repair job and expansion of the Affordable Care Act since its passage. They plan to refashion regulations and spend billions through the stimulus bill to make Obamacare simpler, more generous and closer to what many of its architects wanted in the first place.

"This is the biggest expansion that we've had since the A.C.A. was passed," said Representative Frank Pallone of New Jersey, who helped draft the health law more than a decade ago and leads the House Energy and Commerce Committee. "It was envisioned that we'd do this periodically, but we didn't think we'd have to wait so long."

The Affordable Care Act has expanded coverage to more than 20 million Americans, cutting the uninsured rate to 10.9 percent in 2019 from 17.8 percent in 2010. It did so by

expanding Medicaid to cover those with low incomes, and by subsidizing private insurance for people with higher earnings. But some families still find the coverage too expensive and its deductibles too high, particularly those who earn too much to qualify for help.

Tucked inside the stimulus bill that the House passed early on Saturday is a series of provisions to make the private plans more affordable, at least in the short term.

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The legislation, largely modeled after a bill passed in the House last year, would make upper-middle-income Americans newly eligible for financial help to buy plans on the Obamacare marketplaces, and would increase the subsidies already going to lower-income enrollees. The changes would last two years, cover 1.3 million more Americans and cost about $34 billion, according to the Congressional Budget Office.

For certain Americans, the difference in premium prices would be substantial: The Congressional Budget Office estimates that a 64-year-old earning $58,000 would see monthly payments decline from $1,075 under current law to $412 with the new subsidies.

It was a blow to Obamacare's authors when the Supreme Court allowed states to refuse to expand Medicaid, the health law's primary tool for bringing comprehensive coverage to poor Americans. Multiple states have joined the expansion in recent years, some via ballot initiative, but some Republican governors have steadfastly rejected the program, resulting in two million uninsured Americans across 12 states.

The stimulus package aims to patch that hole by increasing financial incentives for states to join the program. Though Democrats are offering holdout states larger payments than they've contemplated in the past, it's unclear whether it will be enough to lure state governments that have already left billions on the table. Under current law, the federal government covers 90 percent of new enrollees' costs.

Republican critics of the law contend that Democrats are seeking to install long-sought permanent policies through a temporary stimulus plan.

"Suffice it to say, this is not Covid relief," said Senator Bill Cassidy of Louisiana, who helped write a prominent Obamacare repeal bill in 2017. "It's fulfilling the agenda of the Biden administration under the guise of Covid relief."

Mr. Cassidy fears that short-term spending increases on Obamacare will prove difficult to undo. He cited a quotation from former President Ronald Reagan: "Nothing lasts longer than a temporary government program."

The White House and the Department of Health and Human Services (H.H.S.) have already begun to advertise insurance options and make them easier to get. On Feb. 15, the Biden administration opened a special enrollment period so that uninsured people

could sign up for coverage right away, publicizing it widely. Officials have also begun rolling back Trump-era work requirements in the Medicaid program.

Other regulatory changes are also planned. Xavier Becerra, Mr. Biden's choice to lead H.H.S., testified about his ambitions on Capitol Hill this week. Officials are hoping to resolve the "family glitch" problem, which makes Obamacare insurance expensive for the children or spouses of workers who get insurance only for themselves at their job. Officials plan to tighten the rules for private short-term insurance plans that are not required to cover a full set of benefits. And they are considering a long list of technical changes aimed at making plans more comprehensive.

"Any one of these changes individually is moderate, but stack one on top of another and you get a big boost to the Affordable Care Act," said Jonathan Cohn, author of "The Ten Year War," a new history of the health law. "It doesn't change the law's structure, but it does make it much more generous."

Those close to the effort say its ambitions — and its limits — reflect the preferences of those leading the way. Mr. Biden, who was involved in the passage and rollout of Obamacare as vice president, ran on the idea of expansion, not upheaval. And leaders in Congress who wrote Obamacare have been watching it in the wild for a decade, slowly developing legislation to address what they see as its gaps and shortcomings. Many see their work as a continuing, gradual process, in which lawmakers should make adjustments, assess their effects, and adjust again.

"When you think about where we thought the A.C.A. was headed four years ago, and contrast that to where we are right now, on the cusp of a massive expansion of affordability, it's pretty exciting," said Christen Linke Young, deputy director of the White House Domestic Policy Council for Health and Veterans Affairs.

But Bob Kocher, an economic adviser in the Obama administration who is now a partner at the venture capital firm Venrock, said that beyond the current changes, Mr. Biden's mission on Obamacare seemed more modest, more like "don't break it."

"I don't think he has any ambition in mind beyond managing it," he said.

To aid in the effort, President Biden has recruited a host of former Obama administration aides. His picks for top jobs at the Centers for Medicare and Medicaid Services, the Office of Management and Budget, as well as key deputies at H.H.S., all worked on the first rounds of Obamacare policymaking. Many key congressional aides working on health care now also helped write the Affordable Care Act.

Frequently Asked Questions About the New Stimulus Package

The stimulus payments would be $1,400 for most recipients. Those who are eligible would also receive an identical payment for each of their children. To qualify for the full $1,400, a single person would need an adjusted gross income of $75,000 or below. For heads of household, adjusted gross income would need to be $112,500 or below, and

for married couples filing jointly that number would need to be $150,000 or below. To be eligible for a payment, a person must have a Social Security number. Read more.

Buying insurance through the government program known as COBRA would temporarily become a lot cheaper. COBRA, for the Consolidated Omnibus Budget Reconciliation Act, generally lets someone who loses a job buy coverage via the former employer. But it's expensive: Under normal circumstances, a person may have to pay at least 102 percent of the cost of the premium. Under the relief bill, the government would pay the entire COBRA premium from April 1 through Sept. 30. A person who qualified for new, employer-based health insurance someplace else before Sept. 30 would lose eligibility for the no-cost coverage. And someone who left a job voluntarily would not be eligible, either. Read more

This credit, which helps working families offset the cost of care for children under 13 and other dependents, would be significantly expanded for a single year. More people would be eligible, and many recipients would get a bigger break. The bill would also make the credit fully refundable, which means you could collect the money as a refund even if your tax bill was zero. "That will be helpful to people at the lower end" of the income scale, said Mark Luscombe, principal federal tax analyst at Wolters Kluwer Tax & Accounting. Read more.

There would be a big one for people who already have debt. You wouldn't have to pay income taxes on forgiven debt if you qualify for loan forgiveness or cancellation — for example, if you've been in an income-driven repayment plan for the requisite number of years, if your school defrauded you or if Congress or the president wipes away $10,000 of debt for large numbers of people. This would be the case for debt forgiven between Jan. 1, 2021, and the end of 2025. Read more.

The bill would provide billions of dollars in rental and utility assistance to people who are struggling and in danger of being evicted from their homes. About $27 billion would go toward emergency rental assistance. The vast majority of it would replenish the so-called Coronavirus Relief Fund, created by the CARES Act and distributed through state, local and tribal governments, according to the National Low Income Housing Coalition. That's on top of the $25 billion in assistance provided by the relief package passed in December. To receive financial assistance — which could be used for rent, utilities and other housing expenses — households would have to meet several conditions. Household income could not exceed 80 percent of the area median income, at least one household member must be at risk of homelessness or housing instability, and individuals would have to qualify for unemployment benefits or have experienced financial hardship (directly or indirectly) because of the pandemic. Assistance could be provided for up to 18 months, according to the National Low Income Housing Coalition. Lower-income families that have been unemployed for three months or more would be given priority for assistance. Read more.

Born in the Great Recession, the Affordable Care Act was drafted with a focus on costs. Political compromises and concerns about runaway deficits kept the law's overall 10-year price tag under $1 trillion, and included enough spending cuts and tax increases to pay for it. Those constraints led its architects to scale back the financial help for Americans buying their own coverage. Staffers who wrote the formulas said they ran hundreds of simulations to figure out how to cover the most people within their budget.

Those who wrote the regulations that interpreted the law also recall drafting rules that erred on the side of spending less to avoid blowback or litigation.

Republicans, who spent a decade dead set on repealing the law, blocked any policies to expand its reach. And the fiscal politics of the Obama years would have foreclosed the kind of subsidy expansion under discussion now, even if the law had been less politically divisive.

Now, with Democrats back in control of Congress and the White House, there is new enthusiasm for expanding health coverage. Against the background of the pandemic and changing views about federal debt among many economists, lawmakers are less concerned about deficit spending than they used to be.

But the Biden health project still faces challenges, and it may disappoint his allies. The new proposed spending, which would bring the law's subsidies in line with early drafts of the Affordable Care Act, is temporary. Making those changes permanent could cost hundreds of billions over a decade, a sum that may spook moderate Democrats once the economy is in better health.

And for many Democrats, the overhauls do not go as far they had hoped. Mr. Biden ran not only on subsidy expansions and technical fixes, but also on a lowering of the Medicare eligibility age and the creation of a so called public-option plan, government insurance that people could choose in place of private coverage. Members of Congress have introduced Medicare expansion and public-option bills, but neither type of proposal appears likely to move soon.

Mr. Becerra has previously supported a single-payer system. He faced questions about his commitment to that idea from Senator Bernie Sanders, who has repeatedly introduced Medicare for All legislation, and from Republican senators who oppose the idea. In each case, he responded similarly: The Affordable Care Act is the president's focus, and his own as well.

"I'm here at the pleasure of the president of the United States," Mr. Becerra said. "He's very clear where he is — he wants to build on the A.C.A. That will be my mission."

Pramila Jayapal, a Democratic congresswoman from Washington State, who led a joint Biden-Sanders policy task force during Mr. Biden's presidential campaign, says she is heartened by the measures the administration is taking — but concerned that the

current efforts don't yet match the promises made to progressives during the campaign. She said she would keep pushing for more generous health plans and an expansion of Medicare to cover more Americans, among other measures.

"I believe we're going to do so many things in this package, and I do think it's a good package," she said. "But I believe we haven't done enough to help everyone who has fallen into the cracks."

Biden administration provides slim increase in help for ACA insurance coaches
Amy Goldstein

The Biden administration is providing a modest amount of additional help to community groups coaching consumers to sign up for Affordable Care Act health plans during the 2 1/2 months remaining in an extended shopping period for such insurance.

The $2.3 million, announced Monday by the Centers for Medicare and Medicaid Services (CMS), is being delivered after some of the groups, known as navigators, complained they had little money left after a regular enrollment season ended late last year. They had no way to anticipate that President Biden would order HealthCare.gov, the federal online ACA insurance marketplace, to reopen for an unprecedented extra shopping time — a decision prompted by the economic dislocation imposed by the coronavirus pandemic.

Navigators have been trying to do their work the past few years with shriveled government grants after the Trump administration sliced funding from $62.5 million a year to $10 million. Trump health officials contended that the enrollment helpers were not cost-effective and fostered few sign-ups — a view contrasting markedly with that of their successors in the Trump administration.

"Navigators play a key role," the CMS announcement said, "in reaching underserved communities that historically have experienced lower access to health coverage."

Still, the $2.3 million is "nowhere near what they need," said Karen Pollitz, a senior fellow at the Kaiser Family Foundation, a health-policy research group, who focuses on health reform and consumer protections. She said federal rules constrain how much the government can quickly alter the existing financial agreements for the groups.

CMS said in its announcement that it intends to "increase funding significantly" for navigators for the regular ACA enrollment period that starts in the fall, without indicating the amount.

Jodi Ray, director of Florida Covering Kids and Families, the nation's largest navigator organization, said Monday that the extra money for the three-month sign-up period underway "is not much" but will enable her group to hire some part-time navigators. She said the volume of calls for help are running about the same as during regular annual enrollment periods.

Allison Espeseth, director of Covering Wisconsin, that state's only remaining navigator group, said, "We are thrilled they are making this happen, and it's definitely needed," though she noted the limits on quickly increasing such groups' financial support.

"Is it enough?" Espeseth asked. "There's a lot of work to be done in terms of regaining people's awareness the marketplace still exists and is an option. . . . It's going to take a lot more work."

Espeseth said that in the two weeks since HealthCare.gov reopened, she has not seen in Wisconsin the marketing and advertisements Biden health officials have said would air to draw attention to the sign-up opportunity.

"It's really quiet," Espeseth said of the number of residents asking for help so far. Most consumers lately have been people who always have qualified to buy ACA health plans outside normal enrollment season, because they have had major changes in life circumstances that affect the coverage they need.

ACA health plans are for people who do not have access to affordable coverage through a job. The reopening of the federal marketplaces is happening in three dozen states that rely on HealthCare.gov. Many of the other states that run their own -similar insurance marketplaces have also lengthened insurance-

buying opportunities. These decisions were prompted largely by the coronavirus pandemic, which set off powerful economic ripple effects that cost millions of Americans their jobs and accompanying health benefits.

The extra sign-up time also is an early manifestation of Biden's goal of expanding insurance coverage in the United States, relying on the ACA to do so. The pandemic relief package passed by the House last week would include the first increase in premium subsidies for ACA health plans since the marketplaces began in 2014.

With such efforts underway, Pollitz said, "I just hope these [navigator] programs can hang on and get an actual funding increase that would be meaningful."

Biden encouraged by consumer interest in 'Obamacare' offer
Ricardo Alonso-Zaldivar

WASHINGTON (AP) — In a solid start, more than 200,000 people signed up for coverage the first two weeks after President Joe Biden reopened HealthCare.gov as part of his coronavirus response, the government said Wednesday.

Early consumer interest in the three-month special enrollment period shows pent-up demand for health insurance a year into the COVID-19 pandemic, with many people still unemployed or unable to work as many hours as before.

If the pace keeps up, "this special enrollment period could make a meaningful dent in the number of people uninsured," said Larry Levitt, who tracks health insurance for the nonpartisan Kaiser Family Foundation. "The enrollment numbers so far are stronger than I would have expected."

Biden called the sign-ups "an encouraging sign," adding that "we can't slow down until every American has the security and peace of mind that quality, affordable health coverage provides."

Reopening the health insurance markets fits into Biden's strategy of pushing the U.S. toward coverage for all by building on the Obama-era Affordable Care Act, better known as "Obamacare." HealthCare.gov offers taxpayer subsidized private health insurance, catering mainly to low- and moderate-income working people.

If Congress passes Biden's coronavirus response bill, financial assistance for premiums will become considerably more generous, and a greater number of solid middle-class households would also qualify. Though the sweetened subsidies last only through the end of next year, their availability is expected to boost insurance coverage. The Democratic COVID-19 legislation also features incentives for states to expand Medicaid to cover more low-income adults.

The numbers released Wednesday by the Centers for Medicare and Medicaid Services show that more than 206,000 people signed up for coverage from Feb. 15-28. The figures are partial, since they cover only the 36 states served by the federal HealthCare.gov insurance market. National enrollment will be higher when totals from states running their own insurance websites are factored in later.

Another 54,000 people who went to HealthCare.gov were found to be eligible for Medicaid, the agency reported.

HealthCare.gov will be accepting applications through May 15, a stretch about twice as long as the regular annual open enrollment. The government has a $50 million advertising budget for the sign-up period, five times what the Trump administration would spend on annual open enrollment.

Former President Donald Trump tried repeatedly and unsuccessfully to repeal "Obamacare" and refused to reopen enrollment because of the pandemic. Biden's special sign-up period features a special emphasis on reaching Black and Latino communities that have borne a heavy burden from COVID-19.

"Obamacare" now covers more than 20 million people through a combination of subsidized private plans and, in most states, expanded Medicaid.

Job losses during the pandemic have have increased the number of uninsured people, but it's unclear by how much. Some experts estimate between 5 million to 10 million more uninsured, while the Congressional Budget Office suggests a lower number, closer to 3 million.

In total, the budget office estimates that about 33 million people are uninsured. That's still less than when former President Barack Obama's health care law was passed, but it marks a definite reversal from prior years in which the uninsured rate steadily declined.

What's in the Senate's $1.9 trillion covid bill: Checks, unemployment insurance and more
Rachel Siegel

Democrats forged ahead to move President Biden's $1.9 trillion covid package through the Senate on Saturday, adopting the bill without any Republican support after a marathon debate that lasted over 24 hours.

It will now fall to the House to consider the sweeping package once again before it can become law and any of the aid can be dispersed.

Democrats are pledging to get the bill on Biden's desk before mid-March, when unemployment benefits expire for millions of Americans.

Here's a rundown of the Senate bill:

Major buckets

Unemployment benefits:

- The package extends the existing $300 weekly unemployment benefit through Sept. 6, as well as provide a tax break on $10,000 in unemployment benefits.
- On Friday night, Senate Democratic leaders reached an agreement over unemployment benefits with moderate Democratic Sen. Joe Manchin (D-W.Va.). The nine-hour standoff had threatened to derail Senate action on the bill.
- The House legislation would have increased the weekly benefit from $300 to $400 per week through Aug. 29.
- The $900 billion stimulus package passed in December provided the unemployed an extra $300 per week in benefits. That program expires in mid-March.

Stimulus checks:

- The Senate bill would send $1,400 stimulus checks on top of the $600 payments issued through the stimulus bill passed in December. Roughly $400 billion of the package would go toward another round of checks.
- Earlier this week, Biden agreed to narrow eligibility for a new round of $1,400 payments to appease more moderate Democrats. Under the new structure, the checks would phase out faster for those at higher income levels compared with the formula in Biden's initial proposal and the House bill.
- In the Senate version, individuals earning $75,000 per year and couples earning $150,000 would still receive the full $1,400-per-person benefit. However, the benefit would disappear for individuals earning more than $80,000 annually and couples earning more than $160,000.
- For example, that means singles making between $80,000 and $100,000 and couples earning between $160,000 and $200,000 would be newly excluded from seeing any benefit under the revised structure.

Minimum wage:

- An amendment offered by Sen. Bernie Sanders (I-Vt.) to increase the minimum wage to $15 did not win over enough Democratic support.
- In a statement Friday, Sanders said: "If any Senator believes this is the last time they will cast a vote on whether or not to give a raise to 32 million Americans, they are sorely mistaken. We're going to keep bringing it up, and we're going to get it done because it is what the American people demand and need."
- Last month, the Senate parliamentarian ruled that the minimum wage hike was not permissible within the rules of budget reconciliation, the procedure Democrats are using to pass the relief bill with a simple majority instead of the 60 votes normally required.
- The House bill included the minimum raise increase from $7.25 to $15.

Child tax credit:

- Under the Senate plan, most Americans would receive $3,000 a year for each child ages 6 to 17, and $3,600 for each child under age 6.
- The provision in the bill would last one year and be sent via direct deposit on a “periodic” basis. It is also a major expansion of the existing child tax credit, which currently provides $2,000 a year for children from birth through age 16.
- More regular payments are intended to help offset costs families face day to day, instead of sending families one annual payment.

Aid to state and local governments:

- The Senate package designates $350 billion for states, cities, tribal governments and U.S. territories.
- Local government funding emerged as one of the top flash points in stimulus negotiations. Moderate Senate Democrats have pushed to redirect some of those funds to invest in infrastructure and to expand the broadband network. Others on the left have grown concerned that some states would use federal aid to cut local taxes instead of spending money on covid relief.
- Facing deep budget shortfalls, state and local governments have shed 1.3 million jobs since the pandemic began last year — a loss of more than 1 in 20 government jobs, according to a Washington Post analysis of government data. While tax revenue grew in some states last year, the majority — at least 26 states — were hit with declines.

Pandemic response

- Tens of billions of dollars will fund coronavirus testing and contact tracing; increasing the size of the public health workforce and funding vaccine distribution and supply chains.
- This week, Biden said there will be enough coronavirus vaccine doses for “every adult in America” by the end of May — a two-month acceleration of his previous projection of July.
- See other breakdowns similar to the House version, including $130 billion for schools, here.

New provisions

- The Senate bill provides $510 million for the FEMA Emergency Food and Shelter Program. That money would support homeless services providers for overnight shelter, meals, one month’s rent and mortgage assistance and one month’s utility payments.
- The Senate version expands the Employee Retention Tax Credit for start-up companies and other businesses hit by the pandemic
- The bill also increases the value of the federal COBRA health insurance program from 85 percent to 100 percent
- The bill adds a $10 billion infrastructure program to help local governments continue crucial capital projects.

- The bill makes all coronavirus-related student loan relief tax-free.
- The bill increases the total amount of Amtrak relief funding by $200 million.
- For education funding, the bill sets aside $1.25 billion for summer enrichment; $1.25 billion for after-school programs and $3 billion for education technology
- The Senate bill also adds $8.5 billion in funds for the Provider Relief Program to assist rural health care providers.

COVID bill to deliver big health insurance savings for many
Ricardo Alonso-Zaldivar

WASHINGTON (AP) — Several million people stand to save hundreds of dollars in health insurance costs, or more, under the Democratic coronavirus relief legislation on track to pass Congress.

Winners include those covered by “Obamacare” or just now signing up, self-employed people who buy their own insurance and don’t currently get federal help, laid-off workers struggling to retain employer coverage, and most anyone collecting unemployment. Also, potentially many more could benefit if about a dozen states accept a Medicaid deal in the legislation.

Taken together, the components of the coronavirus bill represent the biggest expansion of federal help for health insurance since the Obama-era Affordable Care Act more than 10 years ago. “Obamacare” not only survived former President Donald Trump’s repeated attempts to tear it down but will now get a shot of new life.

Consider a couple of examples: A hypothetical 45-year-old making $58,000 now gets no aid under the ACA. With the bill, they’d be entitled to a $1,250 tax credit, or 20% off their premiums, according to the Congressional Budget Office. A 64-year-old making $19,300 already gets generous subsidies that reduce premiums to $800 a year. But with the bill, that person would pay no premiums for a standard plan.

Because health insurance is so complicated, consumers are going to have to do their homework to figure out if there’s something in the bill for them. And health care benefits are not like stimulus checks that can be blasted out. There will be a lag as government agencies, insurers and employers unpack the bill’s provisions.

There’s also a political twist. Since most of the health care aid is keyed to the pandemic and expires by the end of 2022, that will let Democrats set up election-year votes to make new benefits permanent, or build them out even more.

“There was always a hope that we were going to be able to return and build on where we started in 2009-2010, and we finally got to a place where it was possible,” said Judy Solomon of the Center on Budget and Policy Priorities. Her organization advocates on behalf of low-income people and was an early supporter of the health care law.

“We had this massive fight that went on for 10 years,” said blogger Robert Laszewski, who followed “Obamacare” for an industry audience. “Over the weekend, it’s like it’s been erased.”

The COVID-19 bill follows President Joe Biden’s strategy of building on the health law to move the U.S. toward coverage for all. It’s still unclear how big a dent the legislation will make in the number of uninsured people, which has risen to an estimated 33 million or more.

A major health care item in the bill will depend on some Republican-led states going along. States mainly in the South have refused to expand Medicaid to low-income adults under the ACA. The legislation offers them a temporary infusion of billions of dollars to reconsider. If those states, including Texas, Florida and Georgia, were to do that, Biden would be closer to his coverage goal.

Even if the hold-outs spurn the offer, the legislation provides plenty of other benefits.

The biggest winners will be the more than 11 million people already enrolled in “Obamacare” as well as those who are now shopping for HealthCare.gov coverage. Biden has opened up a special sign-up period through May 15.

The bill would change the formulas for health insurance tax credits to make them more generous for most people, and also allow a wider number of individuals to qualify. That makes coverage more attractive for people who are considering whether to buy and more affordable for those who already have it, mainly low-to-moderate income working people.

Insurers are hoping that the federal Centers for Medicare and Medicaid Services will be able to quickly update HealthCare.gov software, allowing the companies to promote lower premiums and attract more consumers while the current sign-up window remains open. Industry also wants the agency to automatically adjust what existing customers are paying, sparing millions the headache of having to go back and reapply.

In a politically significant change, the bill would provide health insurance tax credits to people with solid middle-class incomes who don’t now qualify for help with their premiums. That’s a demographic that includes many self-employed people and business owners who were hit with higher premiums as a result of the ACA, but cut out of the benefits. Their complaints fueled Republican opposition to the health law. “These are the people Trump was responding to,” said Laszewski.

Another inducement is aimed at people who have lost jobs. Those who collect unemployment this year, if even for one week, would qualify for the most generous ACA tax credits as well as its biggest reductions in copays and deductibles.

Other people who lose their jobs may want to keep their employer coverage. A federal law known as COBRA allows that, but the employee has to pay the full premium, often a prohibitive expense. The bill would provide a temporary 100% subsidy.

Republicans cite the health insurance provisions as an example of coronavirus overreach by Democrats. Policy consultant Brian Blase, a former health care adviser in the Trump White House, says most of the additional subsidies for coverage will merely substitute for what private households would have otherwise paid. If made permanent, he predicts that over time the sweeter tax credits will have the unintended consequence of enticing small businesses to stop offering coverage to their workers.

“This subsidy expansion largely replaces private spending with government spending.” said Blase.

Column: How the $1.9-trillion pandemic relief bill quietly but massively improves Obamacare
Michael Hiltzik

For years, Democrats have been trying to fix some of the most glaring flaws in the Affordable Care Act: Premium subsidies are too stingy; red states have too little incentive to expand Medicaid.

They’ve been blocked at every turn by Republican obstructions.

But with a couple of provisions quietly inserted into the American Rescue Plan, the $1.9-trillion relief measure due to be voted on Wednesday by the House and promptly signed by President Biden, those goals will be met — a least for the next two years.

That’s because the new measure dramatically changes the structure of the ACA’s premium subsidies so they apply to everyone, rather than cutting off households that earn more than 400% of the federal poverty limit ($106,000 for a family of four), as the original ACA did.

Moreover, the subsidies for all those who were eligible under the old rules will be increased.

The relief bill also incentivizes Medicaid expansion through an offer that the 12 holdout red states can't refuse, unless their political leadership is terminally dense.

The offer doesn't just pay for the expansion; it provides much more in federal cash than the expansion would cost in any of those states, according to calculations by the Kaiser Family Foundation. Expansion in all those states would add 4 million residents to the ranks of the insured, the foundation estimates.

Although both provisions expire after two years, it's a fair bet that they become permanent. A general rule of legislating is that it's very difficult to take away a benefit after it's put in place.

"With the COVID relief plan poised for final passage," Larry Levitt, KFF's executive vice president for policy, observed by tweet, "the first significant enhancement of the Affordable Care Act is about to become law, more than a decade after it was enacted."

Both goals — improving the subsidies and expanding access to coverage for the lowest-income population — were in the campaign platforms of Hillary Clinton in 2016 and Biden in 2020.

Much of Biden's healthcare reform platform would remain a work in progress even after passage of the rescue plan. Among the untouched planks are the creation of a public option — a health plan to compete with commercial insurance — and reform of drug price rules to lower prescription costs.

The two-year sunset of the rescue plan's provisions is a looming obstacle to permanent reform, but that's a battle to be joined later. Of more immediate concern is a legal case, brought by Texas and other red states seeking to invalidate the ACA as a whole, that is currently under consideration by the Supreme Court.

Most legal experts don't expect the court to overturn the law in its entirety, but the conservative majority could chip away at it in ways that create considerable mischief. A decision is expected in the spring or early summer.

Let's take a closer look at the new provisions to see how they'll improve the lot of Americans in the Obamacare target market.

We'll start with the subsidies. The original ACA subsidies were designed to cap premiums on a sliding scale ranging from 2.07% of income (for those earning 138% of the federal poverty line) to 9.83% of income (for those at 400% of the poverty line).

The subsidies were pegged to premiums for the benchmark silver plan — the second-cheapest silver plan in any given jurisdiction.

For a family of four earning $100,000, then, the benchmark plan wouldn't cost more than $9,830 per person. For middle-class families, that's still a daunting figure, since four policies could cost almost $40,000 in premiums alone.

"Many families still struggle to afford health insurance," Biden's campaign website observed, quite accurately.

Worse, there was the subsidy cliff. Families earning even a dime over the 400% poverty threshold lost all eligibility for subsidies. A typical 60-year-old customer falling over the brink would see the premium for his or her benchmark silver plan leap from 9.93% of income to more than 20%, KFF calculates.

Under the new measure, no one would have to pay more than 8.5% of income for a benchmark silver plan. Additionally, subsidies would be increased across the board.

Those earning from 100% to 150% of the poverty line ($26,500 to $39,750 for a family of four) would go from a maximum premium of 4.14% to zero premium. Those earning twice the poverty threshold would move from a maximum outlay of 6.52% of income to 2%.

The Congressional Budget Office estimates that for a 64-year-old earning $58,000, or 450% of the poverty line, the subsidy would go from zero under the old law to $7,950 under the new.

CBO estimates that the changes would cost the government $35.2 billion, mostly in fiscal 2021 and 2022, when they will be fully implemented.

Then there's Medicaid expansion. Mandatory expansion of the state-federal program to add childless adults to the traditional target population of low-income families with children was part of the original Affordable Care Act.

The federal government paid 100% of the cost of the expansion from 2014 through 2016, then reduced its share gradually to a permanent level of 90%, where it is today.

The Supreme Court overturned the mandatory feature in 2011, saving the ACA from extinction but giving politicians in red states a way to demonstrate their conservative

bona fides. Several have come into the fold since 2011. But 12 states, the largest of which is Texas, are still holding out.

The relief bill gives them an enhanced carrot. States that haven't yet expanded Medicaid would get an increase in the federal match for their traditional Medicaid programs of five percentage points. (That's on top of the 6.2-point increase in the match enacted by Congress in its first pandemic rescue bill, passed last March and scheduled to remain in effect through next March.)

Because traditional Medicaid is much bigger than any expansion would be, the offered increase would more than pay for the expansion in every holdout state.

Expansion in every holdout state would cost them a total of $6.8 billion in fiscal 2022-23, KFF calculates. But the five-point bump in the traditional Medicaid federal share would bring them a total of $16.4 billion.

Texas would spend less than $3.2 billion on expansion but gain more than $5 billion from the increased share; Florida would spend $1.26 billion on expansion and collect $3.08 billion in return.

The math looks inescapable. Still, conservative ideology has shown the power to cloud politicians' minds, especially on healthcare, so it's not at all clear that free money and the prospect of placing 4 million Americans under the umbrella of health insurance will be enough to sway any of the last 12 states.