Media Clips

COVERED CALIFORNIA BOARD CLIPS
June 8, 2021 – Aug. 11, 2021

Since the June board meeting, the U.S. Supreme Court rejected the latest challenge to the Affordable Care Act and preserved it as the law of the land, Covered California continued its American Rescue Plan special enrollment period, while announcing record enrollment. The exchange also announced its rate-change for 2022.

PRESS RELEASES

PRINT

Articles of Significance

COVERED CALIFORNIA

News Release

June 8, 2021

Covered California Urges Chico and Redding Residents to Sign Up for Health Insurance to Benefit from Lower Premiums Now Available Through the American Rescue Plan

- *The American Rescue Plan provides new and expanded financial help that dramatically lowers health insurance premiums for people who purchase a plan through Covered California.*
- *More than 32,000 people in the Chico and Redding region — including the uninsured and people currently enrolled directly through a health insurance carrier — stand to benefit from the new financial help that is now available.*
- *In order to maximize their savings, consumers need to enroll by June 30 so they can begin saving and benefiting from the new law on July 1.*
- *Many people will be able to get a high-quality plan for as little as $1 per month, and currently insured consumers could save hundreds of dollars per month on their coverage if they switch to Covered California.*

SACRAMENTO, Calif. — Covered California announced that an estimated 32,000 people throughout the Chico and Redding region can benefit from lower health insurance premiums provided by the American Rescue Plan. The landmark law provides new and expanded financial help that is making health care coverage more affordable than ever before. However, people in the region need to act now in order to realize those savings. Those who sign up by June 30 will have coverage starting July 1.

“The new and expanded financial help provided by the American Rescue Plan can help people throughout Northern California get covered and stay covered by lowering their premiums and putting money back into their pockets,” said Peter V. Lee, executive director of Covered California. “The American Rescue Plan provides the most significant savings for consumers since the Affordable Care Act began, but in order for many people to make the most of those savings, they need to act before the month ends.”

Covered California partners with thousands of certified enrollers across the state, including United Way of Northern California in Shasta County and Ampla Health in Butte County. Leaders from both agencies joined Covered California to encourage people throughout Northern California to take a moment to check out their options and find out how affordable quality health care coverage can be.

“The American Rescue Plan represents a tremendous opportunity for families across Northern California to get quality health insurance coverage at a price that has never been lower,” said Theresa McCausland, Community Impact Director at United Way of Northern California.

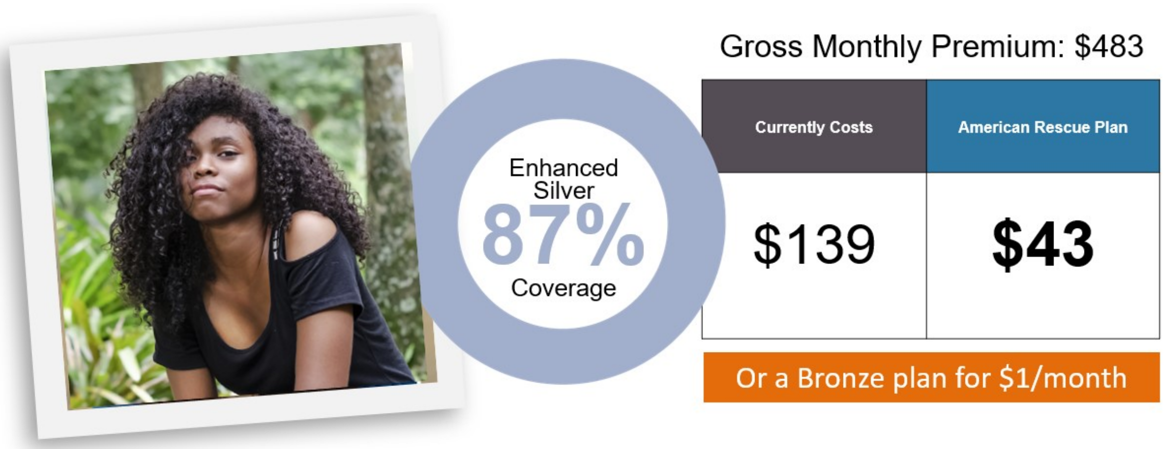
“The pandemic highlighted the importance of our health, and now is the time to find out how affordable coverage can be with this new and expanded financial help,” said Benjamin H. Flores, Ampla Health President and CEO.

Which Californians benefit from the American Rescue Plan?

Covered California estimates the new financial assistance can directly help 2.5 million Californians — including more than 32,000 people in the Chico and Redding regions — by lowering their monthly health insurance premiums. The new law stands to benefit the following groups of people:

Uninsured residents: More than 11,000 people in the region are estimated to be uninsured and eligible for health insurance coverage through Covered California. Under the American Rescue Plan, many would be able to get a high-quality health plan from one of 11 trusted name-brand companies for as little as $1 per month, or a plan that offers richer benefits for less than $100 per month (see Figure 1: Premiums Are Lower Than Ever for the Uninsured).

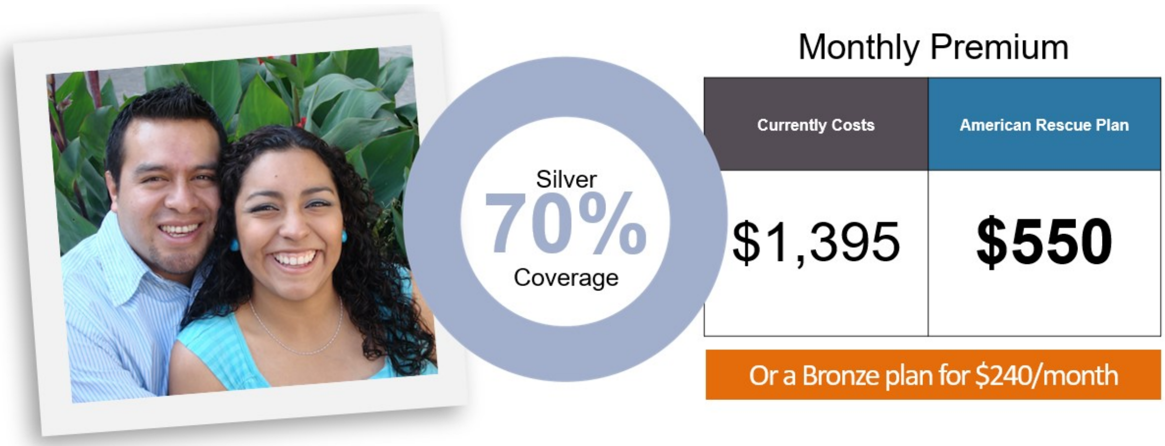
Figure 1: Premiums Are Lower Than Ever for the Uninsured



Darlene in Chico | Age: 21 | Income: $25,520/year

Residents insured “off-exchange”: Nearly 2,500 people in the region are estimated to be insured “off-exchange,” or directly through a health insurance carrier, and do not receive any financial help. The American Rescue Plan ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health plan premiums if they enroll through an Affordable Care Act marketplace like Covered California. The new law means that many off-exchange consumers are now eligible for financial help, and could save hundreds of dollars per month if they switch and get their insurance through Covered California (see Figure 2: Off-Exchange Consumers Save by Switching to Covered California).

Figure 2: Off-Exchange Consumers Save by Switching to Covered California



Fran and Jesse in Redding | Ages: 45 **|** Income: $77,580/year

Finally, more than 18,000 people in the region enrolled in Covered California have already begun benefiting from the new law, when their monthly premiums were automatically reduced in May.

Covered California's special-enrollment period will run through the end of the year, but Lee encouraged consumers to act now in order to start saving.

"Do not miss out: the sooner you sign up, the sooner you can start saving and be covered," Lee said. "We don't want anyone in Chico or Redding — or anywhere across the state — to be uninsured or leave money on the table."

Lee also noted that even if people are not eligible for the new financial help through Covered California, they may still have health care options.

Quality Coverage for $1 a Month

The new and expanded financial help available through the American Rescue Plan is dramatically lowering health care premiums for many Californians. The most recent data from Covered California shows that 680,000 of its 1.55 million enrollees are signed up in quality plans that cost $1 per month.

Of those, nearly 400,000 people are in Enhanced Silver plans that include cost-sharing benefits in the form of lower copays, lower deductibles and lower out-of-pocket expenses that make it easier for them to access the health care they need.

“You owe it to yourself to check it out and see what this new financial help can mean for you and your family,” Lee said. “For less than the price of a bus ride or a soda, many Californians are getting the protection and peace of mind that comes with being covered for just $1 a month.”

In addition, the American Rescue Plan provides generous help to those who received unemployment insurance benefits in 2021. Under the new law, Californians who received unemployment insurance benefits in 2021 — regardless of their actual income in 2021 — will be eligible for quality coverage that will cost only $1 per month.

Covered California is currently working to implement this benefit into its enrollment and consumer cost-comparison systems. While those changes are expected to be implemented later this month, consumers who are enrolled or who sign up before that time will receive the lower premium retroactive to when their coverage commenced. An estimated 10 percent of current Covered California enrollees would be eligible for this added benefit, further reducing their costs and putting even more money back into their pockets.

**Consumers Can Find Out in Minutes How Much They Can Save **

Covered California is encouraging people to check if they are eligible for lower premiums due to the American Rescue Plan. Consumers can easily see exactly how they can benefit from the new law on CoveredCA.com by entering their ZIP code,household income and the ages of the people in the household to see how low their premiums can be, and the health insurance options in their area.

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

- Visit www.CoveredCA.com.
- Use the website to find local insurance agents or certified enrollers in community organizations who provide free and confidential assistance over the phone or in person, in a variety of languages.
- Have a certified enroller call them for free help.
- Call Covered California at (800) 300-1506.

COVERED CALIFORNIA

News Release

June 15, 2021

Covered California Urges Central Coast Residents to Sign up for Health Insurance to Benefit from Lower Premiums Now Available Through the American Rescue Plan

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- *The American Rescue Plan provides new and expanded financial help that dramatically lowers health insurance premiums for people who purchase a plan through Covered California.*
- *More than 52,000 people in the Santa Barbara, Santa Maria and San Luis Obispo regions — including the uninsured and people currently enrolled directly through a health insurance carrier — stand to benefit from the new financial help that is now available.*
- *In order to maximize their savings, consumers need to enroll by June 30 so they can begin saving and benefiting from the new law on July 1.*
- *Many people will be able to get a high-quality plan for as little as $1 per month, and currently insured consumers could save hundreds of dollars per month on their coverage if they switch to Covered California.*

SACRAMENTO, Calif. — Covered California announced that an estimated 52,000 people throughout Santa Barbara, Santa Maria and San Luis Obispo regions can benefit from lower health insurance premiums provided by the American Rescue Plan. The landmark law provides new and expanded financial help that is making health care coverage more affordable than ever before. However, people in the region need to act now in order to realize those savings. Those who sign up by June 30 will have coverage starting July 1.

"The new and expanded financial help provided by the American Rescue Plan can help people throughout the Central Coast get covered and stay covered by lowering their premiums and putting money back into their pockets," said Peter V. Lee, executive director of Covered California.

“The American Rescue Plan provides the most significant savings for consumers since the Affordable Care Act began, but in order for many people to make the most of those savings, they need to act before the month ends.”

Covered California partners with thousands of certified enrollers across the state, including United Way of Ventura County, which joined Covered California to encourage people throughout the Central Coast to take a moment to check out their options and find out how affordable quality health care coverage can be.

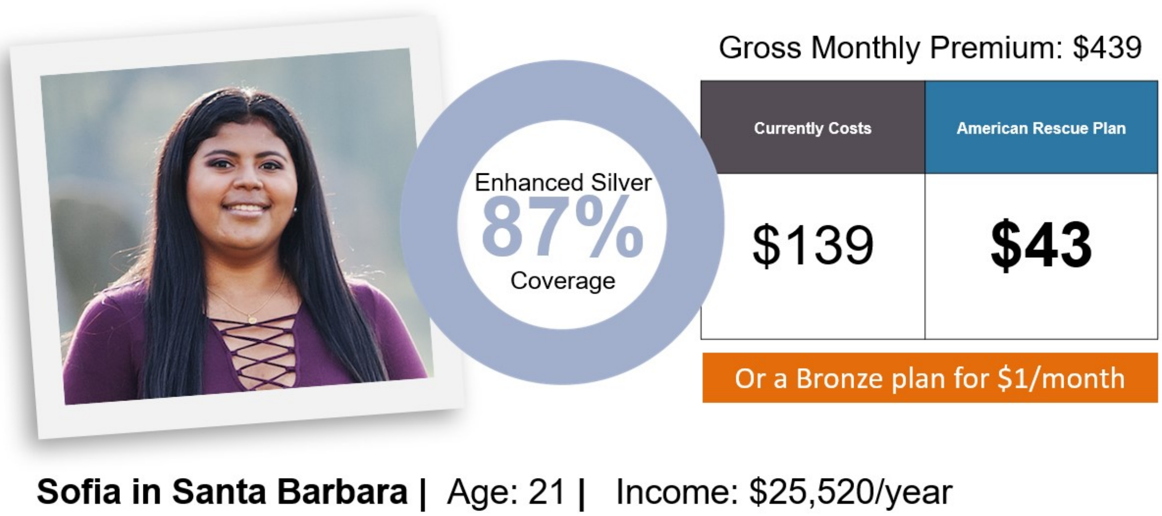
“Health insurance premiums have never been this low, which is why it is so important for families across the Central Coast to check out their options and see how affordable coverage can be,” said Eric Harrison, President & CEO United Way of Ventura County. “Even if you have checked before, you should check again, because now is the time to sign up with this new and expanded financial help.”

Which Californians benefit from the American Rescue Plan?

Covered California estimates the new financial assistance can directly help 2.5 million Californians — including more than 52,000 people in the Santa Barbara, Santa Maria and San Luis Obispo regions — by lowering their monthly health insurance premiums. The new law stands to benefit the following groups of people:

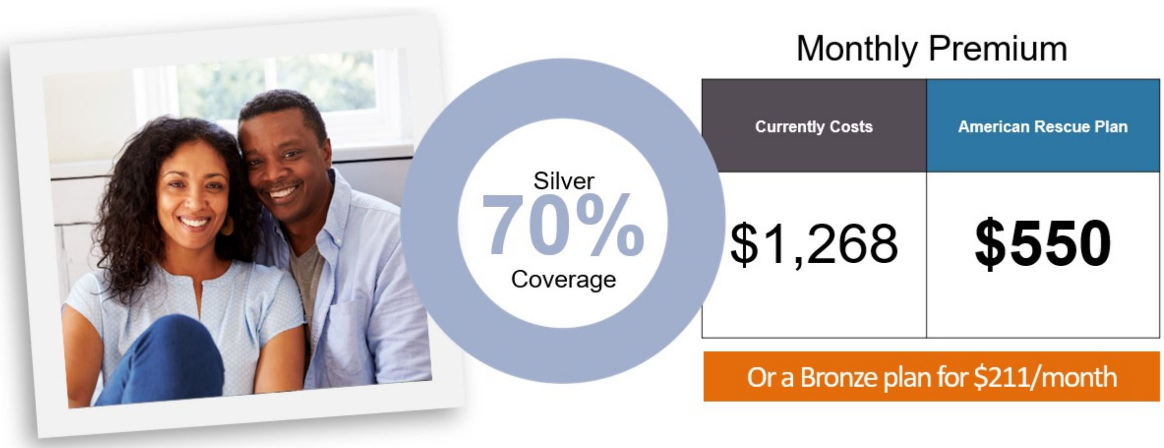
Uninsured residents: Nearly 20,000 people in the region are estimated to be uninsured and eligible for health insurance coverage through Covered California. Under the American Rescue Plan, many consumers would be able to get a high-quality health plan from one of 11 trusted name-brand companies for as little as $1 per month, or a plan that offers richer benefits for less than $100 per month (see Figure 1: Premiums Are Lower Than Ever for the Uninsured).

Figure 1: Premiums Are Lower Than Ever for the Uninsured



Residents insured “off-exchange”: More than 7,500 people in the Central Coast are estimated to be insured “off-exchange,” or directly through a health insurance carrier, and do not receive any financial help. The American Rescue Plan ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health plan premiums if they enroll through an Affordable Care Act marketplace like Covered California. The new law means that many off-exchange consumers are now eligible for financial help, and could save hundreds of dollars per month if they switch and get their insurance through Covered California (see Figure 2: Off-Exchange Consumers Save by Switching to Covered California).

Figure 2: Off-Exchange Consumers Save by Switching to Covered California



Tina and Mike in San Luis Obispo | Ages: 45 | Income: $77,580/year

Finally, nearly 28,000 people in the region enrolled in Covered California have already begun benefiting from the new law, when their monthly premiums were automatically reduced in May.

Covered California’s special-enrollment period will run through the end of the year, but Lee encouraged consumers to act now in order to start saving.

“Do not miss out: the sooner you sign up, the sooner you can start saving and be covered,” Lee said. “We don’t want anyone in Santa Barbara, Santa Maria or San Luis Obispo — or anywhere across the state — to be uninsured or leave money on the table.”

Lee also noted that even if people are not eligible for the new financial help through Covered California, they may still have health care options. An estimated 51,000 people in the region are uninsured and eligible for no-cost coverage through Medi-Cal.

Quality Coverage for $1 a Month

The new and expanded financial help available through the American Rescue Plan is dramatically lowering health care premiums for many Californians. The most recent data from Covered California shows that 680,000 of its 1.55 million enrollees are signed up in quality plans that cost $1 per month.

Of those, nearly 400,000 people are in Enhanced Silver plans that include cost-sharing benefits in the form of lower copays, lower deductibles and lower out-of-pocket expenses that make it easier for them to access the health care they need.

“You owe it to yourself to check it out and see what this new financial help can mean for you and your family,” Lee said. “For less than the price of a bus ride or a soda, many Californians are getting the protection and peace of mind that comes with being covered for just $1 a month.”

In addition, the American Rescue Plan provides generous help to those who received unemployment insurance benefits in 2021. Under the new law, Californians who received unemployment insurance benefits in 2021 — regardless of their actual income in 2021 — will be eligible for quality coverage that will cost only $1 per month.

Covered California is currently working to implement this benefit into its enrollment and consumer cost-comparison systems. While those changes are expected to be implemented later this month, consumers who are enrolled or who sign up before that time will receive the lower premium retroactive to when their coverage commenced. An estimated 10 percent of current Covered California enrollees would be eligible for this added benefit, further reducing their costs and putting even more money back into their pockets.

Consumers Can Find Out in Minutes How Much They Can Save

Covered California is encouraging people to check if they are eligible for lower premiums due to the American Rescue Plan. Consumers can easily see exactly how they can benefit from the new law on CoveredCA.com by entering their ZIP code,household income and the ages of the people in the household to see how low their premiums can be, and the health insurance options in their area.

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

- Visit www.CoveredCA.com.
- Use the website to find local insurance agents or certified enrollers in community organizations who provide free and confidential assistance over the phone or in person, in a variety of languages.
- Have a certified enroller call them for free help.
- Call Covered California at (800) 300-1506.

COVERED CALIFORNIA **News Release**

June 17, 2021

Covered California Urges Monterey and Salinas Residents to Sign up for Health Insurance to Benefit from Lower Premiums Now Available Through the American Rescue Plan

- *The American Rescue Plan provides new and expanded financial help that dramatically lowers health insurance premiums for people who purchase a plan through Covered California.*
- *More than 45,000 people in the Monterey and Salinas regions — including the uninsured and people currently enrolled directly through a health insurance carrier — stand to benefit from the new financial help that is now available.*
- *In order to maximize their savings, consumers need to enroll by June 30 so they can begin saving and benefiting from the new law on July 1.*
- *Many people will be able to get a high-quality plan for as little as $1 per month, and currently insured consumers could save hundreds of dollars per month on their coverage if they switch to Covered California.*

SACRAMENTO, Calif. — Covered California announced that an estimated 45,000 people throughout Monterey and Salinas regions can benefit from lower health insurance premiums provided by the American Rescue Plan. The landmark law provides new and expanded financial help that is making health care coverage more affordable than ever before. However, people in the region need to act now in order to realize those savings. Those who sign up by June 30 will have coverage starting July 1.

"The new and expanded financial help provided by the American Rescue Plan can help people throughout the Central Coast get covered and stay covered by lowering their premiums and putting money back into their pockets," said Peter V. Lee, executive director of Covered California.

"The American Rescue Plan provides the most significant savings for consumers since the Affordable Care Act began, but in order for many people to make the most of those savings, they need to act before the month ends."

Local elected leaders also joined Covered California to encourage people throughout the region to take a moment to check out their options and find out how affordable quality health care coverage can be. California State Senator John Laird (Santa Cruz) represents the Monterey area and says the new benefits of the American Rescue Plan are helping build a stronger and healthier California.

“The American Rescue Plan is a crucial step forward to get us through the pandemic, and by providing more financial help we are lowering the cost of coverage and making it easier for more Californians to get quality health insurance,” Laird said. “The key now is to make sure people take action to find out just how affordable coverage can be and to sign up.”

California State Assemblyman Robert Rivas (Hollister) also encouraged people throughout the region to take a moment to find out what their options are and see how much they can save on quality health care coverage.

“Thanks to the American Rescue Plan, we have the opportunity right now to get our family and friends signed up into a quality health insurance plan, at a price that has never been lower,” Rivas said. “We need to spread the word, particularly among our communities of color which have suffered so much during this pandemic. Please go to www.CoveredCA.com to checkout your options for quality health care coverage.”

Monterey County Supervisor Luis Alejo (District 1) echoed Rivas, saying the increased financial help of the American Rescue Plan will help the communities hit hardest by the pandemic.

“The pandemic showed us how important it is to maintain our physical and mental health, especially for those who work in our fields and in other essential jobs that feed and power California,” Alejo said. “The American Rescue Plan helps bring the cost of coverage within reach, so our brothers and sisters who work in the Central Coast have the access to quality care that they need.”

Which Californians benefit from the American Rescue Plan?

Covered California estimates the new financial assistance can directly help 2.5 million Californians — including more than 45,000 people in the Monterey and Salinas regions — by lowering their monthly health insurance premiums. The new law stands to benefit the following groups of people:

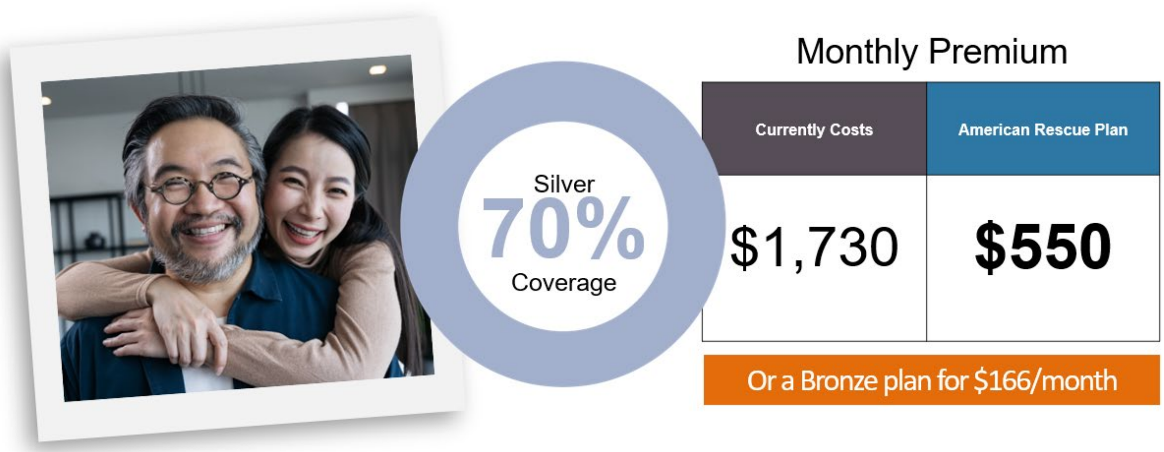
Uninsured residents: More than 15,000 people in the region are estimated to be uninsured and eligible for health insurance coverage through Covered California. Under the American Rescue Plan, many would be able to get a high-quality health plan from one of 11 trusted name-brand companies for as little as $1 per month, or a plan that offers richer benefits for less than $100 per month (see Figure 1: Premiums Are Lower Than Ever for the Uninsured).

Figure 1: Premiums Are Lower Than Ever for the Uninsured

Sofia in Salinas | Age: 21 | Income: $25,520/year

Residents insured “off-exchange”: Nearly 4,500 people in the Central Coast are estimated to be insured “off-exchange,” or directly through a health insurance carrier, and do not receive any financial help. The American Rescue Plan ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health plan premiums if they enroll through an Affordable Care Act marketplace like Covered California. The new law means that many off-exchange consumers are now eligible for financial help, and could save hundreds of dollars per month if they switch and get their insurance through Covered California (see Figure 2: Off-Exchange Consumers Save by Switching to Covered California).

Figure 2: Off-Exchange Consumers Save by Switching to Covered California



Shao and Amy in Monterey | Ages: 45 | Income: $77,580/year

Finally, nearly 26,000 people in the region enrolled in Covered California have already begun benefiting from the new law, when their monthly premiums were automatically reduced in May.

Covered California's special-enrollment period will run through the end of the year, but Lee encouraged consumers to act now in order to start saving.

"Do not miss out: the sooner you sign up, the sooner you can start saving and be covered," Lee said. "We don't want anyone in Monterey or Salinas — or anywhere across the state — to be uninsured or leave money on the table."

Lee also noted that even if people are not eligible for the new financial help through Covered California, they may still have health care options. An estimated 51,000 people in the region are uninsured and eligible for no-cost coverage through Medi-Cal.

Quality Coverage for $1 a Month

The new and expanded financial help available through the American Rescue Plan is dramatically lowering health care premiums for many Californians. The most recent data from Covered California shows that 680,000 of its 1.55 million enrollees are signed up in quality plans that cost $1 per month.

Of those, nearly 400,000 people are in Enhanced Silver plans that include cost-sharing benefits in the form of lower copays, lower deductibles and lower out-of-pocket expenses that make it easier for them to access the health care they need.

"You owe it to yourself to check it out and see what this new financial help can mean for you and your family," Lee said. "For less than the price of a bus ride or a soda, many Californians are getting the protection and peace of mind that comes with being covered for just $1 a month."

In addition, the American Rescue Plan provides generous help to those who received unemployment insurance benefits in 2021. Under the new law, Californians who received unemployment insurance benefits in 2021 — regardless of their actual income in 2021 — will be eligible for quality coverage that will cost only $1 per month.

Covered California is currently working to implement this benefit into its enrollment and consumer cost-comparison systems. While those changes are expected to be implemented later this month, consumers who are enrolled or who sign up before that time will receive the lower premium retroactive to when their coverage commenced. An estimated 10 percent of current Covered California enrollees would be eligible for this added benefit, further reducing their costs and putting even more money back into their pockets.

Consumers Can Find Out in Minutes How Much They Can Save

Covered California is encouraging people to check if they are eligible for lower premiums due to the American Rescue Plan. Consumers can easily see exactly how they can benefit from the new law on CoveredCA.com by entering their ZIP code, household income and the ages of the people in the household to see how low their premiums can be, and the health insurance options in their area.

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

- Visit www.CoveredCA.com.
- Use the website to find local insurance agents or certified enrollers in community organizations who provide free and confidential assistance over the phone or in person, in a variety of languages.
- Have a certified enroller call them for free help.
- Call Covered California at (800) 300-1506.

News Release

June 17, 2021

U.S. Supreme Court Rejects Latest Challenge to the Affordable Care Act and Preserves the Landmark Health Care Law for a Third Time

SACRAMENTO, Calif. — Covered California Executive Director Peter V. Lee applauded today's U.S. Supreme Court decision to dismiss challenges to the constitutionality of the Patient Protection and Affordable Care Act leaving the law intact to the benefit of millions of Americans.

"The Supreme Court – in rejecting claims challenging the constitutionality of the Affordable Care Act – has once again upheld the law that is helping millions of Americans benefit every day from health care coverage and broad consumer protections. It is time to move on, focus on improving the law and reach true universal coverage.

As U.S. Health and Human Services Secretary Xavier Becerra said when he led the coalition of states to protect the Affordable Care Act in court, 'This shouldn't be a debate; the ACA has been the law for nearly a decade and is the backbone of our healthcare system.'

With today's high court ruling, and dramatic enrollment increases resulting from the promotion of coverage and new American Rescue Plan subsidies, it is time to stop making health coverage a political fight which has delayed progress and injected unneeded uncertainty into the lives of millions of Americans. The Affordable Care Act provides protection for over 130 million Americans with pre-existing conditions, put in place an array of other standards to hold health plans accountable and brought coverage within reach to millions, now directly benefiting 31 million Americans, including nearly 6 million Californians. The law is here to stay, and our attention should be on effectively improving the health of Americans by making coverage more affordable, improving health care, and addressing issues of health equity and disparities.

In California we have embraced the Affordable Care Act and implemented policies that put consumers first and remove barriers to care. Nationally, the new administration and Congress have leaned-in with new financial help through the American Rescue Plan that lower health insurance premiums for millions of Americans. Today more Americans are seeing the benefits of the Affordable Care Act than ever before. This is the right direction for Americans across the country and Covered California will continue its work to build on the progress we have made together."

Covered California is currently holding a special-enrollment period to allow the uninsured, and those insured directly through a health insurance carrier, to sign up for coverage and benefit from the new and expanded financial help available through the American Rescue Plan. The law is dramatically lowering health care premiums and the most recent data from Covered California shows that 680,000 of its 1.55 million enrollees are signed up in quality plans that cost $1 per month.

While the special-enrollment period runs through the end of the year, consumers need to enroll by June 30 if they want to maximize their savings and have coverage that starts on July 1.

COVERED CALIFORNIA News Release

June 21, 2021

Covered California Sets New Enrollment Record as Thousands Get Lower Premiums From the American Rescue Plan as June Deadline Approaches

- *A record 1.6 million people are actively enrolled in Covered California, including 139,000 who signed up for quality health care coverage since lower premiums became available through the American Rescue Plan.*
- *Covered California is also launching a provision that allows thousands of eligible Californians, who received unemployment insurance benefits at any point in 2021, to get the best coverage available for as low as $1 per month.*
- *Consumers can use Covered California's quick calculator to easily find out if they benefit from the new $1 per month provision.*
- *The next deadline for coverage is the end of the month: Consumers who enroll by June 30 will be insured starting July 1.*

SACRAMENTO, Calif. — Covered California announced Monday that it has enrolled a record 1.6 million people, as thousands of consumers sign up for coverage due to the lower premiums provided by the American Rescue Plan. New data shows that over 139,000 people have signed up for a health plan through Covered California since the new and expanded financial help from the new law became available on April 12. The announcement comes just days after the U.S. Supreme Court rejected the latest challenge to the Patient Protection and Affordable Care Act.

"With the Supreme Court again ruling that the Affordable Care Act is the law of the land, and with the American Rescue Plan lowering premiums for thousands of Californians, it is easier than ever to get covered and stay covered," said Peter V. Lee, executive director of Covered California. "The next deadline is coming up, and Californians who sign up by the end of the month will begin benefiting from their more affordable coverage on July 1."

The record enrollment is being driven by the new financial help now available through the American Rescue Plan, which became available on April 12. Since then, 139,100 people have newly signed up, which is an increase of nearly 63,000 people in the past four weeks alone. Overall, a total of 246,640 people signed up for coverage between the end of open enrollment and June 16 (see Table 1: Consumer Plan Selections During Special Enrollment).

Table 1: Consumer Plan Selections During Special Enrollment (Feb. 1 – June 16)

Before April 12	107,540
Since American Rescue Plan Benefits on April 12	139,100
Year-to-Date	246,640
Total Number of Actively Enrolled Consumers	**1,591,800**

The American Rescue Plan provides new and expanded financial help to people who receive their health insurance through an Affordable Care Act marketplace like Covered California. The law means that many middle-income Californians can now get more help than ever before, since it ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health insurance premiums. The law also dramatically lowers the cost of insurance for lower-income Californians, with the latest data showing that nearly 700,000 people now have quality coverage through brand-name health plans for $1 per month. While Covered California's special-enrollment period runs through the end of the year, consumers are encouraged to act now in order to start benefiting from the new law.

"The American Rescue Plan is making coverage more affordable than ever, and more and more Californians are getting high-quality coverage for just a dollar," Lee said. "The sooner you sign up, the sooner you can start saving and be covered, because we do not want anyone to be uninsured or leave money on the table."

Californians Who Received Unemployment Benefits Can Get Covered California's Best Plan for a Dollar a Month

There are 207,000 Covered California consumers who are currently enrolled in the best coverage that the exchange offers, known as Silver 94 plans. Plans in this metal tier include low premiums, $5 copays to see a primary care provider, outpatient services that are not subject to a deductible, an annual deductible of $75 and other cost-sharing benefits that lower the cost of coverage and increase access to care.

A provision of the recently enacted American Rescue Plan, officially launched by Covered California today, enables hundreds of thousands of people who received unemployment insurance benefits in 2021 to also get this level of high-value coverage for as little as $1 per month.

“The help for those who received unemployment benefits is big and not tied to their income, but the potential of good deals is there for every Californian who needs health insurance,” Lee said. “If you’re uninsured you should check your options, because hundreds of thousands are qualifying for the best coverage we offer for as little as $1 per month, while others are seeing reductions of hundreds of dollars per month on the plan they’ve already chosen.”

Sheila from Indio is a Covered California enrollee who lost her job as a college professor during the pandemic. When she consulted with her insurance agent, Sheila discovered that she and her daughter now qualified for a Silver 94 plan, and their $221 monthly premium would be dropping to just $1 for the rest of 2021.

“We were so excited that’s even a thing. My first thought was, ‘I’m sure not me,’” Sheila told Covered California. “We spoke yesterday and heard that it would be me. I was floored; we were both astonished.”

The most recent data from the Employment Development Department (EDD) shows that 569,000 Californians filed unemployment insurance claims in May alone. Currently, about 10 percent of Covered California’s enrollees — approximately 141,000 — have indicated they have received unemployment insurance benefits this year, meaning thousands more could be eligible for this new benefit. Covered California has partnered with EDD to inform unemployment insurance recipients through their online accounts of the new subsidies available.

“This is a tremendous opportunity for those who lost their jobs to get a quality health insurance plan at a price that has never been lower,” Lee said. “Whether you or someone you know filed for unemployment this year, now is the time to check out your options and start saving now.”

Covered California enrollees who are eligible for the $1 per month plan and are currently enrolled in a Silver-tier product will automatically be placed into a Silver 94 plan with better coverage. However, Covered California is working to help the 58,000 Covered California enrollees who are eligible and currently enrolled in a non-Silver plan to consider changing their coverage to get an even better deal.

Consumers Can Quickly Find Out If They Are Eligible

Consumers can check their eligibility for big savings whether or not they have received unemployment insurance by using Covered California’s quick calculator.

They will need to input their household income, ZIP code, their household size and the age of each family member and note whether they received unemployment benefits. Once completed, they will see how affordable a silver or bronze plan can be in their area.

“The pandemic has highlighted the importance of quality health care, and whether you end up with a $1 plan, are eligible for no-cost coverage through Medi-Cal or can save hundreds of dollars on your coverage, getting covered is the right thing for you and your family," Lee said.

Those interested in learning more about their coverage options can:

- Visit www.CoveredCA.com.
- Use the website to find local insurance agents or certified enrollers in community organizations who provide free and confidential assistance over the phone or in person, in a variety of languages.
- Have a certified enroller call them for free help.
- Call Covered California at (800) 300-1506.

COVERED CALIFORNIA **News Release**

July 28, 2021

Covered California Announces 2022 Plans: Full Year of American Rescue Plan Benefits, More Consumer Choice and Low Rate Change

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- *The American Rescue Plan will continue to provide lower premiums, at levels never seen before, throughout the entire 2022 coverage year.*
- *The new and expanded financial help has led to a record 1.6 million people enrolled in Covered California, which gives the state one of the healthiest consumer pools in the nation for the seventh consecutive year.*
- *The record enrollment and healthy consumer pool were key factors in negotiating a preliminary rate increase for California's individual market of just 1.8 percent in 2022, and a three-year average of only 1.1 percent (2020-2022).*
- *With expansions of coverage by several carriers and a new carrier in one region, consumers will have even more choice: All Californians will have two or more choices, 94 percent will be able to choose from three carriers or more, and 81 percent of Californians will have four or more choices.*
- *Consumers can sign up now to benefit from the increased financial help provided by the American Rescue Plan, which is lowering premiums and enabling 700,000 people to get covered for only $1 per month.*

SACRAMENTO, Calif. — Covered California announced its plans and rates for the 2022 coverage year, which will include a full year of lower premiums under the American Rescue Plan. The new and expanded financial help provided by the law has led to a record 1.6 million people enrolled in Covered California, which contributes to the state having one of the healthiest consumer pools in the nation, resulting in a low rate change for a third straight year.

"The American Rescue Plan will keep making a huge difference by lowering costs for many who were previously eligible, and by building on California's state subsidies to provide financial help to lower premiums for many middle-income Californians for the first time," said Peter V. Lee, executive director of Covered California. "By getting more people insured and lowering the costs of coverage, we are creating a virtuous cycle of more people being insured, healthier consumers and lower rates for everyone."

"California is continuing to make significant progress towards covering everyone in our state, and a key part of that is to make sure folks can take advantage of the federal support through the American Rescue Plan," said Gov. Gavin Newsom. "The pandemic highlighted how important it can be to have access to quality, affordable health care coverage, and Covered California is making that happen for more people than ever before."

"The new and expanded financial help from the American Rescue Plan builds on the Affordable Care Act and is allowing more Californians than ever before to get covered and stay covered," said Dr. Mark Ghaly, California Health and Human Services secretary and chair of the Covered California Board of Directors. "Health care is a right, and together we are working toward providing everyone in the state with access to quality, affordable coverage."

California's Individual Market Rate Change for 2022

The preliminary average rate change of 1.8 percent will apply to California's individual market, which consists of approximately 2.3 million people, including the 1.6 million enrolled through Covered California and those enrolled "off-exchange" who sign up directly through a health insurance carrier.

The average rate change for the past three years is only 1.1 percent. This three-year period marked the launch of California's state subsidy program, the promotion of coverage to address the needs of those losing insurance due to the COVID-19 pandemic, and the recent rollout of the American Rescue Plan.

"Health care costs are never a one-year story," Lee said. "The past three years show how California has led the way not only by providing stability and lower costs to our consumers, but also through the state's modeling of expanded financial help, which is now reflected in the American Rescue Plan."

While the expanded subsidies available through the American Rescue Plan can only be received by consumers who enroll through Covered California, consumers both on and off the exchange will benefit from the competitive marketplace and standard patient-centered benefit designs, which allow them to shop for the best value and save money if they switch plans. The average rate change for unsubsidized consumers who switch to the lowest-cost plan in the same metal tier is -7.9 percent, which means many people may be able to get a lower gross premium than they have now if they shop and switch.

The main factor that contributed to the low rate change is Covered California's strong and healthy enrollment. Covered California saw a big jump in new enrollment in 2020 due to the state subsidy and the implementation of the state penalty for going without coverage. Since then, it has seen a surge in enrollment because of the new subsidies through the American Rescue Plan and actions to meet the needs of Californians who lost their employer-sponsored insurance.

The low rate change for 2022 reflects carriers' anticipation that this trend will continue during the special-enrollment period that will last through Dec. 31, 2021, and in open enrollment for 2022, which will begin in November.

Covered California now has the highest enrollment in its history, and the state continues to be home to one of the healthiest consumer pools in the nation. Data from the Centers for Medicare and Medicaid Services shows that California had the second lowest "state average plan liability risk score" in the nation in 2020, which marked the seventh straight year that it has been among the top five states in fostering healthy enrollment in the individual market. Over the period from 2020 to 2022, Covered California carriers have indicated that the improved risk mix from new enrollment has contributed to lowering premiums by 3 to 5 percent. Other factors have caused premium trends to be below the usual medical cost trend of 5 to 7 percent, such as the impact of the COVID-19 pandemic and deferred care.

The preliminary average rate change reflects changes in premiums *before* federal subsidies, which cover about 89 percent of the premium for those getting financial help. In addition, premiums will vary by region and by an individual's personal situation (see Table 2: Covered California Individual Market Rate Changes by Rating Region). The rates have been filed with California's regulators, the Department of Managed Health Care and the Department of Insurance, and are subject to their final reviews.

The American Rescue Plan Provides Big Savings

The American Rescue Plan is already lowering premiums for an estimated 1.5 million Californians, and hundreds of thousands more could get help becoming insured or reducing the cost of the coverage they have now. The new law ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health plan premiums if they enroll through an Affordable Care Act marketplace.

The latest data shows that nearly 700,000 people enrolled in Covered California now have quality coverage through brand-name health plans for only $1 per month. In addition, the American Rescue Plan dramatically reduced the net premiums paid by households across all income ranges in the state (see Table 1: The American Rescue Plan Lowered Net Premiums Across Covered California Households in 2021).

Table 1: The American Rescue Plan Lowered Net Premiums Across Covered California Households in 2021

Federal Poverty Level	Total Premium	Net Premium with ACA/State Subsidies	Net Premium with ARP Subsidies (% of Premium Subsidized)	Savings due to ARP	Combined ACA/ARP Savings
Under 200%	$741	$112	$39 (95%)	$74	$702
200%-400%	$913	$276	$137 (85%)	$139	$774
Above 400%	$1,130	$768	$342 (70%)	$426	$704
Total	$828	$206	$91 (89%)	$115	$713

"The American Rescue Plan lowered the average premium cost by 50 percent for many Californian households that were already eligible for financial help, and newly eligible middle-income families are saving an average of more than $400 per month," Lee said. "As federal lawmakers deliberate the future of the American Rescue Plan, we have seen clear evidence that it is lowering premiums and increasing enrollment in California and across the country."

Increased Competition and Consumer Choice

The combination of record enrollment and a healthy consumer pool helped prompt carriers to expand the areas they cover throughout the state, with Covered California allowing a new carrier to join the exchange in one region:

- Anthem Blue Cross will return to Alameda, Contra Costa, El Dorado, Marin, Napa, Placer, Sacramento, San Francisco, San Mateo, Solano, Sonoma and Yolo counties.
- Blue Shield of California will bring its Trio HMO plan into portions of Monterey and Santa Barbara counties.
- Valley Health Plan will expand into San Benito and Monterey counties.
- Bright HealthCare, which currently operates in 13 other states and covers more than 500,000 people in the individual market, will begin offering coverage in Contra Costa County.

As a result, with 12 carriers providing coverage across the state in 2022, all Californians will have two or more choices, 94 percent will be able to choose from three carriers or more, and 81 percent of Californians will have four or more choices.

“Across the state, Californians will have a choice in coverage, and most will have four or five choices,” Lee said. “That means the Affordable Care Act is putting consumers in the driver’s seat, and they can choose the option that works best for them.”

Raising the Bar on Quality, Addressing Disparities and Improving Care

In addition to providing increased value and choice for Californians, Covered California is also continuing its work to improve the quality of care that is delivered to consumers and to address the health care disparities that negatively affect many communities of color across the state.

As part of its contracts with health insurance carriers, Covered California holds carriers accountable for providing high-quality, equitable health care in the following ways:

- **Raising the bar on quality**: While more than 85 percent of consumers are currently enrolled in health plans with ratings of three or more quality stars, Covered California’s goal is to have all consumers in plans that earn four or five stars. To that end, Covered California will be launching a Quality Transformation Initiative in 2023, which will tie financial penalties to poor performance on key quality measures like colon cancer screening and diabetes control.
- **Addressing disparities**: Covered California requires its plans to collect race and ethnicity data and is working collaboratively with its plans to identify and address disparities in care for African American and Latino enrollees with diabetes and high blood pressure.
- **Delivery system transformation**: Covered California is working closely with other public purchasers like Medi-Cal and CalPERS on exploring ways to improve behavioral health for all Californians. It is working with the Purchaser Business Group on Health to develop a set of quality measures to support enhanced payments for advanced primary care.

Staying Safe While Getting Help Enrolling

While the rates and increased choice will not go into effect until Jan. 1, 2022, consumers do not need to wait for the traditional open-enrollment period in November to sign up for coverage. Covered California opened a special-enrollment period to allow the uninsured, and those enrolled directly through a health insurance carrier, to sign up and begin benefiting from the new financial help offered through the American Rescue Plan. People who sign up by July 31 will have coverage that starts Aug. 1.

“The sooner you sign up, the sooner you can start saving and be covered. We do not want anyone to be uninsured or leave money on the table,” Lee said. “The American Rescue Plan is making coverage more affordable than ever, and more and more Californians are getting high-quality coverage for just a dollar.”

Consumers can easily find out if they are eligible for Covered California or Medi-Cal — and see whether they qualify for financial help and which plans are available in their area — by using the CoveredCA.Com Shop and Compare Tool and entering their ZIP code, household income and the ages of those who need coverage.

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.

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

Table 2: California Individual Market Rate Changes by Rating Region

Rating Region	Total enrollment [1]	Avg. rate change	Shop and switch[2]
Statewide Total	**1,555,820**	**1.8%**	**- 7.9%**
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties	56,500	-5.8%	-8.7%
Region 2 Marin, Napa, Solano and Sonoma counties	55,120	0.4%	-3.3%
Region 3 Sacramento, Placer, El Dorado and Yolo counties	88,900	3.4%	-1.7%
Region 4 San Francisco County	38,670	1.3%	-5.4%
Region 5 Contra Costa County	54,290	1.8%	-1.5%
Region 6 Alameda County	76,930	2.1%	0.1%
Region 7 Santa Clara County	63,720	0.8%	-7.4%
Region 8 San Mateo County	28,190	2.7%	-1.5%
Region 9 Monterey, San Benito and Santa Cruz counties	27,770	0.1%	-18.1%
Region 10 San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties	76,530	0.8%	-3.1%

Region 11 Fresno, Kings and Madera counties	37,200	2.0%	-2.2%
Region 12 San Luis Obispo, Santa Barbara and Ventura counties	69,410	3.1%	-2.3%
Region 13 Mono, Inyo and Imperial counties	15,650	0.4%	-1.8%
Region 14 Kern County	19,940	0.5%	-2.9%
Region 15 Los Angeles County (northeast)	202,520	2.0%	-11.3%
Region 16 Los Angeles County (southwest)	245,160	1.9%	-12.5%
Region 17 San Bernardino and Riverside counties	138,260	2.6%	-9.9%
Region 18 Orange County	145,780	2.9%	-11.3%
Region 19 San Diego County	115,270	3.3%	-10.9%

1 Effectuated enrollment for coverage in the month of March 2021. See https://hbex.coveredca.com/data-research/library/active-member-profiles/CC_Membership_Profile_2021_03_R20210623.xlsx for full data profile.

2 Shop and switch refers to the average rate change a consumer could see if they shop around and switch to the lowest-cost plan in their current metal tier.

Table 3: California Individual Market Rate Changes by Carrier[i]

Carrier	Weighted Average Rate Change
Anthem Blue Cross	- 2.5
Blue Shield of California	1.3
Chinese Community Health Plan	1.7

Health Net	4.5
Kaiser Permanente	2.2
LA Care Health Plan	- 2.9
Molina Healthcare	- 0.1
Oscar Health Plan of California	8.6
Sharp Health Plan	- 0.7
Valley Health Plan	5.5
Western Health Advantage	3.0
Overall	**1.8**

Riverbank News

Affordable Care Act Sees More Californians Obtaining Coverage
Staff

A new report from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) finds that the Affordable Care Act (ACA) has significantly decreased the number of uninsured California residents. As of February 2021, 1,583,781 California residents were enrolled in Marketplace coverage and according December 2020 data, 4,074,553 were newly eligible enrollees in Medicaid coverage thanks to the ACA. That totals to 5,658,334 California residents that gained access to health coverage. Furthermore, California's uninsured rate fell from 17.2 percent in 2013 before the ACA to 7.7 percent as of 2019. California is one of seven states that have reduced their uninsured rate by at least half through enrollment in Marketplace coverage and expansion of Medicaid to adult populations.

Nationwide, over 31 million people are currently enrolled in health coverage through the Affordable Care Act – a record. That includes 11.3 million people enrolled in Marketplace plans as of February 2021, and 14.8 million newly eligible people enrolled in Medicaid due to the ACA's expansion of eligibility to adults as of December 2020.

HHS Secretary Xavier Becerra released the following statement June 7 on Twitter: "The historic numbers released today speak to the success of the Affordable Care Act and our country's need for quality, affordable health care. The President's American Rescue Plan was a leap forward, and we at HHS will continue to advance the fight for health security."

There are also one million people enrolled in the ACA's Basic Health Program, and nearly four million previously-eligible adult Medicaid enrollees who gained coverage under expansion due to the ACA's enhanced outreach, streamlined applications, and increased federal funding under the ACA.

"Health care coverage is life-changing for our communities and families. Thanks to the Affordable Care Act, millions of Americans have been able to enroll in high-quality, affordable coverage through the Marketplaces and Medicaid expansion," said CMS Administrator Chiquita Brooks-LaSure. "The Biden-Harris Administration is working to strengthen these vital programs that have advanced health equity and improved health outcomes. With the implementation of the American Rescue Plan, which builds on the ACA, health coverage is more affordable and accessible than ever. As we rebuild from the health and economic impacts of the pandemic and work to address the disparities it has illuminated, we'll protect and build on the ACA to ensure Americans can access the care they need."

The ASPE report additionally shows that between 2010 and 2016, the number of nonelderly uninsured adults decreased by 41 percent, falling from 48.2 million to 28.2 million. All 50 states and the District of Columbia have experienced reductions in their uninsured rates since the implementation of the ACA, with states that expanded Medicaid experiencing the largest reduction in their uninsured rate. To date, 37 states and the District of Columbia have expanded Medicaid to cover adults under the ACA.

This report demonstrates the important role the ACA has played in helping Americans access and enroll in quality, affordable health coverage, especially during the COVID-19 crisis. With millions of Americans facing uncertainty and challenging circumstances throughout the pandemic, the Biden-Harris Administration opened HealthCare.gov for a Special Enrollment Period (SEP) to help Americans enroll in health insurance coverage. To date, more than 1 million new consumers have signed up for coverage through HealthCare.gov during the SEP since Feb. 15. Some states have also opened a special enrollment period through their State-Based Exchanges. As new Marketplace consumers activate their health plan coverage, ACA related enrollment will continue to climb through the end of the SEP on Aug. 15.

Any California resident still needing health insurance coverage should visit HealthCare.gov by Aug. 15 and where if available, they will be redirected to their State-based Exchanges to complete an application, review their options, and, if eligible enroll in coverage. Consumers can find local help at Localhelp.healthcare.gov or by calling the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. Assistance is available in 150 languages. The call is free.

HealthCare.gov can also direct eligible consumers to Medicaid access in their state. Consumers can apply for Medicaid any time during the year.

The SEP is currently available to consumers in the 36 states with Marketplaces that use the HealthCare.gov platform in 2021. Consumers served by State-based Marketplaces that use their own platforms can check their state's website to find out more information on Special Enrollment Periods in their state.

For more information about the Health Insurance Marketplace, visit:
https://www.healthcare.gov/quick-guide/getting-marketplace-health-insurance/

For more information about the Medicaid program, visit:
https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/

Food for Thought
anewscafe.com

Affordable Care Act Sees More Californians Obtaining Coverage
Staff

You can lead a horse to water…..and we all know the rest. That is a bit of what Covered California, the individual health insurance market place is experiencing these days.

A recent Press Release from Covered California announced that an estimate 32,000 people in Chico and Redding can benefit from subsidies provided by the American Rescue Plan (ARP). There are so many provisions of this act that I expect most peoples' eyes glaze over at the mention of it.

If you have individual health insurance coverage, not provided by an employer, you really should pay attention. At the very least, contact your agent or go to www.coveredca.com and click on the "shop and compare" button to get an estimate of your premiums You will need to know your approximate taxable income for 2021 to obtain the most accurate results.

Income for this purpose is (MAGI) Modified Adjusted Gross income. There are several links to help you calculate this including: https://laborcenter.berkeley.edu/modified-adjusted-gross-income-under-the-affordable-care-act/.

In the past it has been primarily your earned income, interest, pensions, unemployment plus you must also include non-taxable social security benefits and tax-exempt interest. Certain Native Americans payments may be excluded.

Covid relief packages have added a new decision tree to the mix for what is or is not included.

There are different rules for coverage under the Covered CA Exchange and Medi-Cal and CHIP (Children's Health Insurance Program). For the Exchange, coverage you might be be surprised to know that the following payments do NOT count toward income for subsidy purposes: Recovery Rebates (one-time payments for individuals) and Workers Compensation payments.

For Medi-Cal, the Supplemental Unemployment insurance (additional $300 weekly) will not be included in the calculation.

Inputting income, ages and zip codes, “Shop and Compare” can give you an estimate of what your insurance would cost. One tip, use the full “Shop and Compare” button located in the top right corner of the home page. Don’t use the “Get your estimate” pink button. Once this is updated for the Unemployment information it will be more valuable.

The trick is that your insurance MUST be purchased through the Exchange to qualify for subsidies. If you have individual coverage outside the Exchange, you will not get any premium help.

The good news is that there is an open enrollment period that will allow those who apply and qualify by June 30 to have insurance effective 7/1/2020! This is a far cry from when we had to answer 50 health questions and wait for the insurer to get doctor records to see if we would be granted insurance.

Covered CA estimates that there are 11,000 people in Chico and Redding that do not have insurance and could qualify. Additionally there are 2500 who have insurance with directly with the carriers that may qualify. Within the state, they estimate 680,000 people in the state have plans that would cost them $1 monthly on the Exchange.

Covered CA announced that under the ARP, any Californian who received unemployment insurance benefits in 2021 is eligible for the $1 monthly high deductible plans. Apparently, this is regardless of other income. They expect to be able to implement system changes that will allow the estimator to calculate this benefit sometime this month. In the interim, one can contact Covered CA directly at 800-300-1506.

Consumers need to be aware that these plans are very similar or even identical to the plans they have purchased off the Exchange. The plans are not inferior. In fact, if one qualified for Advanced Silver, they are getting better benefits than is available outside the Exchange.

A single 50 year-old living in Redding with $50,000 of income would receive about $517 in subsidy giving a net premium of $113 for a Bronze Plan from Anthem. That $6000 annualized premium savings could cover most of the $7000 deductible, if coverage was provided through the Exchange. If income and family size are doubled to $100,000 for a family of two, the savings is $1017 monthly with a net premium of $243.23!

The trick to getting this help is to purchase individual coverage through the Exchange. There are three main ways to obtain coverage:

1) Contact a Covered CA agents in our area

2) Call Covered CA at 800-300-1506 to enroll.

3) Go to www.coveredca.com and enroll directly. Be careful to go to the direct site, otherwise you may inadvertently be directed to a marketing website.

I recommend enrolling before June 30th as the sites often crash on the last day of an enrollment period. Might as well take advantage of "free" money!

Record Searchlight
PART OF THE USA TODAY NETWORK

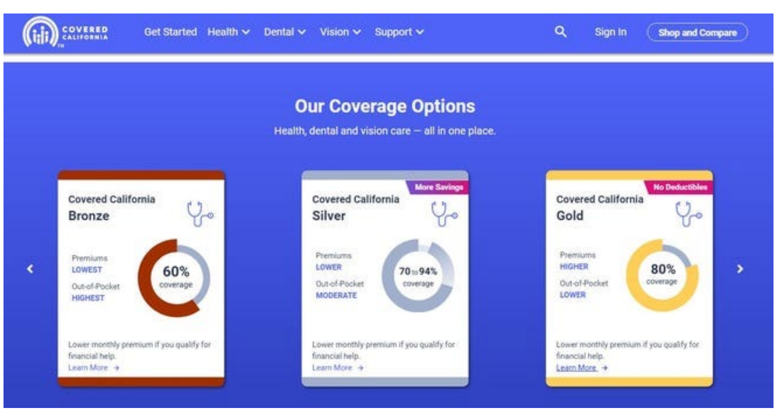
How to take advantage of Covered California opportunities in June
Margaret Beck

You can lead a horse to water — and we all know the rest. That's a bit of what Covered California, the individual health insurance marketplace, is experiencing these days.

A recent press release from Covered California announced an estimated 32,000 people in Chico and Redding can benefit from subsidies provided by the American Rescue Plan (ARP). There are so many provisions of this act that I expect most peoples' eyes glaze over at the mention of it.

If you have individual health insurance coverage not provided by an employer, you really should pay attention. At the very least, contact your agent or go to www.coveredca.com at https://bit.ly/3g6DmEw and click on the "shop and compare" button to get an estimate of your premiums.

You will need to know your approximate taxable income for 2021 to obtain the most accurate results. Income for this purpose is your modified adjusted gross income (MAGI).



In the past, it has been primarily your earned income, interest, pensions and unemployment, plus you must also include non-taxable social security benefits and tax-exempt interest. Certain Native Americans payments may be excluded.

COVID relief packages have added a new decision tree to the mix for what is or is not included.

There are different rules for coverage under the Covered California Exchange and Medi-Cal and Children's Health Insurance Program (CHIP). For the Exchange, you might be be surprised to know the following payments do not count toward income for subsidy purposes: recovery rebates (one-time payments for individuals) and workers' compensation payments.

For Medi-Cal, the supplemental unemployment insurance (an additional $300 weekly) will not be included in the calculation.

Covered California website
Inputting income, ages and zip codes, "Shop and Compare" can give you an estimate of what your insurance would cost. One tip, use the full "Shop and Compare" button located in the top right corner of the home page. Don't use the "Get your estimate" pink button. Once this is updated with unemployment information it will be more valuable.

The trick is that your insurance must be purchased through the exchange to qualify for subsidies. If you have individual coverage outside the exchange, you will not get any premium help.

The good news is that there is an open enrollment period that will allow those who apply and qualify by June 30 to have insurance effective July 1. This is a far cry from when we had to answer 50 health questions and wait for the insurer to get doctor records to see if we would be granted insurance.

Covered California estimates that there are 11,000 people in Chico and Redding that do not have insurance and could qualify. Additionally, there are 2,500 who have insurance with directly with the carriers that may qualify. Within the state, they estimate 680,000 people in the state have plans that would cost them $1 monthly on the exchange.

Covered California announced that under the ARP, any Californian who received unemployment insurance benefits in 2021 is eligible for the $1 monthly high deductible plans. Apparently, this is regardless of other income. They expect to be able to implement system changes that will allow the estimator to calculate this benefit sometime this month. In the interim, one can contact Covered California directly at 800-300-1506.

Consumers need to be aware that these plans are very similar to the plans they have purchased off the exchange. The plans are not inferior. In fact, if one qualified for Advanced Silver, they are getting better benefits than is available outside the exchange.

A single 50-year-old living in Redding with $50,000 of income would receive about $517 in subsidy giving a net premium of $113 for a Bronze Plan from Anthem. That $6,000 annualized premium savings could cover most of the $7,000 deductible, if coverage was provided through the exchange. If income and family size are doubled to $100,000 for a family of two, the savings is $1,017 monthly with a net premium of $243.23.

The trick to getting this help is to purchase individual coverage through the exchange. There are three main ways to obtain coverage:

- Contact a North State Covered California agent.
- Call Covered California at 800-300-1506 to enroll.
- Go to www.coveredca.com and enroll directly. Be careful to go to the direct site, otherwise you may inadvertently be directed to a marketing website.

I recommend enrolling before June 30 as the sites often crash on the last day of an enrollment period. Might as well take advantage of “free” money.

capital public radio

Interview: Dr. Ghaly Reflects On California's Response To COVID-19 As State Reopens
Megan Manata

California is opening up today and loosening mask restrictions and guidelines for businesses and workplaces.

"Those days are over," said state Health Secretary Dr. Mark Ghaly on CapRadio's Insight. "No more purple, red, orange, yellow tier assignments on Tuesdays, as we've seen for the last many, many months. So that's probably the biggest, most important change that people, I will say, are looking forward to."

The state on June 15, is doing away with virtually all masking and social distancing requirements for vaccinated people in alignment with guidelines from the Centers for Disease Control and Prevention. Masks are still required at airports, on public transportation, indoors at K-12 schools and youth settings, healthcare settings, correctional facilities, detention centers and shelters.

CapRadio's Insight Host Vicki Gonzalez spoke with Ghaly about how lifting the state's restrictions will change some regulations around, but keep others the same.

This interview has been edited for clarity and length.

Interview highlights

On the workplace rules that are still in limbo

I think the two areas where we will continue to have requirements, if you will, coming from [the California Department of Public Health] and other local public health, really lie around masking in some specific areas ...

My team, our team at CDPH, and a number of others have worked closely with Cal/OSHA throughout the pandemic, and they have always had an independent body guiding where some of those mandates requirements had and have been, and they will continue to do the same. So they are on slightly different timelines.

They have independent processes from ours within the Department of Public Health and Health and Human Services and even at the local level. This is not a new change. It's always been designed this way. And I think it's really benefited California throughout years and years and throughout this pandemic, and right now, will be waiting just a little bit longer to get those final guidelines on workplace and what workers should look forward to as it relates to pandemic requirements that we've seen change throughout some of the general requirements CDPH puts up.

Note: After this interview was recorded, Gov. Gavin Newsom said he would expedite rules to allow vaccinated Californians to forgo masks in the workplace if the Cal/OSHA board approves them at their meeting Thursday. Typically those rules would require a 10-day waiting period.

On if California has plateaued in vaccination rates and how the state plans to reach the vaccine-hesitant

I believe that certainly, we won’t see the same kind of long lines that we saw early on at some of our mass vaccination sites with the vaccine, but I do think Californians who still have some questions wanted to see how the vaccines work for not just days and weeks, but a few months, that they’ll come forward and decide to get vaccinated.

There certainly might be some groups of Californians who aren’t interested in getting vaccinated now or in the future, and they may remain that way … I think that as we see areas maybe have an outbreak here and there or a specific setting that will also motivate and encourage people to get vaccinated, so I think that California will be vaccinating people well into the future.

On getting children 12 and older vaccinated in the state

I would start with saying, make sure that you and your young one ask the questions that they have. We know that getting those questions answered is going to be the first thing.

… What we’ve seen is the trials have been really successful with these vaccines. That Pfizer, because it’s the one approved now for the youngest group 12 to 18 group of Californians, that it’s been proven to be safe. It’s been proven to be highly effective, and that even though young people don’t necessarily get as sick and debilitated with COVID, we’re still learning a lot about what the long-term impact of COVID is.

We do see some young people get quite sick, and so if we have a safe tool to prevent that outcome and those issues from happening, we want to encourage as many people to consider it as possible.

On what Ghaly wishes was done differently during the pandemic

A key learning point that we all experienced throughout this pandemic is early, we weren't even sure how this virus transmitted. And over the last year, we've learned a tremendous amount, and I think we still have quite a bit to learn, but we now feel confident that indoor settings are actually more dangerous from a transmission perspective than we thought, and outdoor settings are safer than we thought.

And so our new guidance, our new approach, even in the face of vaccines, kind of manifests that in a way that it wasn't there at the beginning. And I think that's such a critical detail that for those of us who've been part of teams that have wanted to follow the science, follow the data, that evolution in the science has been really critical to our changed approaches. And you remember, even in the winter, fall and winter, we didn't understand this distinction as well as we do now. And we see that manifest in how we're approaching, you know, the next many weeks and months.

On what he's learned over the past 15 months that that can be applied in the event the next pandemic arrives

I think we've said, and we talked about this from the beginning, that the disparities, the underlying inequities, that individuals who live in poverty often face the most brutal realities of things like a global … airborne infectious disease pandemic. And I think that has been very true throughout our nation and here in California.

So if I were creating the pandemic playbook for the future, I would certainly have one of the early chapters be, how do we think about underlying disparities and inequities and how do you address them and approach them so that all Californians go together moving forward and not not some groups more than others.

On the Delta COVID variant and what he's watching for in California

We have seen some of the Delta variant, but like other variants, we are really happy at the moment that [it] seems to respond to the very strong vaccines that we [have] in California and in the United States. I don't think that's the case throughout the globe, that the different variants interact with different vaccines differently. But here in California and across the U.S., it seems these are very durable vaccines against existing variants, including the Delta variant.

But … this is a global disease. The way that variants will spread and take hold is through transmission. And that's the good news about what's happening here in California. With low transmission and a number of Californians vaccinated and protected, we may not see in the near term significant spread and transmission, so those variants won't take hold. But because it's global and because other nations may experience significant transmission, there's still the threat and we'll continue to be on the lookout here in California.

On if COVID will be a part of our lives for the foreseeable future and how will that be managed

Yeah, I think there's still a significant amount to learn. As I said, we've been with this just over one full calendar year. And so the trends, the seasonality, sort of what we notice and confirm, not just here in California, but across the nation and the globe, is still to be determined. It would not be surprising if we need vaccine boosters because, as a pediatrician, we give booster shots for a lot of vaccine-preventable illnesses for young people. So this would not be an unusual predicament to be in. It isn't in any way a failure of the vaccines or says something that the COVID strain that we're dealing with is necessarily worse or different, it's just the reality of the human immune system and how vaccines interact with it.

So it will, we all suspect, become a regular part of our lives and our concerns that we will be able to manage this like we do many other infectious diseases. But that interconnectedness around the globe still leaves us with, I would say, many months of determining where we head in the near term with COVID. But I'm really proud to say that I think in California, not only have we dealt with the last year, 15 months, in a really strong and successful way, but we are prepared for what's to come.

Covered California health plans: The best deal in health care
Staff

he base fare for a bus ride on Los Angeles Metro is $1.75. A ride from Oakland to San Francisco on BART, the San Francisco-Bay Area rapid transit system can cost upwards of $3.70 one way.

The base fare for a bus ride on Los Angeles Metro is $1.75. A ride from Oakland to San Francisco on BART, the San Francisco-Bay Area rapid transit system can cost upwards of $3.70 one way.

Not bad, right? But the best bang for your buck out there may be the deal that hundreds of thousands of Californians are getting for comprehensive health insurance coverage through Covered California.

Hannah Zhou of Temple City is one of those who found the right deal and right coverage for her. Zhou, who immigrated to the United States in 2019 and is currently applying for citizenship, is a 21-year-old working student, so health care costs are a big slice of her budget. Prior to the American Rescue Plan, she was paying $164 a month, but is now paying just $42 a month.

“I don’t have a car and use public transportation to get to work and school, so the new subsidy reduces my financial burden,” Zhou said. “I now have the opportunity to go out more each month.”

Thanks to new and expanded financial help from the American Rescue Plan, there are hundreds of thousands of consumers now paying just $1 per month for quality coverage.

“For less than the price of a bus ride, a cup of coffee, or a soda, many Californians are able to get high-quality coverage from some of the best doctors and hospitals in the country,” said Peter V. Lee, executive director of Covered California. “Do not miss out on this historic opportunity, you owe it to yourself to check it out and see what this new financial help can mean for you and your family.”

The landmark American Rescue Plan not only increased the amount of financial help that is now available for Californians, it also increased the number of Californians who are eligible for the lower monthly premiums, but consumers can only get this deal on health plans purchased through Covered California.

In order to help more people get covered and stay covered, Covered California recently launched a special enrollment period that runs through the end of 2021, so people can benefit from premiums that are more affordable than ever before. Right now, 680,000 Covered California enrollees are paying monthly health insurance premiums of just $1.

One of those consumers is Calvin Shih of Los Angeles. The 28-year-old owns his own marketing consulting firm and as a self-employed contractor, his income fluctuates from month to month. So, having subsidies to help with his monthly premium is extremely important. Thanks to the American Rescue Plan, Shih's monthly premium will be reduced from $69 to $1.

"I will be putting this money towards my savings," said Shih. "It's a huge relief knowing that I can set aside money for unexpected costs or emergencies."

Lee said the savings and the peace of mind of knowing you and your family are covered are a priceless combination.

"Quality health care coverage through Covered California is more affordable than ever, and the sooner people sign up, the sooner they can start saving and be covered," Lee said.

Hang Thuy Le of Tracy and her husband have already reaped the benefits of the American Rescue Plan, upgrading to a Silver Kaiser Permanente plan, while paying just $2 a month. After previously being covered through job-based insurance, Le was laid off because of COVID-19 in March of 2020 and enrolled in Covered California.

"My husband is healthy, but I have an underlying heart condition and had to have surgery," Le said. "There was a (six-figure) bill that I only had to pay small portion of, so I'm happy to be protected by health insurance, and it's important that everyone is."

New enrollees can use services offered by your health insurance plan on the first of the month after you sign up through Covered California, even before your membership ID card has arrived, as long as you make your first payment.

Those interested in learning more about their health coverage options for Covered California and Medi-Cal plans can also:

- Visit www.CoveredCA.com.
- Find local help with certified enrollers who provide free and confidential assistance over the phone, virtually or in person, in a variety of languages.
- Have a certified enroller call them for free help with our "help on demand" feature.
- Call Covered California at (800) 300-1506.

Covered California Lauds Supreme Court Decision
Cindy Uken

SACRAMENTO — Covered California Executive Director Peter V. Lee applauded today's U.S. Supreme Court decision to dismiss challenges to the constitutionality of the Patient Protection and Affordable Care Act leaving the law intact to the benefit of millions of Americans.

"The Supreme Court – in rejecting claims challenging the constitutionality of the Affordable Care Act – has once again upheld the law that is helping millions of Americans benefit every day from health care coverage and broad consumer protections. It is time to move on, focus on improving the law and reach true universal coverage.

As U.S. Health and Human Services Secretary Xavier Becerra said when he led the coalition of states to protect the Affordable Care Act in court, 'This shouldn't be a debate; the ACA has been the law for nearly a decade and is the backbone of our healthcare system.'

With today's high court ruling, and dramatic enrollment increases resulting from the promotion of coverage and new American Rescue Plan subsidies, it is time to stop making health coverage a political fight which has delayed progress and injected unneeded uncertainty into the lives of millions of Americans. The Affordable Care Act provides protection for over 130 million Americans with pre-existing conditions, put in place an array of other standards to hold health plans accountable and brought coverage within reach to millions, now directly benefiting 31 million Americans, including nearly 6 million Californians. The law is here to stay, and our attention should be on effectively improving the health of Americans by making coverage more affordable, improving health care, and addressing issues of health equity and disparities.

In California we have embraced the Affordable Care Act and implemented policies that put consumers first and remove barriers to care. Nationally, the new administration and Congress have leaned-in with new financial help through the American Rescue Plan that lower health insurance premiums for millions of Americans. Today more Americans are seeing the benefits of the Affordable Care Act than ever before. This is the right direction for Americans across the country and Covered California will continue its work to build on the progress we have made together."

Covered California is currently holding a special-enrollment period to allow the uninsured, and those insured directly through a health insurance carrier, to sign up for coverage and benefit from the new and expanded financial help available through the American Rescue Plan. The law is dramatically lowering health care premiums and the most recent data from Covered California shows that 680,000 of its 1.55 million enrollees are signed up in quality plans that cost $1 per month.

While the special-enrollment period runs through the end of the year, consumers need to enroll by June 30 if they want to maximize their savings and have coverage that starts on July 1.

Covered California offers health care to some for as low as $1 a month thanks to federal funds
Tom Vacar

OAKLAND, Calif. - Folks who got economically beaten and battered by the pandemic, have a real opportunity, announced Monday, to get high-quality healthcare for quite literally, a pittance: a dollar a month.

Covered California, the state-managed low-cost medical insurance provider, announced that thanks to the funding from the federal American Rescue Plan, record numbers of people are signing up for very good insurance for at an incredibly cheap price.

Any Californian who is or was getting unemployment benefits any time in 2021, can get coverage for just a buck a month. Out of a record 1.6 million Californians who have signed up, 700,000 are getting coverage for, get this, a dollar a month.

"If you sign up by the end of June; June 30th, you can have coverage that goes live July 1. We want to make sure that Californians know that this end of the month deadline matters because going uninsured doesn't make sense," said Peter Lee, Covered California's executive director.

If you purchase the silver plan, the most generous policy, for those who been on unemployment any time this year, it's just a buck a month. And, get this: "Your deductible is only $75 and it's doesn't apply to outpatient care at all. You need to see a doctor? It's a $5 co-pay; A whole range of benefits and it's just a dollar a month," said Mr. Lee. Even those who are paying for more expensive insurance on their own, can convert to the new plan.

"The American Rescue Plan is new. The savings are new and bigger than ever before, which means that for many Californians that checked last year or even this last enrollment period, they need to check again," said Lee.

Check you eligibility with the CoveredCA.com web site by putting in your household income, how many are in the household by age, zip code and whether or not you've received employment benefits this year.

You get an immediate premium quote from a wide range of name brand providers you can choose. "These savings are big and they're making a big difference in Californians' lives," said Lee.

Desert Sun.

Health insurance for $1? Unemployed Californians now eligible for coverage
Ema Sasic

Hundreds of thousands of Californians who received unemployment benefits this year could be eligible for health insurance as low as $1 per month through the state's health insurance exchange.

Covered California already offers these plans with low premiums, $5 primary care provider co-pays, outpatient services that are not subject to a deductible, and an annual deductible of $75. Currently, about 207,000 Californians have purchased this coverage.

But a provision of the American Rescue Plan, a $1.9 trillion coronavirus relief package signed by President Joe Biden in March, will now allow more people to enroll. Californians who received unemployment insurance benefits at any point in 2021 are now eligible to receive coverage — for some, that rate may be as low as $1 per month.

Covered California Executive Director Peter V. Lee described those plans — called "Silver 94 plans" — the "best coverage" available. For individuals who received unemployment, eligibility will not be tied to income, he said.

"The potential of good deals is there for every Californian who needs health insurance," Lee said in a statement.

Lee encouraged uninsured Californians and those currently enrolled in a different plan to "check your options," as hundreds of thousands of residents qualify while "others are seeing reductions of hundreds of dollars per month on the plan they've already chosen."

Individuals may check their eligibility by visiting coveredca.com/#quick-calculator. To use the online calculator tool, Californians will need to include their household income, ZIP code, household size, age of each family member, and an indication if family members received unemployment benefits. Individuals will then receive an estimated cost of a plan in their area.

The deadline for coverage is June 30. Individuals who enroll by the end of the month will be insured starting July 1.

More than 569,000 Californians received unemployment insurance in May, according to data from the Employment Development Department.

Over 139,000 people have signed up for health coverage since financial help became available from the American Rescue Plan on April 12. Nearly 1.6 million Californians were enrolled in Covered California as of Monday, which Lee said "is more than we've ever had in our history."

About 10%, or around 141,000 individuals enrolled in Covered California, have indicated they received unemployment insurance benefits this year.

Escalon Times

New Enrollment Record for Covered California
Ema Sasic

Covered California announced Monday, June 21 that it has enrolled a record 1.6 million people, as thousands of consumers sign up for coverage due to the lower premiums provided by the American Rescue Plan. New data shows that over 139,000 people have signed up for a health plan through Covered California since the new and expanded financial help from the new law became available on April 12. The announcement comes just days after the U.S. Supreme Court rejected the latest challenge to the Patient Protection and Affordable Care Act.

“With the Supreme Court again ruling that the Affordable Care Act is the law of the land, and with the American Rescue Plan lowering premiums for thousands of Californians, it is easier than ever to get covered and stay covered,” said Peter V. Lee, executive director of Covered California. “The next deadline is coming up, and Californians who sign up by the end of the month will begin benefiting from their more affordable coverage on July 1.”

The record enrollment is being driven by the new financial help now available through the American Rescue Plan, which became available on April 12. Since then, 139,100 people have newly signed up, which is an increase of nearly 63,000 people in the past four weeks alone. Overall, a total of 246,640 people signed up for coverage between the end of open enrollment and June 16.

The American Rescue Plan provides new and expanded financial help to people who receive their health insurance through an Affordable Care Act marketplace like Covered California. The law means that many middle-income Californians can now get more help than ever before, since it ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health insurance premiums. The law also dramatically lowers the cost of insurance for lower-income Californians, with the latest data showing that nearly 700,000 people now have quality coverage through brand-name health plans for $1 per month. While Covered California’s special-enrollment period runs through the end of the year, consumers are encouraged to act now in order to start benefiting from the new law.

“The American Rescue Plan is making coverage more affordable than ever, and more and more Californians are getting high-quality coverage for just a dollar,” Lee said. “The sooner you sign up, the sooner you can start saving and be covered, because we do not want anyone to be uninsured or leave money on the table.”

There are 207,000 Covered California consumers who are currently enrolled in the best coverage that the exchange offers, known as Silver 94 plans. Plans in this metal tier include low premiums, $5 copays to see a primary care provider, outpatient services that are not subject to a deductible, an annual deductible of $75 and other cost-sharing benefits that lower the cost of coverage and increase access to care.

A provision of the recently enacted American Rescue Plan, officially launched by Covered California on June 21, enables hundreds of thousands of people who received unemployment insurance benefits in 2021 to also get this level of high-value coverage for as little as $1 per month.

“The help for those who received unemployment benefits is big and not tied to their income, but the potential of good deals is there for every Californian who needs health insurance,” Lee said. “If you’re uninsured you should check your options, because hundreds of thousands are qualifying for the best coverage we offer for as little as $1 per month, while others are seeing reductions of hundreds of dollars per month on the plan they’ve already chosen.”

The most recent data from the Employment Development Department (EDD) shows that 569,000 Californians filed unemployment insurance claims in May alone. Currently, about 10 percent of Covered California’s enrollees — approximately 141,000 — have indicated they have received unemployment insurance benefits this year, meaning thousands more could be eligible for this new benefit. Covered California has partnered with EDD to inform unemployment insurance recipients through their online accounts of the new subsidies available.

“This is a tremendous opportunity for those who lost their jobs to get a quality health insurance plan at a price that has never been lower,” Lee said. “Whether you or someone you know filed for unemployment this year, now is the time to check out your options and start saving now.”

Those interested in learning more about their coverage options can: Visit www.CoveredCA.com; use the website to find local insurance agents or certified enrollers in community organizations that provide free and confidential assistance over the phone or in person, in a variety of languages; have a certified enroller call them for free help; or call Covered California at (800) 300-1506.

“The pandemic has highlighted the importance of quality health care, and whether you end up with a $1 plan, are eligible for no-cost coverage through Medi-Cal or can save hundreds of dollars on your coverage, getting covered is the right thing for you and your family,” Lee said.

Covered California is an independent part of the state government whose job is to make the health insurance marketplace work for California’s consumers. It is overseen by a five-member board appointed by the governor and the legislature.

Covered California offers health care to some for as little as $ 1 a month thanks to federal funds
Staff

OAKLAND, Calif. – Folks who got economically beaten and battered by the pandemic, have a real opportunity, announced Monday, to get high-quality healthcare for quite literally, a pittance: a dollar a month. Covered California, the state-managed low-cost medical insurance provider, announced that thanks to the funding from the federal American Rescue Plan, record numbers of people are signing up for very good insurance for at an incredibly cheap price.

Any Californian who is or was getting unemployment benefits any time in 2021, can get coverage for just a buck a month. Out of a record 1.6 million Californians who have signed up, 700,000 are getting coverage for, get this, a dollar a month. Check you eligibility with the CoveredCA.com web site by putting in your household income, how many are in the household by age, zip code and whether or not you've received employment benefits this year.

"The American Rescue Plan is new. The savings are new and bigger than ever before, which means that for many Californians that checked last year or even this last enrollment period, they need to check again," said Lee. You get an immediate premium quote from a wide range of name brand providers you can choose. "These savings are big and they're making a big difference in Californians' lives," said Lee.

If you purchase the silver plan, the most generous policy, for those who been on unemployment any time this year, it's just a buck a month. And, get this: "Your deductible is only $75 and it's doesn't apply to outpatient care at all. You need to see a doctor? It's a $5 co-pay; A whole range of benefits and it's just a dollar a month," said Mr. Lee. Even those who are paying for more expensive insurance on their own, can convert to the new plan. "If you sign up by the end of June; June 30th, you can have coverage that goes live July 1. We want to make sure that Californians know that this end of the month deadline matters because going uninsured doesn't make sense," said Peter Lee, Covered California's executive director.

Community Voices: Covered California launches special enrollment period
Sen. Melissa Hurtado

The COVID-19 pandemic shed light on the healthcare inequities that we face here in the Central Valley. Access to care, provider shortages, long waiting periods and long drives to see a provider are a daily healthcare reality.

Due to the pandemic, many have had to decide between paying rent, feeding their families, and having health insurance. Many people who are eligible to receive low-cost, high-quality health insurance under the American Rescue Plan are not insured. I'd like to see that change.

The American Rescue plan is one of the biggest investments in the past decade for healthcare savings. It is making a significant impact on healthcare affordability for 2.5 million Californians. New and expanded financial help is now available to both low- and middle-income families. Most uninsured Californians will be able to get a trusted name-brand health insurance plan for less than $100 a month or can get basic coverage for as little as $1 a month.

Covered California has launched a special new enrollment period to ensure that Californians have the opportunity to save on their health insurance. The sooner you enroll, the sooner you start saving. Your coverage will begin the following month; if you enroll by June 30, coverage begins July 1. Benefits include services like blood pressure and cholesterol screenings, mammograms and cervical cancer screenings for women, vaccinations for children and coverage for emergency room visits and prescription drugs. Many of these tests could cost hundreds to thousands of dollars without insurance.

Covered California will help inform you of the options that are available to you, so you can enroll in a plan that best fits your needs. Visiting CoveredCA.com, you can quickly calculate your savings, and look at variety of name-brand plans to choose from that offer comprehensive benefits. Covered California can even help you determine if you and your family qualify for low-cost or free health coverage through Medi-Cal.

Visit CoveredCA.com to view your healthcare coverage and cost savings options. Help is free, offered in many languages and confidential. For in-person COVID-safe support, Covered California has hundreds of partners with storefronts across California who can help you shop for a plan and guide you through the enrollment process. For help near you, visit CoveredCA.com and click “Find Local Help.” You can also call the Covered California Service Center at (800) 300-1506.

As California moves to right the healthcare inequities the state faces, including in the Central Valley, it is especially important that everyone has health insurance. If you or someone in your family gets sick, has a health emergency, or needs preventive care, having health insurance will ensure treatment isn’t a financial barrier.

Sen. Melissa Hurtado, D-Sanger, represents the 14th Senate district in California, which includes cities in Fresno, Kern, Kings and Tulare counties.

DISCOVER
Cathedral City

Get Health Insurance for as little as $1 month through Covered California
Chris Parman

The American Rescue Plan provides new and expanded financial help to people who receive their health insurance through an Affordable Care Act marketplace like Covered California. The law means that many middle-income Californians can now get more help than ever before, since it ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health insurance premiums. The law also dramatically lowers the cost of insurance for lower-income Californians, with the latest data showing that nearly 700,000 people now have quality coverage through brand-name health plans for $1 per month. While Covered California’s special-enrollment period runs through the end of the year, consumers are encouraged to act now in order to start benefiting from the new law.

“The American Rescue Plan is making coverage more affordable than ever, and more and more Californians are getting high-quality coverage for just a dollar,” Lee said. “The sooner you sign up, the sooner you can start saving and be covered, because we do not want anyone to be uninsured or leave money on the table.”

Californians Who Received Unemployment Benefits Can Get Covered California’s Best Plan for a Dollar a Month

There are 207,000 Covered California consumers who are currently enrolled in the best coverage that the exchange offers, known as Silver 94 plans. Plans in this metal tier include low premiums, $5 copays to see a primary care provider, outpatient services that are not subject to a deductible, an annual deductible of $75 and other cost-sharing benefits that lower the cost of coverage and increase access to care.

A provision of the recently enacted American Rescue Plan, officially launched by Covered California, enables hundreds of thousands of people who received unemployment insurance benefits in 2021 to also get this level of high-value coverage for as little as $1 per month.

“The help for those who received unemployment benefits is big and not tied to their income, but the potential of good deals is there for every Californian who needs health insurance,” Lee said. “If you’re uninsured you should check your options, because hundreds of thousands are qualifying for the best coverage we offer for as little as $1 per month, while others are seeing reductions of hundreds of dollars per month on the plan they’ve already chosen.”

Sheila from Indio is a Covered California enrollee who lost her job as a college professor during the pandemic. When she consulted with her insurance agent, Sheila discovered that she and her daughter now qualified for a Silver 94 plan, and their $221 monthly premium would be dropping to just $1 for the rest of 2021.

“We were so excited that’s even a thing. My first thought was, ‘I’m sure not me,’” Sheila told Covered California. “We spoke yesterday and heard that it would be me. I was floored; we were both astonished.”

The most recent data from the Employment Development Department (EDD) shows that 569,000 Californians filed unemployment insurance claims in May alone. Currently, about 10 percent of Covered California’s enrollees — approximately 141,000 — have indicated they have received unemployment insurance benefits this year, meaning thousands more could be eligible for this new benefit. Covered California has partnered with EDD to inform unemployment insurance recipients through their online accounts of the new subsidies available.

“This is a tremendous opportunity for those who lost their jobs to get a quality health insurance plan at a price that has never been lower,” Lee said. “Whether you or someone you know filed for unemployment this year, now is the time to check out your options and start saving now.”

Covered California enrollees who are eligible for the $1 per month plan and are currently enrolled in a Silver-tier product will automatically be placed into a Silver 94 plan with better coverage. However, Covered California is working to help the 58,000

Covered California enrollees who are eligible and currently enrolled in a non-Silver plan to consider changing their coverage to get an even better deal.

Consumers Can Quickly Find Out If They Are Eligible

Consumers can check their eligibility for big savings whether or not they have received unemployment insurance by using Covered California's quick calculator.

They will need to input their household income, ZIP code, their household size and the age of each family member and note whether they received unemployment benefits. Once completed, they will see how affordable a silver or bronze plan can be in their area.

"The pandemic has highlighted the importance of quality health care, and whether you end up with a $1 plan, are eligible for no-cost coverage through Medi-Cal or can save hundreds of dollars on your coverage, getting covered is the right thing for you and your family," Lee said.

Those interested in learning more about their coverage options can:

- Visit www.CoveredCA.com.
- Use the website to find local insurance agents or certified enrollers in community organizations who provide free and confidential assistance over the phone or in person, in a variety of languages.
- Have a certified enroller call them for free help.
- Call Covered California at (800) 300-1506.

CNN

Special Affordable Care Act subsidies available for unemployed Americans starting July 1
Tami Luhby

(CNN) Unemployed Americans will be able to sign up for hefty subsidies for 2021 coverage on the federal Affordable Care Act exchange starting July 1, the Biden administration announced Tuesday.

The benefit, part of the Democrats' $1.9 trillion rescue package enacted in March, allows anyone who receives or is approved to receive unemployment compensation during the year to select policies for as little as $0 a month in premiums and with little cost-sharing requirements, after federal assistance.

The subsidies are tied to the benchmark silver plan, so those who pick higher-level policies might have to pay a premium. The same goes for those who live in states that require plans to cover additional benefits, such as abortion, that are beyond the law's essential health benefits.

An average of three out of five eligible uninsured Americans can access $0 plans after subsidies are factored in, and an average of four out of five current consumers will be able to select a policy for $10 or less per month, according to the Department of Health and Human Services.

It took longer for the agency to enact this provision than the relief law's subsidy enhancement for all Obamacare enrollees, which was rolled out on April 1, because the assistance for the jobless did not exist before.

The uninsured can sign up for coverage on the federal exchange, healthcare.gov, through August 15, while those already covered can return to the marketplace to update their information and, possibly, receive larger subsidies.

States that run their own exchanges have their own timetables, and some may have slightly different rules. In California, for instance, the jobless can sign up for Silver 94 plans for $1 a month. Those covered by that policy pay $5 to see a primary care provider, have an annual deductible of $75 and can access outpatient services that are not subject to the deductible.

Hundreds of thousands of Golden State residents are eligible, according to Covered California.

Other help for health care coverage

The March relief package also made two changes to premium subsidies for all enrollees to address long-standing complaints that Obamacare plans are not affordable for many people, particularly the middle class.

Enrollees now pay no more than 8.5% of their income toward coverage, down from nearly 10%. And lower-income policyholders can receive subsidies that eliminate their premiums completely.

Also, those earning more than the current cap of 400% of the federal poverty level -- about $51,000 for an individual and $104,800 for a family of four in 2021 -- are now eligible for help for the first time.

Laid-off workers who want to remain on their employer health insurance plans through COBRA don't have to pay any premiums from April through September, under the relief law.

Expanding enrollment period for 2022
Separately, the Centers for Medicare and Medicaid Services proposed Tuesday that open enrollment for 2022 coverage on the federal exchange should run a month longer than it had under the Trump administration. Consumers would be able to sign up for policies from November 1 to January 15.

Under the Obama administration, open enrollment ran through the end of January.

Also, the proposed rule would create a monthly special enrollment period for Americans with household incomes no greater than 150% of the poverty level -- a little more than $19,000 for 2021 -- to sign up for premium-free or low-cost coverage on the federal exchange.

The proposed rule would also roll back several efforts by the Trump administration to weaken the landmark health reform law. It would repeal an option that would allow states to let consumers enroll directly through web brokers, insurance agents and health insurers. It also would tighten up the guardrails for waivers that permit states to modify their Obamacare exchanges, superseding a 2018 rule issued by the Trump administration that broadened what changes would be allowed.

The Trump administration last year allowed Georgia to pursue a privatization plan. CMS Administrator Chiquita Brooks-LaSure earlier this month wrote to Georgia Gov. Brian Kemp, a Republican, asking the state to submit an updated analysis of its plan.

The proposal would also end the separate-billing regulation that requires Obamacare insurers to send a separate bill for the portion of the premium attributable to abortion coverage, for which federal funding is prohibited, and to require consumers to pay that bill separately.

Instead, the regulation would revert back to the 2016 policy allowing insurers to select a method that complies with the Affordable Care Act's separate-payment requirement. A federal judge blocked the Trump regulation last summer.

Sending two separate bills leads to consumer confusion and loss of coverage, the agency said.

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Serving Southern California's African American Communities Since 1965

Unemployment Benefits In 2021? Get Health Insurance Just $1
Staff

California is making history through the American Rescue Plan by helping more people get quality health insurance at prices that have never been lower. The landmark pandemic-fighting law provides new and expanded financial assistance to help more people get covered and stay covered, and now it is helping Californians who recently lost their jobs.

A provision of the American Rescue Plan enables hundreds of thousands of people to get brand-name health insurance through Covered California, with companies like Kaiser Permanente and Blue Shield, for just $1 a month if they or their spouse received unemployment insurance benefits at any time in 2021.

“The help for those who received unemployment benefits is big and not tied to their income — and the potential of a great deal is there for every Californian who needs health insurance,” Covered California Executive Director Peter V. Lee said. “If you’re uninsured you should check your options, because hundreds of thousands are qualifying for the best coverage we offer for as little as $1 per month, while others are seeing reductions of hundreds of dollars per month on the plan they’ve already chosen.”

And that’s what Sheila of Indio did. Sheila is a current Covered California enrollee who lost her job as a college professor during the COVID-19 pandemic. When she consulted with her insurance agent, Sheila discovered that she and her daughter now qualified for a Covered California Silver 94 plan, and their $221 monthly premium would be dropping to just $1 for the rest of 2021.

“We were so excited that’s even a thing. My first thought was, ‘I’m sure not me,’” Sheila told Covered California. “We spoke yesterday and heard that it would be me. I was floored; we were both astonished.”

The most recent data from the state’s Employment Development Department (EDD) shows that 569,000 Californians filed unemployment insurance claims in May 2021 alone. Currently, about 10 percent of Covered California’s enrollees — approximately 141,000 — have indicated they have received unemployment insurance benefits this year, meaning thousands more could be eligible for this new benefit. Covered California has partnered with EDD to inform unemployment insurance recipients through their online accounts of the new financial help available to reduce their monthly health care costs.

“The American Rescue Plan is making coverage more affordable than ever, and more and more Californians are getting high-quality coverage for just a dollar,” Lee said. “The sooner you sign up, the sooner you can start saving and be covered. We do not want anyone to be uninsured or leave money on the table.”

By law, you can only get this new financial help through the American Rescue Plan by enrolling in one of the 11 name-brand health plans offered by Covered California, which are: Blue Shield, Health Net, Kaiser Permanente, Anthem BlueCross, Balance by CCHP, L.A. Care Health Plan, Molina Healthcare, Oscar, Sharp Health Plan, Valley Health Plan and Western Health Advantage.

It was also recently announced that a record 1.6 million people have enrolled in a health plan through Covered California, as thousands of consumers sign up for coverage due to the lower monthly premiums provided by the American Rescue Plan. The announcement comes just days after the U.S. Supreme Court rejected the latest challenge to the Affordable Care Act.

“It is time to stop making health coverage a political fight that has delayed progress and injected unneeded uncertainty into the lives of millions of Americans,” Lee said. “The law is here to stay, and our attention should be on effectively improving the health of Americans by making coverage more affordable, improving health care, and addressing issues of health equity and disparities.”

Consumers can check their eligibility for big savings on their monthly health care costs — whether or not they have received unemployment insurance — by using Covered California’s quick calculator. They will need to input their household income, ZIP code, their household size and the age of each family member and note whether they received unemployment benefits. Once completed, they will see how affordable a health plan can be in their local area and the cost of their monthly premium.

Those interested in learning more about their health coverage options through Covered California and Medi-Cal can also:

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

Black&
MAGAZINE

Received Unemployment Benefits in 2021? You Can Get Health Insurance Through Covered California for Just $1
Staff

California is making history through the American Rescue Plan by helping more people get quality health insurance at prices that have never been lower. The landmark pandemic-fighting law provides new and expanded financial assistance to help more people get covered and stay covered, and now it is helping Californians who recently lost their jobs.

A provision of the American Rescue Plan enables hundreds of thousands of people to get brand-name health insurance through Covered California, with companies like Kaiser Permanente and Blue Shield, for just $1 a month if they or their spouse received unemployment insurance benefits at any time in 2021.

“The help for those who received unemployment benefits is big and not tied to their income — and the potential of a great deal is there for every Californian who needs health insurance,” Covered California Executive Director Peter V. Lee said. “If you’re uninsured you should check your options because hundreds of thousands are qualifying for the best coverage we offer for as little as $1 per month, while others are seeing reductions of hundreds of dollars per month on the plan they’ve already chosen.”

And that’s what Sheila of Indio did. Sheila is a current Covered California enrollee who lost her job as a college professor during the COVID-19 pandemic. When she consulted with her insurance agent, Sheila discovered that she and her daughter now qualified for a Covered California Silver 94 plan, and their $221 monthly premium would be dropping to just $1 for the rest of 2021.

“We were so excited that’s even a thing. My first thought was, ‘I’m sure not me,’” Sheila told Covered California. “We spoke yesterday and heard that it would be me. I was floored; we were both astonished.”

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Consumers Can Quickly Find Out If They Are Eligible

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HUFFPOST

How Much Health Care Can Democrats Cram Into Their $3.5 Trillion Package?
Jonathan Cohn

Health care policy has not been the kind of preoccupation it was during the first year of the last two Democratic presidencies. That is very much intentional.

Nobody in this White House wants a brutal, protracted fight over health policy with so many other urgent items on the agenda. Almost nobody on Capitol Hill wants one either.

But President Joe Biden and his allies in Congress understand there is still a lot of unmet need out there, even with the Affordable Care Act fully in place. And they have some ambitious ideas for addressing those needs.

The problem, as always, is funding. Every big idea comes with a big price tag, and somehow it all has to fit into a giant spending bill that includes the rest of the Democratic agenda and can still get through Congress.

Democratic leaders have tentatively settled on a package of $3.5 trillion in spending over the next 10 years, which is both a lot of money and still not enough to do everything Democrats want. They'll have to downsize some ideas, one way or another, and maybe jettison some altogether.

Just what this means for the health care agenda is impossible to say yet, because the ongoing discussions on and off Capitol Hill are so fluid — and because they involve so many unknowns, like how the Congressional Budget Office decides to "score" specific initiatives, or how much Democrats are determined that new health care spending be offset by savings from other, existing health care programs.

But a few things are clear already — like which initiatives are getting serious attention, who is promoting them and what political obstacles they face. What follows is a rough summary, based on conversations with more than a dozen participants in deliberations, including officials, advocates and outside experts.

Speaker of the House Nancy Pelosi (D-Calif.) speaks during the House Democrats' news conference to unveil the Patient Protect
Improving Obamacare

What’s the need? Millions of middle-income Americans buying private insurance through “Obamacare” — that is, through HealthCare.gov and state-run exchanges like Covered California — have historically qualified for minimal financial assistance and, as a result, struggled with premiums, copays and deductibles.

What’s the policy? The COVID-19 relief bill offered extra financial assistance, and it already seems to be boosting enrollment. But it’s a temporary measure that expires after next year. Democrats want to make that boost permanent, while shoring up the program’s financial health with some other changes.

What could it cost? Approaching $200 billion, maybe exceeding a bit, depending on details.

Who’s pushing for it? Everybody, but especially House Speaker Nancy Pelosi (D-Calif.). She sees the Affordable Care Act as her legacy and sees these improvements as restoring the program to what she originally hoped it would be, before compromises necessary to get it through Congress in 2010.

What could happen? This feels like the surest bet on the list, because it’s got widespread support and no serious opposition. Besides, the last thing Democrats want is to have the temporary assistance expire without a replacement, hitting several million Americans with premium spikes right before the 2022 midterms.

Secretary of Labor Marty Walsh, right, and Sen. Bob Casey (D-Pa.) attend the Care Can't Wait rally with the Service Employees

Bolstering Home Care And Community Supports

What’s the need? A personal care attendant to help with cooking and hygiene. An agency to secure housing or a job. These “home and community-based services” can allow many senior citizens and people with disabilities to stay out of nursing homes and other large institutions. But government funds for them are limited.

What’s the policy? Democrats want a dramatic increase in funding, ideally enough to wipe out waiting lists that have hundreds of thousands of people on them. They also want to improve the quality of services, partly by raising wages for famously underpaid caregivers.

What could it cost? Biden in his budget requested $400 billion, a number that advocates embraced and cheered.

Who’s pushing for it? Rep. Debbie Dingell (D-Mich.) and Sen. Bob Casey (D-Pa.) are leading the charge in Congress, but it wouldn’t have gotten this far without outside advocates, especially the powerful Service Employees International Union.

What could happen? Democratic leaders have discussed scaling down the initiative significantly from the $400 billion ask. Given the pressure on every initiative, at least some reduction seems likely, though SEIU and its allies will fight for every dollar, and they have a lot of leverage.

Many seniors buy supplemental policies that cover some portion of these bills, or enroll in private “Medicare Advantage” plans that offer them as part of a full, private-sector alternative to the traditional program. But many seniors don’t have these supplements, which means they pay out of pocket — or simply go without the services they need.

What’s the plan? Add some combination of dental, vision and hearing to Medicare — and, if possible, add an overall cap on out-of-pocket expenses, which is something else private insurance now typically offers but Medicare doesn’t.

What could it cost? This is really hard to peg, because there are so many moving pieces. Does a reform include dental, vision and hearing, or just one or two? What does the benefit design look like and how much, if at all, would seniors have to pay on their own? But it’s not hard to imagine the full package hitting $400 billion over 10 years.

Who’s pushing it? The most vocal advocates are progressive leaders including Rep. Pramila Jayapal (D-Wash.) and Sen. Bernie Sanders (I-Vt.)

What could happen? This is a must-have to progressive leaders, in part because they see improving Medicare as a step toward “Medicare for All.” But Democrats could still decide to reduce the proposal’s budget impact. They could “sunset” some provisions, for example, financing them for only a few years on the theory that future lawmakers would never let the coverage lapse once it’s in place.

An alternative would be to delay the start of some or all new benefits, which might be necessary anyway because designing them from scratch takes time. But if that’s the way Democrats go, they might seek to offer some kind of smaller, temporary relief on these benefits.

What’s the need? Several million Americans living below or just above the poverty line have no access to insurance, because they live in a group of mostly Southern states where Republican lawmakers have refused to expand Medicaid eligibility, even though the federal government would cover most of the cost. These people fall into what’s come to be known as the “Medicaid gap.”

What’s the policy? In these states, the federal government would now take on the full cost of insuring these people either by standing up a new federally run insurance program that would offer them coverage or giving them subsidies to get private insurance through HealthCare.gov.

What could it cost? $400 billion? This is another difficult one to estimate, because so much depends on still-unresolved policy design questions.

Who’s pushing it? This idea got a big boost from the two Georgia Democratic senators (who campaigned on bringing Medicaid expansion to their state) and then from House Majority Whip James Clyburn (D-S.C.). That weighed heavily with Biden, who is close with Clyburn and by all accounts is aghast that Republican officials in these states continue to block expansion.

What could happen? Dollar for dollar, this initiative may do more to reach the financially vulnerable — and to reduce racial disparities — than any other initiative. But the politics are complex because so many states have already expanded. Officials in those states may not like the idea of the federal government picking up the whole tab, rather than simply most of it, in other states. Some might even decide to drop coverage and let the feds take over.

A politically viable proposal would likely have to include financial incentives, maybe including some benefits for states that already expanded. That makes the whole initiative more expensive — maybe a lot more expensive.

What’s the need? Older Americans approaching retirement frequently struggle with the cost of their medical care, because they are starting to have the medical problems associated with age but are still on private insurance plans whose coverage is in many ways weaker than Medicare’s.

What’s the plan? Democrats want to allow older Americans to opt into Medicare before retirement, by reducing the eligibility age to 60, 55 or even 50.

What it might cost: It’s hard to say what this would cost, because it depends on not just exactly where that eligibility age ends up (60? 55? 50?) but also on the specific financing. What would premiums be and who would pay them? Also it would depend on interactions with employer insurance, since so many people in these age categories would still have jobs that offer benefits.

Who’s pushing it? This is also a progressive priority, with the same set of champions as other Medicare changes.

What could happen? This appears to be the least likely idea on the agenda to make it into final legislation. Doctors and hospitals would fight hard, because Medicare pays them less than private insurance. Effects on employer insurance would be a source of controversy.

The need also isn’t as urgent as it was before the Affordable Care Act improvements, since the 50-something and 60-something Americans struggling most with costs were those buying coverage through HealthCare.gov and the exchanges.

Still, progressives keep talking about it and the idea is quite popular, in part because it’s simple to explain and understand. It’s not crazy to think Sanders, Jayapal and their allies would find some way to get some version of the idea into a final spending bill.

What’s the need? America pays dramatically more for name-brand prescription drugs than any other developed country. This inflates costs for government and private insurers, and sticks individual consumers with pharmacy bills they frequently can’t pay.

What’s the plan? Give the federal government some kind of power to negotiate prices directly with manufacturers, just like the governments of other developed countries do, and then extend those negotiated prices to the private sector so that employers, insurers and individuals can all take advantage of them.

What it might cost? Done properly, this costs nothing. In fact, it saves money — a lot of money — because it would reduce what government programs spend on drugs.

An estimate of H.R. 3, the legislation House Democrats passed in 2019 and hope can be the basis for legislation now, suggested that price negotiation would free up more than $450 billion. And that’s on top of separate savings, approaching $200 billion, that the federal government could realize by reversing a regulatory change on drugs that the Trump administration enacted.

Who’s pushing it: Pelosi wants this badly. So do progressives like Jayapal and Sanders, and Senate Finance Chairman Ron Wyden (R-Ore.). Another, unlikely source of support are some vulnerable, frequently conservative Democrats who know this is popular with constituents. A coalition of outside groups, including AARP and progressive groups like Social Security Works, are also pushing hard.

What could happen: This is the X-factor of the debate, because those savings from drug spending free up dollars that can — and would — go to other health initiatives. The need for that money, plus the idea’s deep, well-established popularity with the public, mean this kind of legislation has a better chance of passing than ever before.

Still, the pharmaceutical industry has possibly the most powerful lobbying operation in Washington. It’s especially influential with senators from Delaware and New Jersey, two states where it has a large presence. And Democrats have no votes to spare.

This is another idea that’s easy to divide up or downsize. H.R. 3 limited the number of drugs subject to negotiation; that number could get smaller. It set a price ceiling based on what other countries pay; that ceiling could be higher. And so on. But of course every dollar of savings that Democrats give up on prescription drugs is a dollar not available for other purposes.

California health exchange rates to increase 1.8% in 2022
Olga R. Rodriguez

SAN FRANCISCO (AP) — Individual insurance premiums on California’s health exchange for the uninsured will go up 1.8% on average next year — a low increase credited to record enrollment and increased competition among health carriers, officials announced Wednesday.

In the last year, nearly 250,000 people purchased insurance through Covered California, bringing its total enrollment to 1.6 million people.

More than half of the newly enrolled signed up after April 12, when financial subsidies from President Joe Biden’s American Rescue Plan became available. The subsidies reduce costs for some people and make health insurance basically free for many others through 2022, said Covered California Executive Director Peter Lee.

“By getting more people insured and lowering the costs of coverage, we are creating a virtuous cycle of more people being insured, healthier consumers and lower rates for everyone,” Lee said.

The federal Affordable Care Act, passed in 2010, created health insurance marketplaces for some consumers 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 more expansive program.

Covered California premiums average about $830 a month for an individual in 2021. But after subsidies from the Affordable Care Act and the American Rescue Plan, the average consumer would pay less than $100 a month. About 700,000 consumers currently pay only $1, Lee said.

“California is continuing to make significant progress towards covering everyone in our state, and a key part of that is to make sure folks can take advantage of the federal support through the American Rescue Plan,” Gov. Gavin Newsom said in a statement.

In California, premiums increased an average of 8.5% per year from 2015 through 2019. Since then, the Democratic-controlled Legislature and governor have passed laws aimed at attracting healthier people to buy coverage, including offering subsidies and taxing those who refuse to buy health insurance. That helps spread costs among more consumers, keeping premiums lower for everybody.

The 1.8% increase for 2022 is higher than the 0.6% for this year and the 0.8% for 2020 but it’s still much lower than the average 6% increase in health care costs, Lee said.

“The fact that the premiums went up a third of what it is going up through the employer coverage in 2022 is really very good news,” he said.

More competition among health care providers has also contributed to lower rates, Lee said. There are now 12 health companies in the exchange, giving most consumers at least four choices of providers.

“Over 80% of Californians can now choose four or more different carriers so that means that the consumer is really in the driver’s seat,” Lee said.

The rates announced Wednesday still must be approved by state regulators. The overall rate increase is a statewide average. What each consumer will actually pay depends on where they live and which insurance plan they purchase.

According to Covered California, there are about 2.7 million Californians who lack health insurance through their work or family and about 1.2 million of them are either eligible for subsidies to help pay their monthly premiums or qualify for government-funded insurance through Medi-Cal.

On Tuesday, Newsom signed a law allowing Californians who are at least 50 and living in the country without permission to qualify for state health care coverage. It is expected to apply to about 235,000 people.

The legislation to expand Medi-Cal coverage to low-income adults regardless of immigration status builds upon proposals pushed by Democrats to extend the state’s version of federal Medicaid to children in 2016 and to adults under 26 in 2020.

POLITICO PRO

Covered California health premiums to increase 1.8 percent next year
Victoria Colliver

Covered California's health insurance premiums will increase an average of 1.8 percent next year, exchange officials reported Wednesday, along with record enrollment figures boosted by the federal Covid-19 stimulus plan.

The news: The preliminary rate increase follows a 0.6 percent bump this year, the lowest rate increase in the state Obamacare marketplace's history, and a 0.8 percent rise the year earlier.

The exchange's three-year average increase of 1.1 percent represents stability at a time of uncertainty and disruption for many parts of the health care sector. Health insurers, however, fared remarkably well during the pandemic given that consumers opted to avoid or defer care not related to Covid-19.

Now people are catching up with medical needs so the use of their insurance is starting to normalize, a trend reflected in increased premiums.

The details: The 1.8 percent average rate increase applies to all of California's individual market, including "off-exchange" enrollees who sign up directly through a health insurance carrier.

Rates vary throughout the state by region. A number of counties in the exchange's Northern California region, including Mendocino, Nevada and Shasta, will see an average decrease of nearly 6 percent. Meanwhile, rates will rise more than 3 percent in San Diego, San Luis Obispo, Santa Barbara and Ventura counties. Consumers can find lower-than-average rates by shopping around, Lee said.

Increased enrollment driven by subsidies included in the Biden administration's stimulus package made coverage more affordable for more middle-income consumers, lowering overall costs by getting healthier people in the risk pool. California had already increased subsidies using state funds and reinstated its mandate effective 2020, but the federal help goes well beyond the state's efforts.

A record 1.6 million people have enrolled in Covered California.

What’s next: The Department of Insurance and the Department of Managed Health Care need to review the rates before they are approved by Covered California's board. This is expected to take about 60 days.

Meanwhile, enrollment continues due to the special enrollment period launched in April to allow Californians to sign up or switch coverage to take advantage of the enhanced subsidies offered by the federal government. That federal help is set to expire at the end of 2022.

THE SACRAMENTO BEE

Covered California’s health insurance rates to rise average of 3.4% in Sacramento area
Cathie Anderson

Sacramento-area residents will see average rate increases of 3.4% for 2022 if they buy their health insurance through Covered California or directly from insurance carriers later this year, the agency announced Wednesday.

That increase is the highest regional increase in the state, followed by 3.3% in San Diego County and 3.1% in the San Luis Obispo area. Many consumers in rural areas of Northern California will see rate reductions of 5.8%.

The average statewide increase is 1.8%, marking three years of low annual rate increases, said Peter V. Lee, executive director of Covered California, and all the rate increases compare favorably with private industry and state government contracts.

“PriceWaterhouse came out with a report very recently that noted that they’re looking at employer coverage premium increases ranging from 5-7%,” Lee said. “And so these increases are far lower than that. Here in California, CalPERS recently announced premium increases of about 4.9%.”

Historically, Sacramento has had one of the more consolidated markets when it comes to major provider systems such as Sutter Health and Dignity Health, according to Covered California officials, and this can limit how much competition will keep costs down.

Lee said that a couple of factors are working in favor of California consumers. The agency has signed up more people, leading to a healthier risk pool and more individuals sharing the cost, he said.

There's also increased competition with Anthem Blue Cross returning to the Sacramento region and other markets, Bright HealthCare coming to Contra Costa County and other insurers expanding the types of plans they're offering.

"There is no one in the state of California that does not have at least two plans to choose, but the vast majority have a lot of choice.," Lee said. "Eight out of 10, or 80% of the people, have four or more carriers to choose from. That means that they're in the driver's seat. If they don't like a plan, they can go to someone else."

New subsidies from the state and federal government also are making coverage more affordable to working class and middle class Americans, Lee said, by ensuring they can get help even if they make more than 400% of the federal poverty level.

California lawmakers this year extended subsidies to residents whose income doesn't exceed 600% of the federal poverty level. Federal laws had restricted subsidies to those who earned less than 400% of the poverty level, but this year's American Rescue Plan capped health insurance premiums at no more than 8.5% of household income for people over that limit.

Lee said his team has documented how these changes are helping people who struggled with bills, noting that a consumer in Camino is now receiving $600 a month in subsidies to help with insurance costs and another in Indio went from paying $220 a month to $1 a month this year.

Nine out of every 10 people who buy insurance through Covered California have qualified for some type of subsidy, Lee said.

"About half of the people who are getting subsidies are paying $1 a month for a really good brand-name plan," Lee said, "and others are getting subsidies worth $700 a month, lowering their premiums to be $50 (or) $100."

Lee said he hopes Congress will make the 8.5% provision permanent but that it now is only a two-year measure, saying this is critical to 10 million Americans getting coverage on federal and state exchanges.

Covered California continues to enroll new policy holders for coverage this year in an attempt to ensure everyone has insurance amid the COVID-19 pandemic, Lee said, and the agency will do so up until open enrollment begins for 2022.

Lee said the agency is redoubling its efforts to make sure all insurers are addressing health care disparities, rolling out a new quality transformation initiative that will penalize plans that aren't ensuring all members are receiving equal and uniform access to screenings, testing and procedures that can improve their health — and, in many cases, save their lives.

The practical implication of penalties is that they make subpar plans more costly, Lee said, making them less desirable to consumers who can pay a little more or perhaps the same for a plan with higher ratings.

Covered California's plan are rated with a star system, five stars being the highest quality and providing the best member experience, Lee said, and 85 percent of consumers are in plans rated three stars or higher.

ASIAN JOURNAL™

Covered California Announces 2022 Plans: Full Year Of American Rescue Plan Benefits, More Consumer Choice And Low Rate Change
Staff

SACRAMENTO — Covered California announced its plans and rates for the 2022 coverage year, which will include a full year of lower premiums under the American Rescue Plan. The new and expanded financial help provided by the law has led to a record 1.6 million people enrolled in Covered California, which contributes to the state having one of the healthiest consumer pools in the nation, resulting in a low rate change for a third straight year.

"The American Rescue Plan will keep making a huge difference by lowering costs for many who were previously eligible, and by building on California's state subsidies to provide financial help to lower premiums for many middle-income Californians for the first time," said Peter V. Lee, executive director of Covered California. "By getting more people insured and lowering the costs of coverage, we are creating a virtuous cycle of more people being insured, healthier consumers and lower rates for everyone."

"California is continuing to make significant progress towards covering everyone in our state, and a key part of that is to make sure folks can take advantage of the federal support through the American Rescue Plan," said Gov. Gavin Newsom. "The pandemic highlighted how important it can be to have access to quality, affordable health care coverage, and Covered California is making that happen for more people than ever before."

"The new and expanded financial help from the American Rescue Plan builds on the Affordable Care Act and is allowing more Californians than ever before to get covered and stay covered," said Dr. Mark Ghaly, California Health and Human Services secretary and chair of the Covered California Board of Directors. "Health care is a right, and together we are working toward providing everyone in the state with access to quality, affordable coverage."

California's individual market rate change for 2022

The preliminary average rate change of 1.8 percent will apply to California's individual market, which consists of approximately 2.3 million people, including the 1.6 million enrolled through Covered California and those enrolled "off-exchange" who sign up directly through a health insurance carrier.

The average rate change for the past three years is only 1.1 percent. This three-year period marked the launch of California's state subsidy program, the promotion of coverage to address the needs of those losing insurance due to the COVID-19 pandemic, and the recent rollout of the American Rescue Plan.

"Health care costs are never a one-year story," Lee said. "The past three years show how California has led the way not only by providing stability and lower costs to our consumers, but also through the state's modeling of expanded financial help, which is now reflected in the American Rescue Plan."

While the expanded subsidies available through the American Rescue Plan can only be received by consumers who enroll through Covered California, consumers both on and off the exchange will benefit from the competitive marketplace and standard patient-centered benefit designs, which allow them to shop for the best value and save money if they switch plans. The average rate change for unsubsidized consumers who switch to the lowest-cost plan in the same metal tier is -7.9 percent, which means many people may be able to get a lower gross premium than they have now if they shop and switch.

The main factor that contributed to the low rate change is Covered California's strong and healthy enrollment. Covered California saw a big jump in new enrollment in 2020 due to the state subsidy and the implementation of the state penalty for going without coverage. Since then, it has seen a surge in enrollment because of the new subsidies through the American Rescue Plan and actions to meet the needs of Californians who lost their employer-sponsored insurance.

The low rate change for 2022 reflects carriers' anticipation that this trend will continue during the special-enrollment period that will last through Dec. 31, 2021, and in open enrollment for 2022, which will begin in November.

Covered California now has the highest enrollment in its history, and the state continues to be home to one of the healthiest consumer pools in the nation. Data from the Centers for Medicare and Medicaid Services shows that California had the second lowest "state average plan liability risk score" in the nation in 2020, which marked the seventh straight year that it has been among the top five states in fostering healthy enrollment in the individual market. Over the period from 2020 to 2022, Covered California carriers have indicated that the improved risk mix from new enrollment has contributed to lowering premiums by 3 to 5 percent. Other factors have caused premium trends to be below the usual medical cost trend of 5 to 7 percent, such as the impact of the COVID-19 pandemic and deferred care.

The preliminary average rate change reflects changes in premiums before federal subsidies, which cover about 89 percent of the premium for those getting financial help. In addition, premiums will vary by region and by an individual's personal situation (see Table 2: Covered California Individual Market Rate Changes by Rating Region). The rates have been filed with California's regulators, the Department of Managed Health Care and the Department of Insurance, and are subject to their final reviews.

The American Rescue Plan provides big savings

The American Rescue Plan is already lowering premiums for an estimated 1.5 million Californians, and hundreds of thousands more could get help becoming insured or reducing the cost of the coverage they have now. The new law ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health plan premiums if they enroll through an Affordable Care Act marketplace.

The latest data shows that nearly 700,000 people enrolled in Covered California now have quality coverage through brand-name health plans for only $1 per month. In addition, the American Rescue Plan dramatically reduced the net premiums paid by households across all income ranges in the state (see Table 1: The American Rescue Plan Lowered Net Premiums Across Covered California Households in 2021).

"The American Rescue Plan lowered the average premium cost by 50 percent for many Californian households that were already eligible for financial help, and newly eligible middle-income families are saving an average of more than $400 per month," Lee said. "As federal lawmakers deliberate the future of the American Rescue Plan, we have seen clear evidence that it is lowering premiums and increasing enrollment in California and across the country."

Increased competition and consumer choice

The combination of record enrollment and a healthy consumer pool helped prompt carriers to expand the areas they cover throughout the state, with Covered California allowing a new carrier to join the exchange in one region:

Anthem Blue Cross will return to Alameda, Contra Costa, El Dorado, Marin, Napa, Placer, Sacramento, San Francisco, San Mateo, Solano, Sonoma and Yolo counties.
Blue Shield of California will bring its Trio HMO plan into portions of Monterey and Santa Barbara counties.
Valley Health Plan will expand into San Benito and Monterey counties.
Bright HealthCare, which currently operates in 13 other states and covers more than 500,000 people in the individual market, will begin offering coverage in Contra Costa County.
As a result, with 12 carriers providing coverage across the state in 2022, all Californians will have two or more choices, 94 percent will be able to choose from three carriers or more, and 81 percent of Californians will have four or more choices.

“Across the state, Californians will have a choice in coverage, and most will have four or five choices,” Lee said. “That means the Affordable Care Act is putting consumers in the driver’s seat, and they can choose the option that works best for them.”

Raising the bar on quality, addressing disparities and improving care

In addition to providing increased value and choice for Californians, Covered California is also continuing its work to improve the quality of care that is delivered to consumers and to address the health care disparities that negatively affect many communities of color across the state.

As part of its contracts with health insurance carriers, Covered California holds carriers accountable for providing high-quality, equitable health care in the following ways:

Raising the bar on quality: While more than 85 percent of consumers are currently enrolled in health plans with ratings of three or more quality stars, Covered California’s goal is to have all consumers in plans that earn four or five stars. To that end, Covered California will be launching a Quality Transformation Initiative in 2023, which will tie financial penalties to poor performance on key quality measures like colon cancer screening and diabetes control.
Addressing disparities: Covered California requires its plans to collect race and ethnicity data and is working collaboratively with its plans to identify and address disparities in care for African American and Latino enrollees with diabetes and high blood pressure.

Delivery system transformation: Covered California is working closely with other public purchasers like Medi-Cal and CalPERS on exploring ways to improve behavioral health for all Californians. It is working with the Purchaser Business Group on Health to develop a set of quality measures to support enhanced payments for advanced primary care.

Staying safe while getting help enrolling

While the rates and increased choice will not go into effect until Jan. 1, 2022, consumers do not need to wait for the traditional open-enrollment period in November to sign up for coverage. Covered California opened a special-enrollment period to allow the uninsured, and those enrolled directly through a health insurance carrier, to sign up and begin benefiting from the new financial help offered through the American Rescue Plan. People who sign up by July 31 will have coverage that starts Aug. 1.

“The sooner you sign up, the sooner you can start saving and be covered. We do not want anyone to be uninsured or leave money on the table,” Lee said. “The American Rescue Plan is making coverage more affordable than ever, and more and more Californians are getting high-quality coverage for just a dollar.”

Consumers can easily find out if they are eligible for Covered California or Medi-Cal — and see whether they qualify for financial help and which plans are available in their area — by using the CoveredCA.Com Shop and Compare Tool and entering their ZIP code, household income and the ages of those who need coverage.

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

healthleaders

Covered California Projects 1.8% Rate Hikes In 2022
John Commins

The preliminary average rate change of 1.8% will apply to California's individual market, which covers 2.3 million people – the highest enrollment in the marketplace's history -- including the 1.6 million enrolled through Covered California and "off-exchange" enrollees who sign up directly through a health insurance carrier.

From 2020 to 2022, Covered California payers said that the improved risk mix from new enrollment has contributed to lowering premiums by 3% to 5%. Other factors have caused premium trends to be below the usual medical cost trend of 5% to 7%, such as the impact of the COVID-19 pandemic and deferred care.

Covered California projects that preliminary health insurance rates for 2022 will increase by an average of 1.8% statewide.

The state's health insurance marketplace credited the relatively low rate hike to expanded subsidies sent to the state under the American Rescue Plan, which lowered premiums by an average of 50% for hundreds of thousands of Californians--with some paying as low as one dollar in premiums per month.

Gov. Gavin Newsom said "California is continuing to make significant progress towards covering everyone in our state, and a key part of that is to make sure folks can take advantage of the federal support through the American Rescue Plan."

"The pandemic highlighted how important it can be to have access to quality, affordable healthcare coverage, and Covered California is making that happen for more people than ever before," Newsom said.

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The average rate change for the past three years is only 1.1%, which also marked the third year since the launch of California's state subsidy program.

"Healthcare costs are never a one-year story," said Peter V. Lee, executive director of Covered California. "The past three years show how California has led the way not only by providing stability and lower costs to our consumers, but also through the state's modeling of expanded financial help, which is now reflected in the American Rescue Plan."

"By getting more people insured and lowering the costs of coverage, we are creating a virtuous cycle of more people being insured, healthier consumers and lower rates for everyone," Lee said.

The rate hike reflects changes in premiums before federal subsidies, which cover about 89% of the premium for those getting financial help. In addition, premiums will vary by region and by an individual's personal situation.

The rate change for unsubsidized enrollees who switch to the lowest-cost plan in the same metal tier is -7.9%, which will allow many enrollees to shop for a lower gross premium.

California Association of Health Plans President/CEO Charles Bacchi said the low rate hike "makes it abundantly clear that the Affordable Care Act is thriving in California."

"With the expanded coverage options providing most enrollees with four to five health plan choices, there is ample opportunity for consumers to shop around for even lower premiums, he said. "With record enrollment in California's individual marketplace along with new state polices extending Medi-Cal to more undocumented Californians, we are well on our way to closing the uninsured gap in California."

The special enrollment period runs from November through the end of 2021.

LOCAL NEWS MATTERS
BAY AREA

Covered California sees record sign-ups, which should keep rates in check for ’22
Eli Walsh

A record 1.6 million residents have enrolled in health insurance coverage through the state’s marketplace, due in part to financial help from the most recent federal pandemic relief bill, Covered California officials said last week.

Officials with Covered California, which the state formed under former President Barack Obama’s health care law the Affordable Care Act, said subsidization from tax credits in the American Rescue Plan Act is expected to save Covered California enrollees an average of $700 per month in health care premiums.

“This financial help builds on the ACA and its results are clear,” Covered California Executive Director Peter Lee said. “We’re seeing now, having more people enrolled in Covered California … than ever in our history.”

Lee noted that the record-high number of residents enrolled in Covered California meant the state has one of the healthiest consumer pools in the country, further enabling a reduction in premiums.

The large enrollment pool will also result in a modest rate increase on the individual market of just 1.8 percent for 2022.

Roughly 94 percent of enrollees will have the choice of at least two health insurance carriers, according to Covered California officials, while 81 percent will have at least four choices.

People interested in obtaining health care coverage via Covered California are encouraged to visit online or call 800-300-1506.

Covered California Issues Public Comment on Centers for Medicare & Medicaid Services Proposed Rule
Staff

WASHINGTON, Aug. 4 -- Peter V. Lee, executive director of Covered California, Sacramento, has issued a public comment on the Centers for Medicare and Medicaid Services proposed rule entitled "Patient Protection and Affordable Care Act: Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond Proposed Rule". The comment was written and posted on July 28, 2021:

* * *

Covered California is pleased to submit comments supporting many of the proposed policies in the updated payment parameters proposed rule. In this letter, you will find comments on proposed policies addressing the extended open enrollment period, standardized plans, increased user fee rates, and the new monthly special enrollment period, as well as our strong agreement for multiple proposals that would roll-back actions taken by the prior administration that have the effect of undercutting the stated intent of the Affordable Care Act (ACA). These comments are based on our experience and analysis of the necessary efforts to ensure ongoing sustainability for a state-based marketplace, maintaining a healthy and viable risk mix, and providing affordable, quality health plans to the consumers we serve.

Covered California's investments in marketing and outreach, along with consumer-first policies that protect and build on the ACA, have led to lower costs and more people being covered. Since 2014, Covered California's individual market enrollment has increased each year, with enrollment increasing from more than 1.1 million to over 1.6 million as of June 2021. In addition, California's individual market average rate change was 0.6 percent for the 2021 plan year, which is the lowest mark since the launch of the ACA and follows a rate change of only 0.8 percent in 2020. This is in sharp contrast to federal policies from the past administration that led to higher premiums and millions of people losing coverage.

Covered California applauds and appreciates the recent steps by HHS to rescind and modify harmful policies that created barriers for consumers in obtaining quality, affordable coverage and hindered the success of the ACA. As HHS finalizes the proposed policies, Covered California offers the following comments:

OPEN ENROLLMENT EXTENSION

Covered California applauds HHS's proposal to extend open enrollment an additional 30 days, through January 15. Beginning in plan year 2020, California extended its open-enrollment period for a full three months, through January 31 (with coverage effective February 1 even for consumers enrolling near the deadline). We have seen strong enrollment numbers with this extended open enrollment period, especially in the later part of January, and strongly encourage HHS to further extend open enrollment to January 31, as it did in 2016 and 2017. In doing so, it is imperative to allow coverage to begin no later than February 1 to ensure consumers do not experience a gap in coverage following plan selection. Based on Covered California's experience, a longer open enrollment has resulted in increased consumer enrollment, and lower premiums due to a healthier risk mix.

Covered California also recommends HHS conduct robust outreach and marketing to promote open enrollment in general and specifically the extension. We believe this would be a highly effective way to communicate the enrollment timeline for consumers and see the maximum number of new enrollees.

STANDARDIZED PLAN OPTIONS

Covered California was disappointed by the discontinuation of standardized plan options in 2019. We appreciate and encourage HHS to revisit and readopt this option for plan year 2023. Covered California appreciates and applauds the recently signed Executive Order 14036 that directs HHS to implement standardized options as well./1

The readoption of standardized plans will revitalize the health care market, create more competitive pricing among health plans, and allow consumers to make more informed health plan choices.

As you know, Covered California's Qualified Health Plan (QHP) issuers have offered only standard patient-centered benefit designs since 2014. To the extent QHP issuers want to offer non-standardized products, they need to demonstrate that such designs are also patient-centered. To date, issuers have not seen the value in promoting additional options. Having standard patient-centered benefit designs allows consumers to shop and compare health plans based on price and quality. Covered California believes that all standardized benefit designs should be centered around promoting better value for consumers, reducing confusion. As stated in our 2016 comment letter regarding standardized plans,/2 we continue to believe that limiting the number of QHPs in each metal tier substantially benefits consumers by improving their choice experience and allows them to make more informed decisions. Covered California supports the return to standardized plan options and encourages HHS to again look at how those standardized plans are offered next to non-standardized plans and if non-standardized plans should be offered at all through the Federally-Facilitated Exchanges (FFE).

INCREASED USER FEE RATES

Covered California commends HHS on the proposal to increase user fee rates from 2.25 to 2.75 percent for the FFE, and from 1.75 to 2.25 percent for the State-based Exchanges on the Federal Platform (SBE-FP), to support increased consumer outreach and education and the ability of the FFE to effectively meet its other responsibilities.

While this increase from the rates finalized by the prior administration in the 2022 Benefit and Payment Parameters final rule is called for, it is unclear to Covered California why the user fee is not returned to the 3 percent it was previously. Currently, Covered California collects a health plan assessment of 3.25 percent of premium to fund its operations, of which a large percentage is devoted to marketing, outreach, and service center operations.

In our previous 2022 Proposed Benefit and Payment Parameters comment letter to HHS, we outlined our concerns that reducing the user fee rates from 3 percent to 2.25 percent would not provide sufficient resources to retain current members, enroll new members or support effective health plan review and oversight processes. From 2017 to 2020, new enrollment in the FFE decreased dramatically while Covered California's enrollment increased by 13 percent./3

A core contributing factor is that during this period, the prior administration virtually eliminated needed marketing and outreach investments and significantly cut back support to Navigator programs.

Covered California strongly believes the user rate needs to be considered based on what resources are required to do robust and ongoing marketing, as well as oversight of QHP issuers to assure they are delivering quality care to Americans. California has demonstrated that its spending, supported by its user fee, has reduced premiums by far larger than the assessment by garnering a healthier risk mix and provide resources to assure QHP issuers in California focus on and improve quality while addressing health disparities.

Covered California urges HHS to consider the adequacy of its user fee as detailed in our prior comment letter and provide further visibility on its budget and a detailed breakdown of its expenditures that would enable a more complete assessment of the sufficiency of the user fee.

NEW MONTHLY SPECIAL ENROLLMENT PERIOD FOR LOW-INCOME CONSUMERS

Covered California supports the proposal to implement a new monthly Special Enrollment Period (SEP) for those consumers under 150 percent of the Federal Poverty Level (FPL). This new flexibility will maximize opportunities for this subset of consumers to become insured and gain the most from the enhanced benefits under the American Rescue Plan in the form of near premium-free coverage. Covered California suggests, as with the open enrollment extension, conducting a marketing and outreach campaign to advertise this new option, if finalized.

OTHER PROPOSALS TO PROTECT AND BUILD ON THE ACA

Finally, Covered California applauds and supports proposed actions to rescind and modify harmful policies that created barriers for consumers in obtaining quality, affordable coverage and hindered the success of the ACA that we commented on in prior years when these actions were taken by the prior administration, including:

* Covered California supports the proposed repeal of the direct enrollment option that allows states to transfer their public enrollment function to private brokers to promote non-ACA compliant products. As we noted in our comments, this option is directly at odds with the ACA, which created Exchanges under 1311(b) as a mechanism for organizing the health insurance marketplace to help consumers and small businesses shop for coverage in a way that permits easy comparison of available plan options based on price, benefits and services, and quality;

* Covered California supports rescinding less restrictive 1332 Waiver interpretive guidance. As we noted in our comments, this guidance allows states to undercut consumer protections that were put in place by the ACA while encouraging cheaper, less-comprehensive non-ACA compliant products with potentially negative impacts both on consumers and the risk mix; and

* Covered California supports repealing the unnecessary requirement that QHP issuers send a separate bill for premium portions attributable to non-Hyde abortion services. As we noted in our comments when proposed, this requirement causes substantial consumer confusion and undue administrative burden.

We appreciate your consideration and response to our comments in this letter. We look forward to continuing our partnership with you to make the ACA work as effectively as possible and build on its foundation as we work to assure that all Americans have access to affordable health coverage.

Sincerely,

Peter V. Lee

Executive Director

Escalon Times | Oakdale Leader

Rescue Plan Helps Account for Lower Health Premiums
Staff

Covered California announced its plans and rates for the 2022 coverage year, which will include a full year of lower premiums under the American Rescue Plan. The new and expanded financial help provided by the law has led to a record 1.6 million people enrolled in Covered California, which contributes to the state having one of the healthiest consumer pools in the nation, resulting in a low rate change for a third straight year.

“The American Rescue Plan will keep making a huge difference by lowering costs for many who were previously eligible, and by building on California’s state subsidies to provide financial help to lower premiums for many middle-income Californians for the first time,” said Peter V. Lee, executive director of Covered California. “By getting more people insured and lowering the costs of coverage, we are creating a virtuous cycle of more people being insured, healthier consumers and lower rates for everyone.”

“California is continuing to make significant progress towards covering everyone in our state, and a key part of that is to make sure folks can take advantage of the federal support through the American Rescue Plan ,” said Gov. Gavin Newsom. “The pandemic highlighted how important it can be to have access to quality, affordable health care coverage, and Covered California is making that happen for more people than ever before.”

“The new and expanded financial help from the American Rescue Plan builds on the Affordable Care Act and is allowing more Californians than ever before to get covered and stay covered,” said Dr. Mark Ghaly, California Health and Human Services secretary and chair of the Covered California Board of Directors. “Health care is a right, and together we are working toward providing everyone in the state with access to quality, affordable coverage."

The preliminary average rate change of 1.8 percent will apply to California's individual market, which consists of approximately 2.3 million people, including the 1.6 million enrolled through Covered California and those enrolled "off-exchange" who sign up directly through a health insurance carrier.

The average rate change for the past three years is only 1.1 percent. This three-year period marked the launch of California's state subsidy program, the promotion of coverage to address the needs of those losing insurance due to the COVID-19 pandemic, and the recent rollout of the American Rescue Plan.

"Health care costs are never a one-year story," Lee said. "The past three years show how California has led the way not only by providing stability and lower costs to our consumers, but also through the state's modeling of expanded financial help, which is now reflected in the American Rescue Plan."

While the expanded subsidies available through the American Rescue Plan can only be received by consumers who enroll through Covered California, consumers both on and off the exchange will benefit from the competitive marketplace and standard patient-centered benefit designs, which allow them to shop for the best value and save money if they switch plans. The average rate change for unsubsidized consumers who switch to the lowest-cost plan in the same metal tier is -7.9 percent, which means many people may be able to get a lower gross premium than they have now if they shop and switch.

The main factor that contributed to the low rate change is Covered California's strong and healthy enrollment. Covered California saw a big jump in new enrollment in 2020 due to the state subsidy and the implementation of the state penalty for going without coverage. Since then, it has seen a surge in enrollment because of the new subsidies through the American Rescue Plan and actions to meet the needs of Californians who lost their employer-sponsored insurance.

The low rate change for 2022 reflects carriers' anticipation that this trend will continue during the special-enrollment period that will last through Dec. 31, and in open enrollment for 2022, which will begin in November.

Covered California now has the highest enrollment in its history, and the state continues to be home to one of the healthiest consumer pools in the nation. Data from the Centers for Medicare and Medicaid Services shows that California had the second lowest "state average plan liability risk score" in the nation in 2020, which marked the seventh straight year that it has been among the top five states in fostering healthy enrollment in the individual market.

The preliminary average rate change reflects changes in premiums before federal subsidies, which cover about 89 percent of the premium for those getting financial help. In addition, premiums will vary by region and by an individual's personal situation. The rates have been filed with California's regulators, the Department of Managed Health Care and the Department of Insurance, and are subject to their final reviews.

The American Rescue Plan is already lowering premiums for an estimated 1.5 million Californians, and hundreds of thousands more could get help becoming insured or reducing the cost of the coverage they have now. The new law ensures that everyone eligible will pay no more than 8.5 percent of their household income on their health plan premiums if they enroll through an Affordable Care Act marketplace.

The latest data shows that nearly 700,000 people enrolled in Covered California now have quality coverage through brand-name health plans for only $1 per month. In addition, the American Rescue Plan dramatically reduced the net premiums paid by households across all income ranges in the state.

"The American Rescue Plan lowered the average premium cost by 50 percent for many Californian households that were already eligible for financial help, and newly eligible middle-income families are saving an average of more than $400 per month," Lee said. "As federal lawmakers deliberate the future of the American Rescue Plan, we have seen clear evidence that it is lowering premiums and increasing enrollment in California and across the country."

Consumers can easily find out if they are eligible for Covered California or Medi-Cal — and see whether they qualify for financial help and which plans are available in their area — by using the CoveredCA.Com Shop and Compare Tool and entering their ZIP code, household income and the ages of those who need coverage.

Rescue Plan Helps Account for Lower Health Premiums
Staff

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“The American Rescue Plan will keep making a huge difference by lowering costs for many who were previously eligible, and by building on California’s state subsidies to provide financial help to lower premiums for many middle-income Californians for the first time,” said Peter V. Lee, executive director of Covered California. “By getting more people insured and lowering the costs of coverage, we are creating a virtuous cycle of more people being insured, healthier consumers and lower rates for everyone.”

“California is continuing to make significant progress towards covering everyone in our state, and a key part of that is to make sure folks can take advantage of the federal support through the American Rescue Plan ,” said Gov. Gavin Newsom. “The pandemic highlighted how important it can be to have access to quality, affordable health care coverage, and Covered California is making that happen for more people than ever before.”

“The new and expanded financial help from the American Rescue Plan builds on the Affordable Care Act and is allowing more Californians than ever before to get covered and stay covered,” said Dr. Mark Ghaly, California Health and Human Services

Elk Grove Citizen

Op-ed: The Affordable Care Act is here to stay and help you save on healthcare coverage
State Sen. Richard Pan

The Affordable Care Act (ACA) is covering more people than ever before, including 6 million Californians. Its popularity is near record-levels and it proved to be a critical safety net during the COVID-19 pandemic. Most importantly, it remains the law of the land after the U.S. Supreme Court turned back the latest challenge by a 7-2 vote.

As chair of the Senate Health Committee, I was relieved to see the ACA work as intended when the coronavirus ripped through the country last year. The ACA gave Americans and Californians – many of whom lost their job-based health coverage – the financial help they needed to get quality, affordable health care coverage when they needed it most.

I was further pleased to see President Biden and Congress build on the ACA with the American Rescue Plan, which provides even more financial help to more Americans than ever before.

Covered California is the state marketplace that facilitates the ACA, and the exchange estimates that nearly 2.5 million low and middle-income Californians are eligible for the new and expanded financial help provided by the American Rescue Plan. Covered California says nearly 700,000 people, almost half of its record 1.6 million enrollees, are now getting a quality plan from brand-name health insurance companies for $1 per month.

Now is the best time for Californians without health insurance to get covered. Enhanced subsidies are available through the end of 2022.

Covered California has provided affordable coverage to Californians since 2014. The state embraced the ACA early on, taking the lead in creating its own exchange and expanding access to coverage and care for millions of Californians. Since then, California has been able to expand insurance coverage substantially, reducing its uninsured rate from 17.2% to just 7.7% -- the largest drop in the nation.

And while we couldn’t have predicted the COVID-19 pandemic, Covered California has served as a lifeline for individuals and families who needed affordable coverage during this time. As a pediatrician, I know that having health care coverage, and access to preventive services, can save lives and control overall health care costs.

As the pandemic proved, health can be fleeting and providing your family with coverage is the best way to protect yourselves against a health or financial catastrophe. Your health is priceless, and no one should have to choose between putting food on the table or paying for health insurance. The changes brought by the American Rescue Plan are so important because it helps increase coverage and improve affordability at a time when Californians need it the most.

The American Rescue Plan is helping the ACA meet the demand for affordable health care coverage, especially here in California. The law means that many middle-income Californians can now get more help than ever before, since it ensures that everyone eligible will pay no more than 8.5% of their household income on their health insurance premiums. This means many consumers will be able save hundreds of dollars per month or thousands of dollars annually.

Those who think they can’t afford coverage owe it to themselves to get the facts. Covered California’s website makes it simple to get a rundown of how low premiums can be and what insurance options look like in your region.

These expanded subsidies are making such a difference in the lives of millions of Californians and Americans across the country, we are hopeful they will be made permanent soon through further legislation.

This is not the time to be without health insurance or to put it off. Take advantage of the savings and opportunity provided by the American Rescue Plan, and give yourself the peace of mind of having top-notch health coverage for you and your family.

Richard Pan, D-Sacramento, represents Elk Grove in the California State Senate's District 6. He is also a pediatrician and the chair of the Senate Heath Committee.

Health Affairs

Navigator Funding Opportunity Departs From Trump Priorities
Katie Keith

On June 4, 2021, the Centers for Medicare and Medicaid Services (CMS) issued a notice of funding opportunity (NOFO) for the navigator program for 2022. Consistent with its prior announcement, CMS will make $80 million available for navigator entities in the 30 states with a federally facilitated marketplace for the 2022 plan year. This is the largest-ever funding allocation for navigators; their funding had been cut to $10 million annually in recent years. Selected applicants will serve as navigators for three years, with the expectation of $80 million in funding per year.

The NOFO (which can be read by searching here for CFDA 93.332) reflects a significant shift away from the Trump administration's priorities for navigators. CMS also released frequently asked questions for navigator applicants.

This post also summarizes other recent federal guidance. This includes new frequently asked questions on cost-sharing limits for 2022, guidance on how the American Rescue Plan Act affects the Basic Health Program (BHP), and funding for COVID-19 testing for the uninsured.

Navigator Funding For 2022
Navigators are organizations that must have (or can readily build) relationships with employers, employees, uninsured and underinsured consumers, or self-employed individuals who likely qualify to enroll in marketplace coverage. The navigator program was modeled after other successful outreach efforts for public coverage programs, such as Medicaid, CHIP, and Medicare (the State Health Insurance Assistance Programs). Historically, navigator organizations have been trusted local organizations such as

United Way affiliates, universities, health systems, legal aid societies, and patient advocacy organizations.

Additional background and the history of the navigator program is available here. But federal financial support for the navigator program peaked at $63 million for the 2017 plan year before being cut to $10 million annually beginning with the 2019 plan year. Funding cuts had a significant impact, leading the number of navigator organizations to drop by half and leaving some states and large areas of some states without navigators at all. Survey data shows that consumers value assistance and that 12 percent of target consumers tried to find help but did not get it. The Biden administration's investment of $80 million in navigator funding for 2022 follows its extension of about $2.3 million in additional funding for 30 current navigator organizations in 28 states.

The NOFO For 2022

The 102-page NOFO became available on June 4, and applications are due on July 6. CMS expects to give 85 to 120 awards, to be announced on August 27. Navigators will serve for three years, meaning the 2022, 2023, and 2024 plan years. CMS intends to fund the navigator program at $80 million each year, for a total of $240 million (although this amount will be subject to funding availability). Multi-year funding will help allow for greater planning and consistency for navigator programs.

Total funding will be proportioned out amongst the 30 states with a federally facilitated marketplace based on the number of remaining uninsured consumers as of 2019 and enrollment in 2021 marketplace coverage. Based on this apportionment, navigator programs in 11 states qualify for the minimum level of federal funding of $1 million. From there, the amount allocated for each state varies, with the most funding available for Florida ($14.5 million) and Texas ($13.8 million) followed by Georgia and North Carolina ($4.9 million each).

As in previous years, organizations can apply as a consortium or to be a navigator in multiple states by submitting a single application. To the extent that a state transitions away from the federal marketplace, federal navigator funding in that state would end and the unused funds would be returned to CMS.

Applicants should address the entire three-year period, but future funding is contingent on performance, compliance, and the availability of funds. CMS will assess performance based on the goals and measures that navigators identify in their applications, the completion of training and certification requirements, and the quality and timeliness of reporting, among other standards. Navigators will have to submit a continuation application within 90 days of the end of each one-year budget period. The continuation application is treated as a non-competitive financial assistance request for the remainder of the three-year period.

Biden Administration Priorities
Under the 2022 NOFO, applicants must describe their efforts to reach underserved or vulnerable populations. Citing executive orders signed by President Biden, CMS underscores the need for navigators to increase access to affordable and high-quality coverage and advance health equity. Increased funding will better enable navigators to "further expand their reach, with a renewed focus on outreach to diverse, underserved, and vulnerable communities."

To better define its focus on these communities, the NOFO invokes existing regulations—specifically 45 C.F.R. § 155.210(e)(8), which was adopted in the 2017 payment rule. This provision requires navigators to "serve underserved or vulnerable populations, as identified by the Exchange, within the Exchange service area." In states that use the federal marketplace, CMS identifies the underserved or vulnerable populations that are disproportionately without access to coverage or care, or that are at a greater risk for poor health outcomes as a result of disparities in coverage, access to care, or other social, environmental, and economic factors that impact health.

For this NOFO, CMS will consider a population to be underserved or vulnerable using factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Some examples of underserved or vulnerable populations include racial and ethnic minorities, rural communities, LGBTQ individuals, low-income or homeless individuals, American Indians and Alaska Natives, people with disabilities, pregnant women, new mothers, women with children, people with mental health or substance-related disorders, people with HIV/AIDS, and Medicaid-eligible consumers who are not enrolled in coverage. Applicants can also propose additional underserved or vulnerable populations.

Navigators must assist all consumers that seek assistance (even if the consumer is not a member of an underserved or vulnerable population) and make every effort to assist in a timely manner. If a navigator does not have the capacity to help an individual, they must make a referral to the marketplace call center or a certified application counselor (but not a specific agent or broker).

Throughout the NOFO, CMS emphasizes the benefits of the navigator program (such as the fact that navigators operate year-round to increase awareness of ACA coverage among the uninsured and assist consumers beyond the enrollment process). This is reflected in the review criteria, and applicants must identify project goals consistent with this expanded view of the role of navigators. In an addition to metrics required in recent NOFOs, applicants must set goals regarding the number of public outreach and educational events that help raise awareness and enable consumers to understand their coverage options, as well as identify the number of consumers to be reached through marketing and promotion activities. (This is in addition to goals on enrollment and one-on-one assistance, for instance.)

As expected, the Biden administration does not embrace the priorities outlined by the Trump administration. The NOFO makes no mention of the need for navigators to prioritize the “left behind” population, which the Trump administration defined as individuals who are disproportionately uninsured and unaware of marketplace coverage as well as non-ACA-compliant plans such as association health plans and short-term plans. The Trump administration had also highlighted the use of “innovative cost-effective strategies” for education and outreach, emphasized eligibility for faith-based organizations, and required applicants to disclose how they inform consumers about the coverage of abortion services. These topics are not mentioned in the NOFO for 2022.

Other Trump-era changes to the navigator program—such as eliminating the requirement that each marketplace have at least two navigator entities (one of which must be a community and consumer-focused nonprofit group) and that navigators maintain a physical presence in a marketplace service area—were adopted in the 2019 payment rule and the 2020 payment rule. Changes to these policies, assuming the Biden administration wants to pursue them, will need to be addressed in future rulemaking.

Additional Federal Guidance

Also on June 4, the Departments of Health and Human Services (HHS), Labor, and the Treasury issued new guidance to confirm cost-sharing limits for 2022. The new guidance restates that the maximum annual limit on cost sharing for the 2022 plan year is $8,700 for self-only coverage and $17,400 for other than self-only coverage. These levels were finalized in the final 2022 payment rule, but the Departments noted some confusion from plans and insurers. This confusion may stem from the fact that HHS proposed higher levels ($9,100 for self-only coverage and $18,200 for other than self-only coverage) relative to what was adopted in the final rule. But, because HHS altered an underlying methodology (known as the premium adjustment percentage) used to calculate the cost-sharing limits, the lower cost-sharing limits apply for 2022 and were finalized.

On June 3, CMS issued an informational bulletin regarding implementation of the American Rescue Plan Act’s provisions that relate to Medicaid, CHIP, and the BHP. The American Rescue Plan Act’s premium tax credit-related provisions do not impact Medicaid, CHIP, or BHP eligibility. But these changes will impact how federal payments for the BHP are calculated, and CMS intends to provide future guidance on these calculations.

Under the BHP, states can provide coverage to qualifying individuals whose income is between 133 and 200 percent of the federal poverty level (FPL). States then receive federal funding equal to 95 percent of the amount of premium tax credits and cost sharing reductions that would have otherwise been provided if BHP enrollees had instead enrolled in marketplace coverage.

The American Rescue Plan increased the generosity of premium tax credits for 2021 and 2022. For those whose income is below 150 percent FPL, individuals can now enroll in the benchmark plan for free (meaning they are not required to make any premium contribution for benchmark plan coverage). Under Section 1331 of the ACA, BHP enrollees cannot be charged more for BHP coverage than they would have been had to pay had for benchmark plan coverage through the marketplace. As such, individuals whose income is between 133 and 150 percent FPL who qualify for BHP coverage in Minnesota and New York (the only two states with the BHP) do not have to pay BHP premiums for 2021 and 2022. For BHP enrollees whose income is between 150 and 200 percent FPL, they cannot be asked to contribute more than 2 percent of their household income for 2021 and 2022.

Finally, in late May, HHS announced that the Health Resources and Services Administration (HRSA) would dedicate $4.8 billion in American Rescue Plan Act funding towards a program that reimburses health care providers for testing uninsured people for COVID-19. Even as more people gain coverage under the Biden administration's broad special enrollment period, HHS believes it remains important to adequately fund the HRSA program to remove cost barriers to COVID-19 testing and care. As of mid-May, HRSA had issued nearly $4 billion to providers for the cost of COVID-19 testing, over $2.5 billion towards the cost of COVID-19 treatment, and more than $85 million for COVID-19 vaccines—all for the uninsured.

Health Affairs

A Political History Of The ACA
Timothy Stoltzfus Jost

One of the main messages of The Ten Year War, Jonathan Cohn's excellent history of the Affordable Care Act (ACA), appears in the final chapter: "The Affordable Care Act is a highly flawed, distressingly compromised, woefully incomplete attempt to establish a basic right that already exists in every other developed nation. It is also the most ambitious and significant piece of domestic legislation to pass in half a century—a big step in the direction of a more perfect union and a more humane one as well."

Cohn's other key message, stated more succinctly in a March 22, 2021, article in the Atlantic (adapted from the book), is that the ACA became law because the Democrats were willing to do the hard work of compromising and turning policy into legislation. It was not repealed because the Republicans were unwilling or unable to do this work.

Cohn is well known to anyone who follows health policy. A senior national correspondent at HuffPost and former senior editor at the New Republic, he has followed the ACA since before its inception. He is an excellent writer and has written a very readable and informative book.

The Ten Year War is divided into three parts. The first describes earlier efforts at health reform, focusing on the failed Clinton plan. It also recounts the "Romneycare" health care reform in Massachusetts, which gave hope that bipartisan reform might be possible and provided a model for much of the ACA. Finally, it describes the 2008 presidential campaign, which laid the groundwork for the ACA.

The second part describes in considerable detail the drafting and legislating of the ACA in the House and Senate from 2008 to 2010. Although the Democrats held substantial majorities in both houses, including a filibuster-proof sixty-vote majority in the Senate for part of this time, Democrats spanned the range from conservative moderates to single-payer liberals; patching together a consensus bill was a huge effort that left no one completely satisfied. Additionally, a serious but ultimately unsuccessful effort was made to obtain bipartisan support for the bill, delaying the process. The death of Sen. Ted Kennedy (D-MA) early in this process made the work even harder, and the loss of the sixtieth vote in the Senate in early 2010 nearly destroyed the effort. But in March of 2010 it all came together.

The third section deals with Republican efforts to destroy the ACA from 2010 to 2017, The first two chapters of this section describe the two Supreme Court cases through which opponents attempted to bring down the ACA. The first of these cases, National Federation of Independent Business v. Sebelius, upheld the individual mandate as a tax but declared the mandatory Medicaid expansions to be unconstitutional, leaving millions of low-income Americans uninsured in states that chose not to expand. The second case, King v. Burwell, held that the federal exchange, or Marketplace, which existed in most states, could grant premium tax credits just like the state exchanges and thus rescued the premium subsidies, which were essential to coverage expansion.

Much of the rest of the third section deals with Republican efforts to repeal and replace the ACA. Cohn demonstrates that Republican efforts were bound to fail because it was clear that repealing the coverage provisions of the ACA would result in massive increases in the number of uninsured people, and the Republicans had no plans for an alternative that would address this problem. The Republicans were determined to repeal Barack Obama's signature achievement but had no "replace" of their own.

The Ten Year War is very much a political history. It describes in detail the Democratic political leaders who put the bill together and the Republican politicians who tried to destroy it, often recounting their backgrounds in health policy and experiences with the health care system. It also describes the legislative and presidential aides who did much of the work of putting the bill together and implementing it. Finally, it analyzes the legislative processes through which the ACA was passed—and almost repealed.

The book has much less to say about the regulatory processes through which the ACA was implemented. It only briefly touches on the failure of the HealthCare.gov website in 2013 and the "if you like your health plan, you can keep it" fiasco, which resulted in the creation of "grandmothered" plans. Though it discusses the NFIB and King v. Burwell cases, it says nothing about the many other cases that were brought challenging the ACA and its implementing regulations, including the legal battles over contraceptive coverage, which still continue. In addition, it focuses almost exclusively on the coverage and insurance provisions of Title I of the ACA and the Medicaid expansion provisions of Title II. It says almost nothing about the remaining eight titles of the ACA, which have worked dramatic changes throughout the US health care system. Finally, by limiting itself to the first ten years of the ACA, it omits consideration of the subsequent major efforts of the Trump administration to undermine the ACA through executive action.

But attempting to cover all of these topics would have resulted in a book of unreadable length and would have obscured Cohn's major theses about the politics of the ACA. As it is, Cohn has produced the most readable and comprehensive history of the ACA yet available—a must-read for anyone who wants to understand this history.

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ARP puts more 'affordable' in the Affordable Care Act
Andrew Sprung

The American Rescue Plan Act (or American Rescue Plan), signed into law by President Biden on March 11, provided many types of relief to Americans from the economic ravages of the COVID-19 pandemic. Among them, the American Rescue Plan (ARP) put the "affordable" in "Affordable Care Act" for millions of Americans.

Did ARP make coverage more affordable at all income levels?
The American Rescue Plan increased premium subsidies at all income levels for health plans sold in the ACA marketplaces, reducing the percentage of income that enrollees have to pay for the “benchmark” plan in their area – that is, the second-cheapest Silver plan.

At incomes up to 150% of the Federal Poverty Level ($19,140 for an individual, $39,300 for a family of four), the benchmark plan is free, and from 150% up to 200% FPL ($25,520 for an individual, $52,440 for family of four), benchmark Silver costs no more than 2% of family income. Silver plans at these income levels come with strong cost-sharing reduction (CSR) that reduces deductibles and out-of-pocket costs. Weaker CSR is available up to 250% FPL.

At the other end of the income scale – 400% FPL or higher ($51,040 for an individual, $104,800 for a family of four) – no citizen or legally present noncitizen who lacks access to other affordable insurance (e.g., from an employer or Medicare) will pay more than 8.5% of income for benchmark Silver. The ARP removed the ACA’s notorious subsidy cliff, which denied subsidies to applicants with incomes over 400% FPL.

In the in-between income brackets, the percentage of income required for a benchmark Silver plan has also been sharply reduced. See this post for illustrations of how ARP will reduce premiums for people at various income levels.

The American Rescue Plan also effectively made free high-CSR Silver plans free to anyone who received any unemployment insurance compensation in 2021 and lacked access to other affordable insurance.

The ARP subsidy boosts are temporary, running through 2022. But Democrats are widely expected to make them permanent in subsequent legislation. That’s the first and most basic item on their healthcare agenda, fulfilling a core promise President Biden made during the 2020 campaign.

ARP subsidies make it a great time to buy new health coverage
The ARP subsidy increases should induce millions of uninsured Americans who have been under the impression that health insurance is unaffordable to take a second look. According to estimates by the Kaiser Family Foundation (KFF), as of 2020, only about half of those who were eligible for marketplace subsidies and in need of insurance were enrolled. KFF estimates that 11 million uninsured Americans are eligible for premium subsidies in the marketplace – including 3.5 million with incomes over 400% FPL who were ineligible prior to the ARP.

How affordable is affordable? According to KFF, 6 million uninsured people are eligible for free plans. It's true that for most of these (4.7 million), the free plan would be Bronze, with deductibles averaging in the $7,000 range. But for many of those eligible for free Bronze plans, Silver – and in some cases Gold plans – are available at very low cost or even no cost at all.

For solo enrollees in the 150-200% FPL income range (topping out at $25,520), benchmark Silver (with strong CSR) can't cost more than $43 per month. In many cases, the cheapest Silver plan costs considerably less than the benchmark.

And in about 20% of all U.S. counties, the cheapest Gold plan is cheaper than the cheapest Silver. That's a valuable discount at incomes above 200% FPL, where CSR, which attaches only to Silver plans, is weak (in the 200-250% FPL income range) or not available (at incomes above 250% FPL).

Biden administration opens the doors and sounds the horn

Prior to the American Rescue Plan's passage – beginning on February 15 – the Biden administration opened an emergency special enrollment period (SEP), extending until August 15 in the 36 states that use the federal ACA exchange, HealthCare.gov.

The 15 state-run exchanges (including Washington, D.C.) followed suit, though the terms and length of the state SEPs vary somewhat. (See SEP deadlines for each exchange here.) The SEP offered by HealthCare.gov and in most states is akin to the annual open enrollment period: anyone who lacks insurance can enroll. Normally, a person seeking coverage outside of open enrollment has to apply for a personal SEP and document a qualifying "life change," such as loss of employer-sponsored insurance.

After the ARP's passage, HealthCare.gov further opened the SEP to enable current enrollees to switch plans – for example, to upgrade from Bronze to Silver in light of the enriched subsidies. The Center for Medicare and Medicaid Services (CMS) also earmarked $50 million to advertise the SEP.

The upgraded subsidies, retroactive to January 1, went live on HealthCare.gov on April 1, and on state-based marketplaces in subsequent weeks. All in all, doors to coverage for the uninsured were flung significantly wider this spring – and remain open.

Many consumers are capitalizing on the SEP and ARP

The emergency SEP and upgraded subsidies are having an impact. On May 6, CMS announced that new plan selections from February 15 through April 30 in 36 HealthCare.gov states was just shy of 940,000 – almost quadruple enrollment in the same period in 2019, the last "normal" year. (In 2020, the pandemic also stimulated increased enrollment, totaling 391,000 in the same time period.) A large percentage of new enrollees were apparently low-income and accessing free or near-free Silver plans with strong CSR, as the median deductible for new enrollees was just $50.

As of June 5, SEP enrollment in HealthCare.gov states had topped 1 million, and marketplace coverage is now at an all-time high. Including the 15 state-based marketplaces raises the SEP enrollment total this spring to 1.5 million, according to Charles Gaba's estimate. The percentage of subsidy-eligible potential enrollees who actually do enroll may now be closer to 60% than the roughly 50% that KFF estimates indicate in 2020. How might enrollment be boosted further?

But millions still aren't on board

Despite the substantial gains achieved in recent months, some 10 million of the still-uninsured are likely eligible for marketplace subsidies, and another 6 to 7 million eligible for Medicaid, according to KFF estimates.

Since the ACA's programs were first implemented in 2014, many of the uninsured have claimed that they found coverage unaffordable, While some may have balked at subsidized premiums and available plans' out-of-pocket costs, a lack of knowledge about what's on offer has always been a major factor. In 2020, only 32% of people surveyed by KFF knew that the ACA was still law.

The Trump administration didn't make it easier for consumers, cutting federal funding for enrollment assistance by nonprofit "navigators" by 84%, from a peak of $63 million in 2016 to $10 million by 2018, and cutting advertising by 90%. Navigator organizations, established by the ACA to be nerve centers in a constellation of nonprofit assistor groups, have operated on shoestrings since fall 2017, cutting back on outreach events, offices throughout their states, and in-person as opposed to phone or video assistance.

The Biden administration threw a quick $2.5 million to navigators this spring – which doesn't go far – and has allocated $80 million for navigators in the 36 states using HealthCare.gov for 2022. (Navigator funding is drawn from user fees charged to participating insurers, so the 15 states that run their own exchanges have their own funding base for enrollment assistance). A KFF analysis suggests that the $80 million allocation for 2022 may be too modest: Trump administration underspending of the user fee revenue has left some $1.2 billion available to the Biden administration to boost enrollment efforts.

Promising strategies to boost enrollment

Going forward, further innovation might boost marketplace enrollment. Maryland, which has a state-based marketplace, has pioneered an enrollment jump-start tied to tax filing, whereby the uninsured whose reported income and insurance status indicate they are eligible for subsidized coverage can check a box on their tax return and receive information about their likely eligibility for “free or low cost coverage.” Colorado will debut a similar program next year.

On a national level, aligning the annual open enrollment period with tax filing season and porting information on the tax return to a marketplace application could streamline the enrollment process. Tax preparers could be a powerful resource to encourage enrollment and assist in the often complex application process. Integrating enrollment with tax preparation could also take some of the diceyness out of the income estimate that determines subsidy size.

Switching the OE period would entail a messy transition, as plans not resetting on January 1 as in the past would create problems with deductibles and out-of-pocket caps. An alternative would be to mirror Maryland and offer the uninsured an easy-to-obtain SEP at tax time.

It should be acknowledged that the ARP did not ease the plight of poor and near-poor uninsured people in the 12 states that to date have refused to enact the ACA Medicaid expansion (or, in the case of Wisconsin, enact a more limited expansion). As first enacted, the ACA offered Medicaid to all citizens and most legally present non-citizens whose household income was below 138% FPL. In 2012, the Supreme Court made that expansion optional for states.

In states that refused to expand eligibility – including high-population states Texas and Florida – most adult residents with incomes below 100% FPL are eligible neither for Medicaid nor for marketplace subsidies. The ARP provided new financial enticements for the holdout states to implement the expansion, but offered no immediate relief to an estimate 2 million people in this “coverage gap.”

The ARP also did not fix the “family glitch,” which puts health coverage out of reach for several million Americans. If an employee has access to a comprehensive employer-sponsored health plan that meets the ACA affordability standard for single coverage, the other family members are not eligible for subsidies in the exchange — regardless of how much they have to pay to join the employer-sponsored plan.

While more remains to be done to make affordable coverage more universally available, comprehensive and easy to obtain, it’s fair to say that most Americans who lack coverage at present can find a health plan (marketplace or Medicaid) that’s worth having at a price they can afford. If you are uninsured, check out your options on HealthCare.gov or your state exchange or use this site’s free quote tool. You can also get a subsidy estimate by using this ACA subsidy calculator.

More likely than not, you will be pleasantly surprised.

‘Obamacare’ survives: Supreme Court dismisses big challenge
Mark Sherman

WASHINGTON (AP) — The Supreme Court, though increasingly conservative in makeup, rejected the latest major Republican-led effort to kill the national health care law known as “Obamacare” on Thursday, preserving insurance coverage for millions of Americans.

The justices, by a 7-2 vote, left the entire Affordable Care Act intact in ruling that Texas, other GOP-led states and two individuals had no right to bring their lawsuit in federal court. The Biden administration says 31 million people have health insurance because of the law, which also survived two earlier challenges in the Supreme Court.

The law’s major provisions include protections for people with existing health conditions, a range of no-cost preventive services, expansion of the Medicaid program that insures lower-income people and access to health insurance markets offering subsidized plans.

“The Affordable Care Act remains the law of the land,” President Joe Biden, said, celebrating the ruling. He called for building further on the law that was enacted in 2010 when he was vice president.

Also left in place is the law’s now-toothless requirement that people have health insurance or pay a penalty. Congress rendered that provision irrelevant in 2017 when it reduced the penalty to zero.

The elimination of the penalty had become the hook that Texas and other GOP-led states, as well as the Trump administration, used to attack the entire law. They argued that without the mandate, a pillar of the law when it was passed, the rest of the law should fall, too.

And with a Supreme Court that includes three appointees of former President Donald Trump, opponents of “Obamacare” hoped a majority of the justices would finally kill the law they have been fighting for more than a decade.

But the third major attack on the law at the Supreme Court ended the way the first two did, with a majority of the court rebuffing efforts to gut the law or get rid of it altogether.

Trump’s appointees — Justices Amy Coney Barrett, Neil Gorsuch and Brett Kavanaugh — split their votes. Kavanaugh and Barrett joined the majority. Gorsuch was in dissent, signing on to an opinion from Justice Samuel Alito.

Justice Stephen Breyer wrote for the court that the states and people who filed a federal lawsuit “have failed to show that they have standing to attack as unconstitutional the Act’s minimum essential coverage provision.”

In dissent, Alito wrote, “Today’s decision is the third installment in our epic Affordable Care Act trilogy, and it follows the same pattern as installments one and two. In all three episodes, with the Affordable Care Act facing a serious threat, the Court has pulled off an improbable rescue.” Alito was a dissenter in the two earlier cases in 2012 and 2015, as well.

Like Alito, Justice Clarence Thomas was in dissent in the two earlier cases, but he joined Thursday’s majority, writing, “Although this Court has erred twice before in cases involving the Affordable Care Act, it does not err today.”

Because it dismissed the case for the plaintiff’s lack of legal standing — the ability to sue — the court didn’t actually rule on whether the individual mandate is unconstitutional now that there is no penalty for forgoing insurance. Lower courts had struck down the mandate, in rulings that were wiped away by the Supreme Court decision.

With the latest ruling, the Supreme Court reaffirmed that “the Affordable Care Act is here to stay,” former President Barack Obama said, adding his support to Biden’s call to expand the law.

Texas Attorney General Ken Paxton pledged to continue the fight against “Obamacare,” which he called a “massive government takeover of health care.”

But it’s not clear what Republicans can do, said Larry Levitt, an executive vice president for the nonprofit Kaiser Family Foundation, which studies health care.

“Democrats are in charge and they have made reinvigorating and building on the ACA a key priority,” Levitt said. “Republicans don’t seem to have much enthusiasm for continuing to try to overturn the law.”

Republicans have pressed their argument to invalidate the whole law even though congressional efforts to rip out the entire law “root and branch,” in Senate GOP leader Mitch McConnell’s words, have failed. The closest they came was in July 2017 when

Arizona Sen. John McCain, who died the following year, delivered a dramatic thumbs-down vote to a repeal effort by fellow Republicans.

Chief Justice John Roberts said during arguments in November that it seemed the law’s foes were asking the court to do work best left to the political branches of government.

The court’s decision preserves benefits that have become part of the fabric of the nation’s health care system.

Polls show that the law has grown in popularity as it has endured the heaviest assault. In December 2016, just before Obama left office and Trump swept in calling the ACA a “disaster,” 46% of Americans had an unfavorable view of the law, while 43% approved, according to the Kaiser Family Foundation tracking poll. Those ratings flipped, and by February of this year 54% had a favorable view, while disapproval had fallen to 39% in the same ongoing poll.

The health law is now undergoing an expansion under Biden, who sees it as the foundation for moving the U.S. to coverage for all. His giant COVID-19 relief bill significantly increased subsidies for private health plans offered through the ACA’s insurance markets, while also dangling higher federal payments before the dozen states that have declined the law’s Medicaid expansion. About 1.2 million people have signed up with HealthCare.gov since Biden reopened enrollment amid high levels of COVID cases earlier this year.

Most of the people with insurance because of the law have it through Medicaid expansion or the health insurance markets that offer subsidized private plans. But its most popular benefit is protection for people with preexisting medical conditions. They cannot be turned down for coverage on account of health problems, or charged a higher premium. While those covered under employer plans already had such protections, “Obamacare” guaranteed them for people buying individual policies.

Another hugely popular benefit allows young adults to remain on their parents’ health insurance until they turn 26. Before the law, going without medical coverage was akin to a rite of passage for people in their 20s getting a start in the world.

Because of the ACA, most privately insured women receive birth control free of charge. It’s considered a preventive benefit covered at no additional cost to the patient. So are routine screenings for cancer and other conditions.

For Medicare recipients, “Obamacare” also improved preventive care, and more importantly, closed a prescription drug coverage gap of several thousand dollars that was known as the “doughnut hole.”

Los Angeles Times

Supreme Court saves Obamacare again, rejecting GOP challenge from Texas
David G. Savage

WASHINGTON — The Supreme Court on Thursday rejected a sweeping challenge to Obamacare pressed by Republican state attorneys and backed by former President Trump, ruling the plaintiffs had no standing to complain about a law imposing penalties on no one.

The decision in California vs. Texas preserves health insurance subsidies for more than 20 million Americans and protections for tens of millions more whose preexisting medical conditions could otherwise prevent them from obtaining coverage.

The Texas suit, the third major effort to strike down the national healthcare law, fizzled out in a 7-2 decision.

And this time, the court did not sharply split along ideological lines.

Two Trump appointees — Justices Brett M. Kavanaugh and Amy Coney Barrett — joined Chief Justice John G. Roberts Jr. and the three liberals in dismissing the Texas suit. Justice Clarence Thomas concurred. Justices Neil M. Gorsuch, also a Trump appointee, and Samuel A. Alito Jr. dissented.

In the ruling — and similarly in a separate unanimous decision Thursday that pitted gay rights against religious liberties — Roberts and his colleagues surprised many by finding a way to bring together those on the right and left, rather than issue the usual 5-4 decision that has often divided the bench on such culture-war cases.

They did so by keeping the decision narrowly focused and not making a broad pronouncement on the law. The justices avoided dealing again with the constitutionality of the 2010 law and instead said simply that the suit should have been dismissed at the start.

Justice Stephen G. Breyer, writing for the court, said neither the state of Texas nor the two men who joined the suit suffered a “concrete, particularized injury” that gave them standing to sue.

Since Congress had reduced the penalty under the law for not having insurance to zero, they could not claim they were being forced by the government to buy insurance they did not want, he said.

The ruling stands as a final thumbs-down verdict against Trump's promise that he would "repeal and replace" the 2010 Affordable Care Act sponsored by President Obama. Trump never devised a plan to replace the law, and both the Republican-controlled Senate and the high court with a solidly conservative majority rejected his legislative and legal bids to repeal it.

In the past, the court had struggled with the law's mandate that people who could afford it must buy health insurance. Otherwise, they faced a tax penalty. In 2012, the justices by a 5-4 vote upheld this provision and the entire law on the grounds that Congress had broad power to impose taxes.

But in 2017, the Republican-controlled Congress reset the tax penalty to "$0." An earlier move to repeal the entire law failed when the late Sen. John McCain (R-Ariz.) famously gave a "thumbs down" vote.

The outcome appeared to end the legal and political fight over Obamacare, since Congress had repealed the one provision that had triggered the most opposition.

But Texas Atty. Gen. Ken Paxton went back to court in 2018 claiming the entire law was unconstitutional because it rested on a mandate that now had no force. He based his argument on statements by leading Democrats prior to 2012 that the mandate was crucial to the success of the law. Democrats later acknowledged that the mandate was not as critical to the program's success as they once thought.

While Paxton's suit was derided by legal scholars, he had the backing of 17 other Republican state attorneys. And he won a broad ruling from a federal judge in Fort Worth. A year later, the 5th Circuit Court of Appeals in a 2-1 decision agreed the law was on shaky ground, but did not issue a final ruling.

Because the Trump administration refused to defend the law, then-California Atty. Gen. Xavier Becerra stepped forward to lead the defense, and he had the backing of 20 other Democratic-led states.

They opted to go directly to the Supreme Court. Early last year, the justices voted to take up the case. In September, however, Justice Ruth Bader Ginsburg died, raising fears on the left that the law could be struck down by the newly named Trump appointees.

The fate of Obamacare became a key issue in Barrett's confirmation hearings last year. Democrats warned she would provide the final vote needed to scrap the law. But Coney signaled skepticism that the latest legal challenge — even if accepted — merited invalidating the entire law.

And conservatives such as Roberts and Thomas have long been skeptical of granting standing to people who sue over laws they do not like.

Alito, who had voted against Obamacare at every opportunity, wrote a long dissent, arguing the law should fall because the mandate is all but gone, and Gorsuch agreed.

Meanwhile, Becerra who led the defense, is now the secretary of Health and Human Services under President Biden and is in charge of administering the law.

The New York Times

Obamacare Is Here to Stay. Brace for New Health Care Battles.
Margot Sanger-Katz and Sarah Kliff

The era of existential fights over Obamacare has ended.

The Affordable Care Act has survived its third major Supreme Court challenge — what Justice Samuel Alito described in his dissenting opinion as an "epic trilogy." The law has gone from a 5-4 majority in its favor in the first case to Thursday's 7-2 split. The decision secures the health law as a major legacy of the Obama era — the largest expansion of health coverage in decades — after years of hard-fought and politically painful battles.

Obamacare enjoys higher-than-ever public support, with most Americans now favoring the law. Enrollment in the health law's programs is at a record high. Democrats have moved from defending the 2010 law to expanding its benefits. While Obamacare remains a dirty word in some Republican circles, its repeal is no longer a focus of the party or a galvanizing issue among its voters.

For nearly a decade, Republicans ran and won many elections on the promise of ending Obamacare. But their failed bid to do so in 2017 changed their political priorities. That effort left them divided, bruised and on the wrong side of public opinion. Though President Donald Trump periodically threatened to return to repeal efforts, Mitch McConnell, the Senate minority leader, who once called to eliminate the law "root and branch," said in 2019 that he had no interest in revisiting the law before the next presidential election. At the 2020 Republican National Convention, the word Obamacare was not uttered onstage by any elected official.

The most recent lawsuit was a holdover from an earlier era of Obamacare politics. Filed by state attorneys general in 2018, it sought to eliminate Obamacare entirely and has taken years to wend its way through the courts.

The Supreme Court did not dive into the merits of the case, but instead found that the plaintiffs did not experience any harms that would give them standing to challenge the law.

The waning repeal effort has given Democrats their first chance in a decade to press forward on a new campaign: moving the country toward a system of universal health coverage. It seems the end of a period when Democrats played constant defense, fighting back against legislative and legal challenges.

Their recent expansion of health insurance subsidies had widespread support in the party. The stimulus package that Democrats passed in January spent $34 billion to make coverage more affordable for nearly all Americans who purchase their own health plans. That change, however, was temporary and is currently set to expire at the end of 2022.

Fights about health policy are sure to remain heated, but they will be about what comes next. Democrats are still divided over many leading proposals, even if they remain united in their support of their past work.

"It's our chance now to really build now that three strikes and the opponents of health care are out," said Xavier Becerra, the secretary of Health and Human Services, and the former attorney general of California, who stepped in with other Democratic-led states to defend the law when the Trump administration would not. "Now we know we survive, and now we build."

Efforts to move toward universal health coverage are complicated, with potentially high costs, difficult policy trade-offs and the risks of industry opposition.

Even policies with widespread support in Congress could face intense lobbying campaigns from opponents who fear additional government intervention and loss of revenue. One example is a proposal to eliminate surprise medical billing. It enjoyed bipartisan political support but faced an avalanche of industry opposition. Its success was not assured, but it passed in December.

Just this week, Senate leadership is considering a legislative package that could include an expansion of Medicare to cover more middle-aged Americans and to provide dental, vision and hearing benefits. The provision would be costly, and will probably face resistance from health industries. Other ideas, like President Biden's campaign proposal of a government-run “public option” that Americans would have the choice to purchase, are at the earliest stages of conception.

And the post-Obamacare dream of many progressives, “Medicare for all,” continues to divide the party. Such a policy would face fierce opposition from hospitals, doctors and insurers, who already have an advocacy group to combat further government involvement in health care.

The Affordable Care Act still has holes that have proved challenging to fix. The 2012 Supreme Court decision that upheld the individual mandate also made the law’s Medicaid expansion provisions optional. Twelve states do not participate in that program, leaving millions of low-income Americans without coverage. Generous incentive payments included in the most recent stimulus package have not been enough to convince any of the holdout states to join.

Some political voices are still calling for the end of Obamacare, but they are growing rarer. In 2012, nearly every leading Republican politician expressed disappointment or anger at the first Supreme Court decision upholding the core of the law. On Thursday, few commented.

Ted Cruz, the Texas senator who once helped drive a government shutdown demanding an Obamacare repeal bill, issued a statement that reiterated his objections to the law. Josh Hawley, a Republican senator from Missouri who had helped bring the suit as his state’s attorney general, said in response to a reporter’s question that the Supreme Court had made its stance clear. (He did tweet about another Supreme Court case decided Thursday.)

Virginia Foxx, the ranking member of the House Education and Labor Committee and a Republican from North Carolina, was among those politicians who criticized the decision Thursday.

“It’s a shame the highest court in the country ruled today that Americans aren’t harmed by this broken law,” she said in a statement. She cited a need for “workable solutions that will bring down the cost of health care.”

Like Mr. Cruz and Mr. Hawley, she did not include a new call for Obamacare’s repeal.

Democrats see springboard for health care in high court win
Ricardo Alonso-Zaldivar

WASHINGTON (AP) — With the Affordable Care Act now secure in the framework of the nation's health care programs, Democrats are eager to leap above and beyond.

They want to expand insurance coverage for working-age people and their families, add new benefits to Medicare for older people and reduce prescription drug costs for patients and taxpayers.

But health care is expensive, there's concern about deficits and with Democrats holding only bare majorities in Congress, a winnowing down of expectations seems likely later this year.

For now, Democrats are savoring Thursday's Supreme Court decision upholding "Obamacare" for the third time in a decade. The latest challenge to the law had been seen as a stretch by many legal experts, but a 7-2 vote from the conservative court was unexpected.

"I think Democrats once again know they have a moment in time, and they want to make the most of it," said Kathleen Sebelius, health secretary under President Barack Obama during the passage and implementation of the health law. "I think people are fired up and ready to go."

There is no shortage of proposals. Some, such as authorizing Medicare to negotiate prescription drug prices, could potentially save hundreds of billions of dollars, depending on how they are structured. But coverage and benefit expansions could cost an equal or even much greater amount.

Complex budget procedures that Democrats plan to use to pass President Joe Biden's domestic agenda by a simple majority vote in the Senate may also limit the types of proposals that can be considered.

"There is a sorting going on," said John McDonough, who was a senior Democratic aide in the Senate during the debate over the health law. "Not all of these ideas are viable, but you don't always know which ones at the start." McDonough is now a professor at the Harvard T.H. Chan School of Public Health.

Democrats' ideas fall under two big headings: expanding coverage and benefits through public programs such as Medicare and the Obama law, and using the power of government to rein in the price of prescription drugs. In theory, savings from prescription drugs can pay for program expansions without adding to the deficit or raising taxes.

"These are not proposals in the single-digit billions," said Marc Goldwein, senior policy director with the Committee for a Responsible Federal Budget. "We're talking $100 billion, $200 billion or more — but in different directions. The more they save, the more they can spend." His group advocates for reducing federal deficits, and Goldwein adds that "it's my hope they abide by the basic rule that you pay for what you're willing to spend."

Early on, a hierarchy of proposals has started to emerge.

At the top of the list, and most likely to be included, is Biden's plan to permanently extend more generous HealthCare.gov insurance subsidies. They're now provided through the end of next year under his COVID-19 relief bill. The price tag is estimated at $163 billion over 10 years.

Another health law issue involves figuring out how to cover more than 2 million low-income people in mainly Southern states that have not expanded their Medicaid programs. A federal fix is not just a matter of pumping more money in because of arcane legal issues involving Medicaid.

Also uncertain is the outlook for authorizing Medicare to negotiate prescription drug prices.

House Speaker Nancy Pelosi, D-Calif., passed a robust bill in the House almost two years ago, and the issue remains a priority for congressional Democrats as well as Biden. The 2019 legislation would have saved the government more than $450 billion over 10 years through Medicare price negotiations, but Pelosi's tough approach to the politically powerful pharmaceutical industry is seen as a problem for some Senate Democrats.

The catch is that without big savings from prescription drugs, it gets harder to deliver other parts of the health care agenda. For example, adding dental, vision and hearing benefits to Medicare could cost about $360 billion over 10 years.

Some ideas that energize progressive Democrats may have the hardest time getting through the winnowing process.

That could be the case with the proposal for a new “public option” health insurance plan to be offered alongside subsidized private coverage through HealthCare.gov. It’s not clear whether such a proposal can pass muster under the budget rules that would allow the Biden agenda to clear the Senate without Republican votes.

Separately, a proposal to lower Medicare’s eligibility age to 60 from 65 could prove tricky. Republicans are already pointing out that Medicare’s giant trust fund is expected to be in the red in 2026. They say that letting more people into the program would only weaken it further. Democrats may not want to be pulled into a debate over Medicare’s solvency.

“Health care has been a Democratic issue from the get-go,” said health economist Gail Wilensky, an adviser to Republicans and former Medicare administrator. “At the moment their focus is still going to be on expansion. How they pay for that is not clear.”

REUTERS®

U.S. Supreme Court rebuffs insurers on Obamacare reimbursements
Lawrence Hurley

WASHINGTON, June 21 (Reuters) - The U.S. Supreme Court on Monday declined to hear a bid by health insurance companies to seek a full reimbursement from the federal government under a provision of the Obamacare law aimed at encouraging them to offer medical coverage to uninsured Americans.

The justices turned away appeals brought by private insurers Maine Community Health Options, Community Health Choice Inc and Common Ground Healthcare Cooperative.

The insurers had said they were collectively owed millions of dollars for each year they did not receive payments the government had pledged to make under the 2010 law, formally called the Affordable Care Act. Litigation will now continue in lower courts over how much the insurers can claim.

The Supreme Court left in place an August 2020 ruling by the U.S. Court of Appeals for the Federal Circuit that the insurers' reimbursement for money owed could be offset by other income they received from the government in the form of premium tax credits.

The Supreme Court in an 8-1 ruling in April 2020 in a related case decided that the federal government must "honor its obligations" and pay various private insurers up to $12 billion owed to them.

That ruling concerned payments to the insurers via the law's so-called risk corridor program designed to mitigate insurers' risks from 2014 to 2016, when they sold coverage to previously uninsured people through exchanges established under Obamacare.

The latest case was related to a separate Obamacare provision that requires the government to reimburse insurers for cost-sharing payments such as deductibles and co-payments. The administration of former President Donald Trump announced in 2017 that it would cease making the payments.

Unlike other litigation involving Obamacare - long targeted by Republicans for repeal in Congress or invalidation through the courts - this case concerned only payments to insurers and did not directly challenge the law itself.

The court in a 7-2 ruling last Thursday rejected a Republican challenge to the law, the third time that the justices preserved Obamacare over the past decade. read more

The law has enabled millions of Americans who previously had no medical coverage to obtain insurance, including those with pre-existing medical conditions, though an expansion of the Medicaid program for the poor and though private insurers.

Washington Examiner

Hospitals not complying with Obamacare price transparency rules
David Hogberg

Patients and health insurers expecting hospitals to make their prices publicly available may still be out of luck, despite federal price transparency regulation going into effect at the beginning of this year.

Obamacare requires hospitals to post prices of their services. In November 2019, the Trump administration issued regulations under the law that require hospitals to post the prices of the 300 common services in a file that can be downloaded from their websites. The prices that must be displayed include the gross charge for service, the price a cash-paying patient will pay, and the rates negotiated with insurers. The regulations went into effect on Jan. 1.

Recent research shows that most hospitals are not complying or are doing so in ways that make it difficult to find their prices. Studies in both Health Affairs and Journal of the American Medical Association found that over half of hospitals were not providing downloadable files or were noncompliant in some other way.

Hospital prices are increasing in importance for patients. Deductibles for both employer-sponsored insurance and insurance on the Obamacare exchanges have increased in recent years, meaning that patients will likely be paying more out of pocket when visiting a hospital. Price transparency is also popular. A YouGov poll from 2020 found that 91% of respondents said hospitals should be required to post their prices publicly, and 66% believed price transparency would improve healthcare.

Hospitals have multiple reasons for keeping their prices private.

“In other industries, consumers can see prices ahead of time. That gives them choice and the ability to compare. But hospitals are resistant to showing their pricing because they do not want to be in that kind of competitive environment,” said Keith Smith, an anesthesiologist and co-founder of the Surgery Center of Oklahoma, which posts its prices online.

By keeping their prices hidden, hospitals can negotiate different rates from different insurers, often charging one insurer a price that is many times higher than what is charged for another. For example, a joint replacement at California Pacific Medical Center Van Ness in San Francisco ranged from $22,865 to $101,571. At Northwestern Memorial in Chicago, it ranged from $4,613 to $50,680.

Niall Brennan, CEO of the Health Care Cost Institute, which is partially backed by payers, pointed to another reason hospitals are reluctant to post prices.

“It’s been well documented that hospitals engage in extremely aggressive pricing, especially for people with employer-sponsored coverage. I don’t think they want working Americans to know that they charge them $1,000 for something that Medicare pays them $100.”

With price transparency, employers could remove higher-priced hospitals from their plans.

The penalty for noncompliance is a $300-a-day fine. Brennan suggested that was another reason that hospitals are not displaying their prices.

“It is such a small amount that in the context of a billion-dollar business, which many hospitals and hospital systems are, noncompliance is a financial risk worth taking,” Brennan said.

Groups representing hospitals did not comment for this article. The American Hospital Association Hospitals did not respond to a request for comment, while a spokesperson for the Federation of American Hospitals declined to comment.

However, hospital groups opposed the new regulations fiercely. The American Hospital Association, the Federation of American Hospitals, Association of American Medical Colleges, and the Children's Hospital Association filed suit in federal court to block the rules. After the district court dismissed the lawsuit, the groups appealed. The D.C. Appellate Court ruled against the groups last December.

The New York Times

Obamacare’s Survival Is Now Assured, but It Still Has One Big Problem
Sarah Kliff

Some Democrats are eager to build on their Affordable Care Act victories in the Supreme Court by filling a gaping hole created along the way: the lack of Medicaid coverage for millions of low-income Americans in 12 states.

But so far, Republican leaders in those states are refusing to use the health law to expand Medicaid, despite considerable financial incentives offered under the law and sweetened under the Biden administration. Some are trying to defy the will of their own voters, who passed ballot initiatives calling for expansion.

And in Washington, Democrats who want to act are divided about when and how.

Democratic House members from states that have not expanded have begun to push for the federal government to intervene and provide coverage to the four million Americans shut out of Medicaid expansion.

“We cannot wait anymore,” said Representative James Clyburn, Democrat of South Carolina, one of the holdout states. “The states didn’t do it. We in Congress have got to move.”

But some Democrats quietly express reluctance about spending billions to fix a coverage gap created by Republican governors and legislatures when that money could go to other health care priorities. Democrats are also considering expanding Medicare, which provides coverage to older Americans, by lowering the eligibility age to 60 and covering additional benefits. For middle-class Americans, Democrats want to make Obamacare subsidies more generous in a coming legislative package.

“There are many competing priorities,” said Representative Lloyd Doggett, Democrat of Texas, who introduced Medicaid expansion legislation this month. “I’m not opposed to doing the other things, which are also very expensive, but just saying don’t leave out the economically disadvantaged.”

Fixing the Medicaid expansion gap may face long political odds because it targets benefits to a smaller group of people in states that typically vote Republican. Only three Democratic senators — Jon Ossoff and Raphael Warnock, both of Georgia, and Tammy Baldwin of Wisconsin — represent a state that hasn’t expanded Medicaid.

“If you were thinking in strictly political terms, advocating for Medicare expansion has a lot more political gold than Medicaid expansion,” said Joaquin Castro, a Democratic congressman from Texas, which has nearly 1.5 million people shut out of Medicaid eligibility, the most of any state. “But that is why we as Democrats need to redouble our efforts to focus on this vulnerable population.”

How to bring coverage to Americans in those 12 states is a problem that the creators of the Affordable Care Act never anticipated. The original law expanded Medicaid in all states to cover Americans earning less than 138 percent of the federal poverty line ($17,420 for an individual as of 2021) and required states to provide some funding. In 2012, the Supreme Court ruled that provision unconstitutional and instructed the government to make the program optional.

Eighteen states and the District of Columbia, all with Democratic leadership, joined the program when it began in 2014. Twenty more states have since joined, including six that used ballot initiatives to circumvent Republican legislatures and governors opposing the program. That includes Oklahoma, which will begin enrolling patients into Medicaid expansion this Thursday.

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A number of studies show Medicaid expansion has improved health outcomes, reducing complications or improving longevity for people with renal disease, cardiovascular disease and heart failure, and people recovering after surgery.

A recent study found that people 55 to 64 living in states that chose to expand Medicaid coverage were less likely to die in the four years after expansion than people with similar demographic characteristics in states that did not expand.

Yet recent efforts to bring the expansion to more states have struggled. After Medicaid voter initiatives succeeded in a few states, some other holdout states changed their process to make it harder to secure spots on the ballot. In Mississippi, ballot efforts were recently abandoned after the state's Supreme Court stopped the ballot initiative process until legislators and voters changed the state's constitution.

Missouri voters passed a Medicaid expansion ballot last summer, but the state's Republican-led legislature refused to appropriate funding. A state judge ruled in the Missouri government's favor on Wednesday, meaning the program will not go forward as planned on July 1. Medicaid expansion supporters plan to appeal.

Republican governors and legislators have often cited the potential costs of the program — states are responsible for 10 percent of the new spending, and the federal government 90 percent — as why they resist.

"It's a terrible time for Medicaid expansion, when we still have an economy that is failing," said Troy McKeown, a Republican state senator in Wyoming who voted against Medicaid expansion in March.

Mr. McKeown is, like many other Republicans, opposed to the idea of enlarging the role of public health insurance. He also worries that providing free government health insurance will discourage adults in Wyoming from working — and that those who do work will have to cover the new Medicaid enrollees' costs in the form of higher taxes.

"We'd be penalizing hardworking Americans to make sure everyone gets on a program," Mr. McKeown said. "I think it's terrible, and gets us closer to one-payer health care."

To allay cost concerns, the federal government included incentives in the most recent stimulus package. The funding would more than cover the holdout states' share of the expansion costs for the next two years. It has not yet enticed any states to join, but some top Biden officials say they still hold out hope.

"States have additional time to take advantage of the significant funding included in the American Rescue Plan," Chiquita Brooks-LaSure, who oversees Medicaid for the Biden administration, told reporters, noting that the administration has been in conversation with multiple states.

Some in Congress contend that they have waited long enough, and don't believe states will step forward.

"Anything that is based on what I'd call the 'states will see the light' approach is a false hope," said Mr. Doggett, the Texas congressman.

The bill he introduced, the COVER Now Act, would allow cities and counties to work with the federal government to expand Medicaid locally. The bill has faced criticism that it would still leave large areas of the country uncovered.

Others have suggested that the federal government ought to intervene and directly provide coverage to those shut out of Obamacare. The Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Asian Pacific American Caucus have sent a joint letter to Democratic leadership and the White House asking for "federal intervention."

Black and Latino Americans represent more than half of the Americans in poverty who are affected by states deciding not to expand coverage.

Senators Ossoff and Warnock wrote to Senate leadership in late May asking that it "close the coverage gap in Medicaid nonexpansion states through federal action."

It's not clear what this would look like. President Biden's budget proposed using a public option, allowing Americans to buy into Medicare, to solve the problem. That policy was not included in the $1.8 trillion American Families Plan he proposed in April, however.

Christen Linke Young, deputy director of the White House Domestic Policy Council, said President Biden "wants to work with Congress this year to close the coverage gap."

In Congress, health policy aides are exploring whether the federal government could run Medicaid expansions in the 12 holdout states, or if it could provide better insurance subsidies that customers could use to buy private coverage on the Obamacare marketplaces.

Devising such a policy is hard because legislators do not want to encourage current Medicaid expansion states to switch to a new, federal option — or penalize them for having signed up sooner.

Health policy aides envision incentives to ensure that current Medicaid expansion states stay in the program, which would probably raise the cost of any proposal. They also described possibly penalizing states that do not expand, but they have concerns that this could face a legal challenge if it looks too much like a requirement.

One Democratic aide described the Medicaid expansion gap as one of the hardest policy issues they had ever encountered.

Still, experts say federal action will be necessary if Medicaid expansion is to reach all states. They don’t see why states that have rejected expansion for years would change their minds now.

“This is a case where federal intervention seems to be especially important, but it’s a hard lift politically,” said Jamila Michener, co-director of the Cornell University Center for Health Equity. “I don’t know that it will materialize as a real political possibility.”

Out-of-work Americans can now receive aid to pay for ACA health coverage
Daniel Uria

July 1 (UPI) -- Unemployed Americans on Thursday will be able to start signing up for medical coverage under the Affordable Care Act, with significant federal subsidies that could help lower premiums to as little as $0 per month.

The help in coverage is part of President Joe Biden's American Rescue Plan, which was passed by Congress in March.

Under the aid package, Americans who received or are approved to receive unemployment compensation for any week in 2021 are now eligible for subsidized coverage under the healthcare law, also known colloquially as Obamacare.

"Consumers can view 2021 plans and prices and submit an application to see if they are eligible for enrollment and financial assistance. If eligible, they can enroll in a plan that best meets their needs," the Health and Human Services Department said in a statement.

An average of three out of five Americans will be able to access zero-cost plans after advance payments of tax credits and four out of five will have access to plans at a cost of no more than $10 per month, the department notes.

"The Biden-Harris Administration is focused on providing relief to millions of families who need to access health insurance coverage because they have been impacted by job losses or underemployment during the pandemic," HHS Secretary Xavier Becerra said in a statement.

"We are doing everything we can to remove financial barriers to comprehensive health care," added Centers for Medicare and Medicaid Services Administrator Chiquita Brooks-LaSure.

"The American Rescue Plan provides consumers with additional savings and will make coverage even more attainable for those most in need. We welcome people who received unemployment benefits in 2021 to check out their health coverage options on HealthCare.gov on July 1."

The front page of HealthCare.gov is seen on Thursday on the first day unemployed Americans are allowed to apply for federal assistance to pay for coverage under the Affordable Care Act. Image courtesy HealthCare.gov/Health and Human Services Dept.

Uninsured Americans in states that use the federal portal HealthCare.gov can sign up for the lower cost plans through Aug. 15, while those who have already enrolled in healthcare coverage but have received or are eligible for unemployment can update their information to receive a potentially larger subsidy.

The subsidies available to help unemployed with coverage are tied to the ACA's benchmark silver plan, meaning those who select higher-level plans or live in states that require plans to cover additional benefits, including abortion, may have to pay a premium.

In April, new ACA subsidies were made available by the American Rescue Plan for Americans who were already eligible and who had ACA coverage but earned too much to qualify for subsidies.

Uncovered Americans who received unemployment benefits in 2021 are encouraged to visit HealthCare.gov to see if they are eligible for subsidies to help pay for coverage.

Bloomberg
LAW

SCOTUS ACA Ruling Allows Employers to Consider Improvements
Steve Lucke and Melinda Maher

The U.S. Supreme Court has dismissed the third major legal challenge to the Affordable Care Act. Dorsey & Whitney LLP attorneys say that with court challenges to the ACA no longer looming, the outlook for improvements through the regulatory and legislative process may now be better than before.

The U.S. Supreme Court recently dismissed the latest challenge to the Affordable Care Act. As the most recent sequel to what Justice Samuel Alito called "our epic Affordable Care Act trilogy," California v. Texas marks the third time the Supreme Court has rebuffed challenges to the act. Employers may now move ahead with greater certainty that the ACA may well be here to stay and consider possible improvements.

From the ACA's inception, employers have taken a keen interest in its provisions as it imposes on them numerous obligations, chiefly through the "employer mandate" requiring those with 50 or more employees to pay a penalty if they fail to provide "minimum essential coverage."

In addition, employers are required to report the value of the health insurance coverage that they offer their employees and are subject to audit and penalty provisions. Notwithstanding these obligations, over time, many employers increasingly have warmed to the ACA, especially as compared to less desirable alternatives. At various points, trade and advocacy groups that work with employers have filed amicus briefs in support of the act.

The Latest Challenge
Given the ACA's importance and unsettled history, the employer community cast a cautious eye on the latest challenge, which arose out of legislation that Congress passed in 2017 setting to zero the penalty for violating the act's requirement that individuals have health coverage (commonly known as the "individual mandate"). This legislation prompted several individuals, along with Texas and 17 other states, to argue that the basis upon which the Supreme Court originally had upheld the law—that it was a "tax"—no longer existed.

The plaintiffs then argued that because the individual mandate could not be severed from the law's remaining provisions, the entire ACA should be declared unconstitutional.

In its ruling, the Supreme Court dismissed the suit without reaching the merits of the constitutional claims, holding that the plaintiffs lacked constitutional standing to proceed. Writing for the majority, Justice Stephen Breyer concluded that with a penalty of zero, the individual mandate had no teeth, and that although Texas and the other states may have incurred increased costs under the ACA, they could not trace that injury to the now toothless individual mandate. As such, the plaintiffs lacked Article III standing.

Only two justices dissented, arguing that because the plaintiffs were seeking to invalidate the entire ACA, which was “inseverable” from the individual mandate, they did suffer an injury sufficient to confer standing.

The ACA's survival suggests that absent congressional action, it may well be here to stay. Notably, Chief Justice John Roberts voted against all three challenges to the law, and Justices Anthony Kennedy, Clarence Thomas, Brett Kavanaugh, and Amy Coney Barrett each did so once. Although the latest dismissal does not foreclose more lawsuits, including on the basis of arguments the justices considered to have been waived, the ACA's durability throughout this “trilogy” of cases dims the prospects of upsetting its basic structure through Supreme Court action.

Decision Opens Door to Incremental Changes

Because the ACA remains intact, the decision requires no significant changes from employers. Nevertheless, with three major Supreme Court decisions behind them, employers may now move forward with greater certainty. The American Benefits Council, which advocates for many large employers on benefits matters, expressed the hope that the Supreme Court's ruling “re-establishes the ACA as settled law that can be relied upon —and improved.”

Such improvements may include incremental changes to the act. As the Small Business Majority stated, “[W]e hope that Congress focuses on strengthening the law and creating even more opportunities for small business owners to access quality coverage at an affordable price.”

Changes that many employers have sought include the elimination of the employer mandate, which was originally intended to work in tandem with the now abandoned individual mandate. Short of eliminating the employer mandate, many employers would welcome a reduction in associated reporting requirements, as well as amendments allowing them to subsidize employee premiums on the exchanges in a tax favored way—without triggering the shared responsibility penalty.

Whether the political environment is conducive to such changes remains to be seen, but with Supreme Court challenges to the ACA no longer looming, the outlook for improvements through the regulatory and legislative process may now be better.

Jurisdictional Defenses

Finally, the Supreme Court's ruling supplements jurisdictional defenses that employers may draw upon to defeat class actions and other major lawsuits. Few Supreme Court watchers expected the current challenge to be dismissed on constitutional standing grounds alone, but the decision bolsters a growing line of cases deciding claims on this basis.

Beginning with Spokeo v. Robins, 578 U. S. 330 (2016), the Supreme Court has increasingly placed jurisdictional limits on federal court plaintiffs suing for statutory violations when they suffered no "concrete" or "particularized" injury. Last term, it held in Thole v. U.S. Bank, 140 S. Ct. 1615 (2020), that employees participating in a company-sponsored retirement plan that had lost millions due to alleged fiduciary breaches lacked Article III standing because their own benefits were not at risk.

Relying on these precedents, employers have since defeated on constitutional standing grounds claims by employees seeking health plan benefits, as well as claims by plaintiffs alleging statutory violations for breaches of financial, biometric, and other personal data.

Indeed, just one week after it rejected the latest challenge to the ACA, the Supreme Court in TransUnion v. Ramirez ruled again on constitutional standing grounds that a class could not include individuals mistakenly identified as suspected terrorists on credit reports that were never disseminated to third parties— adding further to the arsenal of jurisdictional defenses available to employers and businesses.

HealthDay

News for healthier living

Cancer Survivors Fared Better Financially After Obamacare

Robert Preidt

WEDNESDAY, July 14, 2021 (HealthDay News) -- The Affordable Care Act (ACA) has eased financial struggles for younger adult cancer survivors, a new study finds.

University of Michigan researchers analyzed data from more than 20,000 participants in the National Health Interview Survey and found that cancer survivors ages 18 to 64 were less likely to delay treatments and had less difficulty paying for medications or dental care from 2014 to 2018.

That five-year period was after several important features of the ACA -- including the Health Insurance Marketplace -- took effect.

There wasn't much change in the ability of cancer survivors 65 and older to afford health care during the study period, likely because so many were on Medicare, according to the researchers.

"When the major provisions of the Affordable Care Act came into play, all the measures of affordability came down for the younger survivors, but they actually stayed the same for the Medicare population," said study first author Dr. Christopher Su, a clinical fellow in Michigan Medicine's division of hematology and oncology.

Between 2015 and 2017, those measures fell to their lowest points since 1999 for adult cancer survivors younger than 65, meaning they were more likely to be able to afford their health care than at any other time since the start of this century.

The study also found that after the ACA -- often called Obamacare -- became law, there was a drop in the number of younger cancer survivors without health insurance and an increase in Medicaid enrollment for these patients.

When the researchers traced these measures back over the past two decades, they saw that between 2015 and 2017 all had dropped to their lowest points since 1999 for adult cancer survivors younger than 65, meaning that younger cancer survivors were more likely to be able to afford their health care than at any other time since this century began.

"There has been a lot of talk about the ACA affecting people who don't have the Medicare safety net. We were able to drill down to that and show that it did make a difference to younger cancer survivors," Su said in a university news release.

"At the end of the day, the ACA really benefits people who are vulnerable, who are at high risk, who, for whatever reason, need to come to get medical care a lot and the medical care that they get is expensive. I think we can say that cancer patients fit this definition," Su said.

"The younger working population doesn't have pensions," he noted. "Most don't have a rainy day fund stored away for them if they get cancer. They're still trying to work, still trying to put bread on the table."

The ACA "made it easier to sign up for Medicaid, to sign up for a health insurance plan that's affordable to them, and now they have a better umbrella to fall back on for their health care expenses without jeopardizing their already precarious finances because cancer put them out of work or reduced the time that they could be working," Su said.

HUFFPOST

Obamacare Marketplace Sign-ups Pass 2 Million, Likely Pushing Down Uninsured Rate
Jonathan Cohn

More than 2 million people have signed up for insurance through the Affordable Care Act's online marketplaces since Feb. 15, taking advantage of the Biden administration's extended period for open enrollment that began on that day, the Department of Health and Human Services announced on Wednesday.

That figure means total marketplace enrollment is probably at an all-time high, while the number of uninsured Americans may be at an all-time low. In both cases, a big reason would be a set of temporary improvements to the Affordable Care Act that President Joe Biden and Democrats are now trying to make permanent.

Roughly 600,000 Americans have signed up for insurance through state-run marketplaces like Covered California, according to HHS, while 1.5 million have gotten coverage through HealthCare.gov, the website that the federal government runs on behalf of the remaining states.

These online marketplaces, which are part of the health care law referred to as Obamacare, are for people who don't have insurance through an employer. Enrollment in them increased for the Affordable Care Act's first three years of operation, swelling to about 12.7 million in 2016, then dipped slightly until 2020, when it started to increase again — most likely, because the economic downturn from the pandemic left more people without employer coverage and searching for alternatives.

This happened despite overt hostility from Donald Trump, who as president led Republican efforts to repeal the Affordable Care Act. Biden, who famously called the health care overhaul a "big f**king deal," has taken a variety of executive actions designed to bolster the program. One of those was an extension of “open enrollment” at HealthCare.gov that started on Feb. 15 and is set to last until the middle of August.

The other big change was legislative. The American Rescue Plan, a COVID-19 relief bill that Democrats passed and Biden signed in early 2021, made the program a lot more generous by making more people eligible for the program’s financial assistance and increasing the assistance to those who already qualified.

The differences are quite dramatic for some insurance buyers — on the order of hundreds, or sometimes thousands, of dollars a year. The result is lower premiums, which in turn lets some people pay for more generous plans.

“The American Rescue Plan has made health coverage more affordable and accessible than ever — and people are signing up,” said Chiquita Brooks-LaSure, who as chief administrator for Medicare and Medicaid also oversees the Affordable Care Act marketplaces.

It’s likely that a big chunk of the people enrolling now would not have had insurance otherwise, experts have said, and that the number of uninsured Americans is falling.

“There is no question that the reopening of ACA enrollment and increased premium help under the American Rescue Plan are pushing the number of uninsured people down,” Larry Levitt, executive vice president at the Henry J. Kaiser Family Foundation, told HuffPost on Wednesday. “Many people who were already insured are also seeing their premiums drop.”

The new financial assistance means the Affordable Care Act more closely resembles the original vision for the program, before political compromises that scaled back the program’s reach.

But the new assistance is temporary, because it’s a COVID-19 relief measure, and will run out after next year unless Congress makes it permanent.

Biden and Democrats are trying to do just that, by including an extension of the subsidies in the large spending bill they hope to pass later this year.

Even with the enhanced financial assistance, many millions of people still struggle with the cost of insurance and health care — and many millions remain uninsured altogether. Biden and Democrats are also trying to address that, through a variety of measures that could also end up in that spending bill.

Among the items under discussion are proposals to fill the “Medicaid gap.”

Originally, the Affordable Care Act was supposed to make all low-income Americans eligible through state Medicaid programs. But Republican officials in a dozen states have declined to expand their programs, even though the federal government would pick up most of the cost, citing both philosophical objections to more government-sponsored insurance and a belief that even the minimal state contribution was too much for their budgets.

That decision has left several million poor Americans in states like Florida and Georgia uninsured. Now Democrats are looking at ways to cover those people directly, through some kind of new federal program.

Also under discussion is a proposal to add dental, vision and hearing benefits to Medicare, providing relief to senior citizens who struggle with these expenses.

All of these initiatives would entail trade-offs, as is always the case in health policy. One of those is cost. Each of these initiatives would require hundreds of billions of dollars in new spending over the next 10 years.

Democrats have said they want to finance new health care initiatives primarily through a combination of new taxes on the wealthy and new federal regulation of drug prices, which would reduce government spending.

But both of those ideas come with their own trade-offs — and political opponents.

Health Affairs

Examining The Affordable Care Act's Effect On Coverage
Brian C. Blase

A recent report released by the Department of Health and Human Services (HHS) claims that 31 million Americans were enrolled in coverage related to the Affordable Care Act (ACA). Without proper context, this number is misleading and is being misinterpreted. Here is what you need to know:

- There has been virtually no change in private health insurance coverage because of the ACA.

- The net gain in health coverage because of the ACA is entirely or almost entirely due to an increase in Medicaid enrollment.
- A sizeable percentage of the new enrollees in Medicaid do not meet eligibility rules for the program.
- On a per enrollee basis, the ACA's cost is far higher than was projected.

Coverage Changes According To Government Report
According to the HHS report, 31 million people are enrolled in ACA-related coverage. That includes 11.3 million people enrolled in exchange plans as of February 2021. A total of 14.8 million people were newly enrolled in the Medicaid expansion as of December 2020, an estimated 3.9 million people who were already eligible for Medicaid enrolled in the program as a result of extra outreach and easier enrollment, and 1.0 million individuals were enrolled in the ACA's Basic Health Program option.

Little, if Any, Change In Private Coverage
The Congressional Budget Office (CBO) expected that 25 million people would be enrolled in the exchanges by now. Yet, enrollment, on an annualized basis, has been stuck at around 10 million people since 2015—60 percent below expectations. Annualized enrollment in 2020 was 10.4 million people.

The size of the entire individual market, which also includes a few million people who purchase coverage off the exchanges, is only about two million people above pre-ACA levels. Overall, individual market enrollment is roughly 18 million people below what the CBO expected before the ACA's coverage provisions took effect. Enrollment is concentrated among lower-income people who receive large subsidies to buy coverage.

The two million increase in individual market enrollment is offset by a roughly equivalent decline in employer-sponsored coverage among small employers, many of whom had an incentive to stop offering coverage (pp. 22–23) since their workers could then receive subsidies. While the ACA did not produce any increase in private coverage, its main private coverage effect was substantially crowding out unsubsidized individual market purchases with heavily government-subsidized exchange plans.

"Medicaid Expansion Act"
In 2016, Brookings Institution scholar Stuart Butler referred to the ACA as "the Medicaid Expansion Act," since the exchanges were unattractive to people without large subsidies and the vast majority of the newly covered signed up for Medicaid. This is despite the US Supreme Court decision making the ACA's Medicaid expansion optional and a dozen states refusing to expand. Significant problems related to Medicaid expansion, as well as political polarization, have led these states not to expand despite the federal government paying nearly the entire cost of the expansion. As private coverage has remained unchanged, the entire coverage gain associated with the

ACA—which probably borders on around 15 million people—is the result of Medicaid expansion.

Of note, the 3.9 million people who were previously eligible for Medicaid and enrolled because of increased outreach and enrollment efforts were technically already covered because of retroactive eligibility, which generally permits enrollment into Medicaid for eligible individuals up to three months after incurring medical expenses. Counting these individuals as newly covered inflates the coverage impact of the ACA.

Millions Of Medicaid Enrollees Are Not Eligible for the Program

Late last year, HHS released a report showing that Medicaid improper payments had ballooned to 21.4 percent, or $86 billion in 2020. (The true improper payment rate almost certainly exceeds 25 percent, or $100 billion per year, since one-third of states were excluded from the report's review.) Importantly, these estimates were completely constructed with data from before the pandemic. According to the government's report, the surging improper payments largely result from eligibility errors. State verification of eligibility data, such as income, was often not done at all, or was initiated but not completed. People qualify for Medicaid largely based on income, so failing to verify a Medicaid applicant's income is like failing to check a Medicare applicant's age.

As a result of lax eligibility verification, many Medicaid enrollees, particularly those who entered the program through the expansion, are not eligible. University of Kentucky economist Aaron Yelowitz and I did a careful statistical analysis and estimated that between 2.3 million and 3.3 million people with income above eligibility thresholds—and who would not be eligible for Medicaid for another reason such as pregnancy or disability—were enrolled in Medicaid in expansion states in 2017. Numerous government audits confirm the problem.

Improper enrollment has increased, likely substantially, because of a provision of the Families First Coronavirus Relief Act (FFCRA). Specifically, the FFCRA conditioned increased federal Medicaid expenditures on states' maintaining program enrollment and not doing redeterminations or removing people who no longer met eligibility requirements. Although Medicaid enrollment increased because of the pandemic, this maintenance of effort requirement has likely led to millions more enrollees on the program who do not meet eligibility rules, particularly as the economy has recovered. Ed Haislmaier found that Medicaid enrollment grew by 7.6 million people from December 2019 through December 2020.

The ACA's Inefficiencies

In 2020, the aggregate cost of the ACA's premium subsidies totaled nearly $53 billion. That works out to more than $25,000 per each of the two million newly insured people in the individual market overall compared to before the ACA was enacted. Another way of looking at it: Since these two million people, on net, were shifted from employer coverage to the individual market rather than newly acquiring private coverage, the ACA has resulted in the federal government sending about $49 billion in net subsidies to private health insurance plans with no net gain in coverage. (The $49 billion figure accounts for a $2,000 average tax benefit per person shifted from employer to individual coverage since employer premiums are not subject to federal income or payroll taxes and about two million fewer people with employer coverage.) (These calculations do not reflect differences in coverage between pre-ACA and post-ACA policies.)

On a per-enrollee basis, the Medicaid expansion is also proving much more costly than expected. The Office of the Actuary at the Centers for Medicare and Medicaid Services (CMS) produces an annual financial report on the Medicaid program. In the 2014 report, CMS actuaries projected that the per-enrollee cost of the expansion would be $3,989 in 2018. In its most recent report (the 2018 report), CMS actuaries found that the data suggest the actual per-enrollee expansion cost was $6,089—53 percent above what the actuaries projected when the law's expanded coverage provisions were just beginning to take effect. It appears that the biggest winners of this new spending are hospitals, with some reduction in uncompensated care, and insurance companies that reaped windfall profits from the expansion.

A Better Way Forward
A primary problem, if not the most glaring problem, with the ACA is that the design of both the Medicaid expansion and premium subsidies produce significant low-value health spending. State spending on Medicaid expansion is almost completely reimbursed by the federal government, which reduces states' incentives to ensure that spending is put to good use. And the design of health insurance subsidies in the ACA exchanges, which limits what people owe to a certain percentage of their income, generally insulates households from premium increases as the federal government picks up the cost. The American Rescue Plan Act significantly worsens the situation by lifting any income restrictions on who is now eligible for premium subsidies and making federal Medicaid subsidies to states even more generous.

Rather than doubling down on the ACA's inefficiencies by directing even more subsidies to health insurance companies or trying to coerce more states to expand Medicaid, it's time for a different approach. Such an approach could build on the new individual coverage health reimbursement arrangements (ICHRAs). Through a rule that took effect on January 1, 2020, employers can now reimburse their employees for individual market coverage. In essence, this rule equalizes the federal tax preference between traditional group plans selected by the employer and defined contribution arrangements that employers use so that their employees can select individual market plans that work best for them. In addition to expanding employee choice over their insurance coverage, it also makes coverage more portable as people will be less likely to lose their plan when they change jobs.

According to projections from the Department of Treasury, by the end of this decade, nearly 11.4 million individual market enrollees will use an HRA to purchase individual market coverage. Of the 11.4 million, about 3.8 million would have had individual coverage without an ICHRA, 6.9 million would have had a traditional employer plan, and 0.8 million would have been uninsured. On net, ICHRAs are projected to add nearly eight million people to the individual market—far more than will likely be added by boosting subsidies to health insurers—without any new federal spending as employer contributions are used. This should help improve the overall individual market without the adverse effects from expanding the ACA subsidy structure.

Building on the ICHRA rule could involve reforms to the ACA's regulatory structure in ways that would lower average premiums, such as eliminating the law's age-rating band and minimum loss ratio and loosening benefit mandates; permitting people to use the contributions on a wider range of plans; and permitting lower-income households to combine an employer contribution with a government subsidy to help them afford coverage. Rather than adding more taxpayer money on top of the ACA's inefficient subsidy structure, this approach would preserve taxpayer dollars and provide households with more options to purchase coverage that works best for them.

Health Affairs

HealthCare.gov Updates: Automatic Rescue Plan Subsidies, No Eligibility Bar For Failure To Repay Excess Credits
Katie Keith

As we near the end of the Biden administration's broad COVID-19 special enrollment period (SEP) on August 15, 2021, the Centers for Medicare and Medicaid Services (CMS) continues to roll out additional changes for HealthCare.gov. This includes automatic premium tax credit increases for certain enrollees under the American Rescue Plan Act, changes to the current "failure to reconcile" policy, and updates to Medicaid eligibility for migrants under the Compact of Free Association (COFA). Federal officials have also released several new analyses of coverage trends for historically underserved communities.

Automatic Premium Tax Credit Increases For Current Enrollees

CMS officials have been busy with the six-month broad COVID-19 SEP that began on February 15 and will end on August 15, as well as implementation of enhanced premium tax credits under the American Rescue Plan Act (ARPA). Enhanced subsidies for those who have received or been approved to receive unemployment compensation went live on July 1, 2021, while two subsidy enhancements—new subsidies for higher-income people who did not previously qualify and increased subsidies for lower-income people who already qualified—went live on April 1, 2021. All three of the subsidies are temporary: maximal subsidies for those who receive unemployment compensation are in place for 2021 only; the other two enhancements will remain available through 2022 (i.e., expiring in 2023).

CMS previously opted against automatically applying the enhanced premium tax credits to current enrollees' 2021 premiums (as many state-based marketplaces chose to do). Instead, CMS encouraged current enrollees to return to HealthCare.gov to "claim" their enhanced premium tax credit and choose whether to apply the savings to their current coverage or change plans. Those that did not return to HealthCare.gov would not lose this benefit, but they would have to wait until tax time in 2022 to receive the enhanced premium tax credit (as opposed to seeing lower premiums in 2021). Even in declining to apply savings automatically, federal officials left open the possibility that this could change, noting in March 2021 that CMS is "exploring whether tax credits can be updated on behalf of consumers during 2021."

That brings us to an announcement made in July 2021, when CMS changed course. Beginning in early August, CMS will automatically apply enhanced subsidies for current enrollees who have not yet updated their application. This automatic update will become effective on September 1, meaning millions of consumers will see lower premiums without taking any action at all. Although the numbers may be different now based on changes to effectuated enrollment, more than 7.2 million of the 8.3 million individuals who enrolled through HealthCare.gov during the 2021 open enrollment period qualified for premium tax credits. In the most recent SEP enrollment snapshot, fewer than half—about 2.5 million current enrollees—had returned to HealthCare.gov to "claim" enhanced subsidies, meaning several million people could be affected by the automatic shift.

CMS adopts this policy to ensure that as many consumers as possible can benefit from enhanced subsidies during the 2021 coverage year. This change was announced alongside CMS's "summer sprint to coverage" campaign for the end of the SEP. This campaign involves a media and advertising push to ensure that people are aware of their coverage options and the availability of the SEP.

The Details

Based on materials posted at RegTap, this update will take place during a batch redetermination process and includes several caveats. First, HealthCare.gov will rely on the information previously submitted by the consumer, such as income and family size. If there have been changes to, say, income, consumers should report this data to the marketplace to ensure that they receive the appropriate amount of advance premium tax credit (and thus do not owe additional money at tax time). Second, affected enrollees can still return to HealthCare.gov and update the amount of advance premium tax credit that they choose to apply towards their coverage. This flexibility already exists and will remain under this automatic new policy.

Third, CMS will not automatically apply cost-sharing reduction benefits for those who received or are eligible to receive unemployment compensation for 2021. These individuals qualify for maximal subsidies under the American Rescue Plan Act, including the highest level of cost-sharing reductions. But this change will not be made automatically. For this group, CMS encourages consumers to return to HealthCare.gov to update their application and receive this benefit. CMS may be hesitant to apply this change automatically because eligible consumers may not be currently enrolled in a silver plan.

HealthCare.gov will notify consumers of the overall policy change. Those who currently receive advance premium tax credits but have not yet updated their information will be notified by the marketplace in advance of the process noted above, with the goal of encouraging these consumers to return to HealthCare.gov to update their application and enrollment. Ideally, these notices will arrive before the August 15 deadline for the SEP to ensure that individuals can, if they would like to, still switch plans. Enrollees will also be notified after the batch redetermination process occurs through an updated eligibility determination notice and an advance premium tax credit expansion reenrollment message.

Insurers that already set September bills should update those bills accordingly, and CMS urges direct enrollment partners to access API information to ensure that those platforms reflect correct financial amounts for enrollees.

Failure To Reconcile Policy Suspended For 2021 And 2022

On July 23, CMS, in coordination with the Internal Revenue Service (IRS), announced that it will not enforce the “failure to reconcile” policy for plan years 2021 and 2022. The “failure to reconcile” requirement is related to the premium tax credit reconciliation requirement, which was most recently discussed when Congress waived this requirement for 2020. As a result, taxpayers did not need to reconcile and repay excess premium tax credits at tax time in 2021. In waiving this requirement, Congress recognized the need to hold consumers who received ACA subsidies harmless from income fluctuations during the pandemic.

Congress did not, however, explicitly address the “failure to reconcile” policy adopted by CMS. Under the current policy, an individual that fails to file their tax return and reconcile the amount received in advance premium tax credit is barred from receiving further advance premium tax credits (i.e., for a subsequent plan year). Thus, an individual’s “failure to reconcile” bars them from receiving advance premium subsidies, leaving them responsible for the full cost of premiums until after the completion of the (often complex) reconciliation and appeals process.

This policy was challenging under normal circumstances. Although limited data is available, CMS previously estimated that the failure to reconcile policy led to advance premium tax credit discontinuation for 40 percent of households that were notified of the need to take action to maintain their eligibility. And estimates from former Obama administration officials suggest that a change to the failure to reconcile policy to eliminate certain notice requirements could deprive up to 800,000 eligible individuals of advance premium tax credits.

To avoid these consequences—and in light of the pandemic, the American Rescue Plan Act, and delays in processing federal tax returns—CMS announced that it will not act on IRS data that shows that a consumer failed to file their tax return and reconcile a prior year’s payment of advance premium tax credit. As such, consumers should not lose their eligibility for premium tax credits because of their tax filing status from 2021 and 2022. CMS repeatedly implores enrollees to file their federal tax return and reconcile any past advance premium tax credits (and confirms that this requirement remains in place), but these consumers will no longer lose access to future subsidies for not doing so.

The Details

This policy applies to all marketplaces, including state-based marketplaces, although the guidance itself lays out additional details only for the federal marketplace (with less indication for how state-based marketplaces should implement the change).

For the federal marketplace, CMS will not undertake a filing/reconciliation recheck for those who enrolled during the 2021 open enrollment period. This is true even though CMS previously notified the consumer that it would recheck their status later in 2021. CMS does not intend to notify consumers about this change since there is no action for the consumer to take. As a result (and subject to the caveat below), consumers should not lose eligibility for advance premium tax credits during 2021 as a result of failing to file/reconcile.

The same will be true for the 2022 plan year. CMS will not bar consumers from advance premium tax credit because they did not file and reconcile for 2020. This makes sense because consumers were not required to reconcile under the American Rescue Plan Act. CMS also will not send open enrollment notices or direct warning notices to alert consumers to any filing/reconciliation requirements for 2022 nor will it run a filing/reconciliation recheck.

But one important caveat could cause confusion and have negative implications for enrollees. Under the guidance, enrollees must still attest to having filed and reconciled when updating or completing their marketplace application. This includes enrollees who are updating their information to claim enhanced subsidies under the American Rescue Plan Act. Those that fail to check this attestation box on the application (which says "Yes, I reconciled premium tax credits for past years") still inexplicably risk losing their eligibility for advance premium tax credits for 2021 coverage. CMS reasons that it was still a requirement to file/reconcile for the 2019 tax year and consumers should have done this, but this could be a point of confusion.

The notice does not, of course, change the underlying failure to reconcile policy, which is codified in federal regulations. If the Biden administration wants to make permanent changes to this policy, this must be done through notice and comment rulemaking procedures.

As of late June 2021, CMS updated the federal marketplace to correctly determine Medicaid eligibility for migrants under the COFA. Doing so was critical to ensuring that this newly eligible population has access to the coverage and care they need.

COFA migrants are generally citizens of the Marshall Islands, Federated States of Micronesia, and Republic of Palau who are lawfully residing in one of the U.S. states or territories. These individuals were previously barred from Medicaid coverage under federal law, but Congress restored access their to the Medicaid program in the December 2020 budget/pandemic relief bill. (Dan Diamond has an excellent summary of this history, the need for the change, and the policy adopted by Congress.) Under the new law, COFA migrants are now considered qualified non-citizens for the purpose of Medicaid eligibility and thus are not subject to the five-year bar to enroll in Medicaid coverage. As a result, those who are otherwise eligible for Medicaid coverage can enroll.

To correctly determine Medicaid eligibility for COFA migrants, the federal marketplace needed to update its system and did so as of late June. Now, when an eligible COFA migrant submits their application through the federal marketplace, they will be identified as a qualified non-citizen for purposes of Medicaid eligibility. In July, CMS sent notices to individuals who may be eligible for Medicaid under this change.

Separately, CMS issued an information bulletin to state Medicaid and CHIP programs to reaffirm that the public charge rule is no longer in effect and encourage states to inform eligible communities about the availability of these benefits. Under the guidance now in place (from 1999), accessing Medicaid benefits usually has no bearing on an individual's immigration status. The bulletin also reminds state officials of the safeguards that are in place to protect applicant and beneficiary information from disclosure outside of the Medicaid context.

New Federal Data Resources
Last but not least, it is worth highlighting many of the coverage data resources being issued by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the U.S. Department of Health and Human Services. In addition to general publications on the uninsured rate and eligibility for marketplace subsidies (many of which have been previously covered by Health Affairs Blog), ASPE recently issued several briefs on health coverage, access to care, and key challenges for historically underserved populations including American Indians and Alaska Natives, LGBTQ people, rural communities, and Asian Americans and Pacific Islanders.

THE WALL STREET JOURNAL.

For Some, ACA Health Plans Could Be Cheaper—or Even Free
Anne Tergesen

Whether you have lost your health insurance or simply want a better deal on coverage, here is some good news: Under a Covid-19 stimulus bill Congress passed in March, many people who buy Affordable Care Act plans can qualify for premiums that are cheaper—or even free.

It is important to act fast because the window for most people to enroll for 2021 closes Aug. 15, said Karen Pollitz, a senior fellow specializing in private health insurance at the nonprofit Kaiser Family Foundation.

Here are details on who is eligible for premium assistance, how the assistance works and what to consider before switching policies.

What has changed?
The stimulus bill increases premium subsidies in 2021 and 2022 in plans sold by the government-run marketplaces the ACA created. Some people, including those who received unemployment insurance this year, can get subsidies that may entirely eliminate their premiums.

For this year and next, the law also does away with a previous income limit on premium assistance, paving the way for some people with incomes as high as $149,000 to benefit.

The higher subsidies may deliver significant savings to older people, especially those who previously didn't qualify for premium assistance. Under the ACA, insurers can charge older people up to three times the premiums participants in their early 20s pay, said Joseph Newhouse, an economist at Harvard University.

Because of the enhanced subsidies, people who bought non-ACA compliant policies on the individual market should look on the ACA marketplace "to see if they can find more affordable coverage," Ms. Pollitz said.

Who is eligible for ACA coverage?
Citizens and legal residents of the U.S.

What kind of coverage can I get?
Most ACA-compliant plans come in four categories: platinum, gold, silver, and bronze. Respectively, they are designed to cover 90%, 80%, 70% or 60% of medical expenses for enrollees.

If you choose a bronze plan, you'll generally pay lower premiums. But your annual deductible may be as high as $8,000. In contrast, annual deductibles average nearly $5,000 for silver plans, about $1,500 for gold plans, and below $1,000 for platinum plans, according to Ms. Pollitz.

Who isn't eligible for subsidies?
If you're entitled to Medicaid or Medicare, you can't get premium subsidies. The same is generally true if you're eligible for an employer-sponsored health plan.

Before the new law, subsidies were generally off-limits to individuals with incomes above $51,040 and families of four above $104,800.

Now, there is no income limit. But because of the way the subsidies work, individuals with incomes above an amount that varies by factors including age—about $50,000 for a 21-year-old and $135,000 for a 60-year-old—are unlikely to receive a benefit by claiming them.

How do the subsidies work?
Subsidies cap your premium payments at a percentage of household income. The lower your income, the smaller the percentage you'll pay.

Thanks to the new law, subsidies are more generous than before.

Last year, an individual with income below $19,140 generally paid 4.14% of that amount for premiums. Now, the federal government picks up the entire cost.

Individuals earning up to $51,040 now pay 8.5% of income, down from nearly 10%. Those who earn more also can cap their premium contributions at 8.5% of income.

That can mean big savings for some. Consider a 64-year-old woman with a $52,000 salary. In 2020, she would have paid the full cost of her premiums, typically about $12,000 a year, said Ms. Pollitz. Now, she will owe 8.5% of her income, or about $4420.

A person that age "would have to earn well into the six figures" before it costs less to pay the full premium than it would cost to pay 8.5% of income, Ms. Pollitz said.

There is also a special deal for the unemployed—but only this year.

Anyone who received unemployment insurance "at any point this year, even for a week, is automatically qualified" to pay nothing for premiums on some plans, Ms. Pollitz said. To qualify, you must not be eligible for job-based health insurance. And if you're married, you must file a joint tax return.

Are subsidies more generous for higher-cost plans?
No. Premium subsidies are calculated on the cost of a so-called benchmark plan, which is the second cheapest silver plan on the market where you live.

Someone with income below $19,140 qualifies for free premiums on a benchmark silver plan. If the person wants a gold or platinum plan instead, he or she must pay the difference between the premium and the subsidy.

Where can I sign up?
More than a dozen states, including California and New York, have their own marketplaces. (Some, including New Jersey and California, have extended the sign-up deadline beyond Aug. 15.) Others use Healthcare.gov, run by the federal government.

If you sign up by Aug. 15, your coverage typically begins Sept. 1.

Can people already in ACA-compliant plans get the higher subsidies?
Yes. For current enrollees, the higher subsidies are retroactive to Jan. 1.

To make sure your premiums for the remainder of the year reflect any extra subsidies you are entitled to, sign into your marketplace account and update your application.

You can claim any premium subsidies you missed out on when you file your taxes in April, Ms. Pollitz said.

How long will the higher subsidies last?
They are scheduled to remain in effect through the end of 2022. Democrats in Congress are pushing to make them permanent. “We should know sometime this fall if Congress is going to act,” said Ms. Pollitz.

What if I miss the Aug. 15 sign-up deadline?
Unless you live in a handful of states that are allowing enrollment after Aug. 15 or experience a so-called qualifying event such as a divorce or loss of health coverage, you won’t be able to get ACA-compliant coverage for 2021.

During the program’s annual open enrollment, which starts on Nov. 1 and typically ends Dec. 15, you can elect coverage with the higher subsidies for 2022.

I have free premiums under Cobra that will end soon. Should I switch to an ACA-compliant plan now?
The stimulus legislation gave many workers who have been laid off since the pandemic began the option to resume employer-based health insurance under Cobra without paying premiums from April 1 to Sept. 30. That federal law requires companies with 20 or more employees to allow departing workers to stay enrolled in the health plan, typically for up to 18 months.

If you have free premiums under Cobra, you can switch to an ACA-compliant plan whenever your free premiums end, even after Aug. 15, said Ms. Pollitz.

Alternatively, you can elect to remain on Cobra. Despite subsidizing workers’ premiums during employment, many companies can—and often do—require those on Cobra to pay the entire cost of their premiums plus a 2% annual administrative fee, said Ms. Pollitz.

How should I compare my options?
When comparing health insurance plans, consider premiums, deductibles and copayments.

Look also at provider networks and drug coverage, said Prof. Newhouse, who said employer-based health plans often provide more generous coverage than ACA plans.

If you already have met your Cobra plan’s deductible, you might want to remain on that plan for the rest of the year, even if it means paying the full cost of Cobra premiums for the final months of 2021, said Ms. Pollitz. That is in part because if you switch to an ACA-compliant plan midyear, you'll be responsible for the deductible on the new plan.

POLITICO

Dems plot to squeeze health care promises into social spending bill
Alice Miranda Ollstein and Rachel Roubein

Democrats' $3.5 trillion social spending package marks the party's last chance before the midterm elections to make good on health care promises they're counting on to keep control of Congress. All they need is several trillion more dollars.

To squeeze as many of their priorities as possible in a budget resolution that's expected right after the bipartisan infrastructure package, lawmakers are discussing making some of the new health spending temporary, similar to the two-year boost to Obamacare subsidies they wrapped into Democrats' coronavirus relief package in March.

The move could allow them to claim credit for steps such as extending Medicaid coverage to millions of low-income people in red states and extending the two years of Obamacare subsidies they enacted in March without running afoul of congressional scorekeepers.

But a drug pricing plan that lawmakers are counting on to pay for a big chunk of the health investments is nowhere close to ready. That leaves Democrats uncertain of how much money they'll have to invest in new programs.

"We're not going to be able to do everything we want," said Sen. Chris Murphy (D-Conn). "There's not a simple answer. We're going to have limited resources, and we'll have to make different decisions on whether we do programs at lower levels for longer periods of time or higher levels for short periods of time. It's important to get it right."

The debate could test solidarity within the caucus as progressives push for ambitious and costly initiatives such as expanding Medicare to cover dental, vision and hearing care, while moderates raise concerns about the cost. The overlapping priorities also raise the prospect of another grinding debate over health spending this fall.

Already, some ambitious promises that played well on the campaign trail are being shelved. A senior Democratic aide told POLITICO that the package will not lower the eligibility age for Medicare — a top progressive demand.

The forthcoming budget resolution text won’t allocate specific funding levels for each health initiative, but instead broadly give different committees pots of money to work with. The $3.5 trillion reconciliation plan is being brought up under an expedited process so that it can pass without any GOP votes, but Democratic aides acknowledge they’ll have to make decisions in order to fit what they can into the budget resolution’s topline number.

A second senior Democratic aide said last month that there are five new health policies the budget resolution framework hones in on — creating Medicare dental, vision and hearing benefits; extending Obamacare subsidies; expanding Medicaid coverage to millions in states that have refused to expand their programs; bolstering Medicaid’s in-home care and reducing patient spending on prescription drugs.

Chris Meekins, an analyst for Raymond James, wrote in a note to clients Thursday that while the budget currently plans to spend $600 billion to $750 billion on health investments, he estimates the actual total will be closer to $400 billion to $450 billion. He cautioned that "significant savings will be required either way, with payfors for this bill in flux."

Progressives say they’re pushing Democratic leadership and the White House to favor two- or three-year authorizations instead of cutting some health items altogether or making the programs skimpier.

“If the choice is between fewer people covered, less benefits or a shorter time frame, we would obviously choose a shorter time frame,” said Progressive Caucus Chair Rep. Pramila Jayapal (D-Wash.). “What we’re trying to do on all these programs is provide as universal a benefit as possible — include the most people who need that benefit and make it as comprehensive as possible — but look at reducing the number of years.”

But some Democrats say they plan to fight to ensure long-term, if not permanent, funding for President Joe Biden’s $400 billion plan to allow millions more older adults and people with disabilities to get Medicaid-covered in-home services, saying the initiative needs a long runway in order to reach fruition.

“We're creating something that's rather new, and therefore it requires a time duration which is sufficient,” said Sen. Bob Casey (D-Pa.), who is leading work on the home care piece of the bill. “This can't be a two or three-year commitment. I want it to be a 10-year commitment, because that's the kind of duration that makes the most sense to me.”

Key Senate Democrats are also pushing hard to ensure the package extends health insurance to 2.2 million low-income Americans in states that have refused Obamacare’s

Medicaid expansion, worried it could be left out because the population doesn't have the same political clout as seniors or middle-class Obamacare enrollees.

Georgia Sen. Raphael Warnock said the expansion would fulfill a promise Congress made when it enacted Obamacare and expanded Medicaid to more poor adults. A 2012 Supreme Court decision made that expansion optional for states, and a dozen have refused to take up the program. "We're in the middle of the process, and I know that this is a priority, and I'll keep making the case," he said.

While Democrats also hope to tap multiple sources of funding to pay for the initiatives, they're leaning most heavily on a plan that would allow Medicare to directly negotiate the cost of prescription drugs, potentially saving the government hundreds of billions of dollars. But there isn't yet agreement on how best to go about it. The Senate Finance Committee is currently working on an alternative to House Democrats' prescription drug bill, which pegs what Medicare should pay for medicines to the lower prices paid in other developed nations.

Tying Medicare drug price negotiations to an international reference price has faced push back from moderates. Senate Finance Chair Ron Wyden (D-Ore.) recently acknowledged that "a lot of members have concerns" about the policy and he is still "trying to find common ground."

Wyden is exploring tying price negotiations to a different benchmark based on domestic prices instead, according to two sources with knowledge, but has not yet shopped the plan around to members of his caucus.

Progressive Democrats see a political advantage to short-term authorizations of generous health programs, in the belief that new subsidies and programs will help them maintain control of Congress and give them the power to renew the spending a few years from now.

"Once people are able to see and experience these benefits, they'll be harder to roll back," Jayapal said. "They aren't just the right thing to do but they're incredibly popular."

Forbes

With August 15 Health Insurance Deadline Looming, Many Gig Workers Risk Missing Out On Savings, New Data Shows

Deb Gordon

With the Healthcare.gov set to end on August 15, one group appears to be at risk of missing out on low-cost, high-quality health insurance: gig economy workers.

According to data that will be released this week from , a benefits platform for independent workers, 31% of independent contractors and gig workers surveyed were uninsured—three times the overall rate of uninsured Americans.

Among uninsured workers in the Stride survey, conducted in July 2021, cost was the top reason for going without health insurance. Sixty-four percent of uninsured respondents said they didn't think they could afford health insurance.

In reality, the cost of quality health insurance may not be as big a barrier as many workers believe it is.

previously released by the company showed that 93% of independent workers who had signed up for health insurance via Healthcare.gov qualified for subsidies to offset the costs of health insurance. According to that data, survey respondents paid an average of $80 in monthly premiums and 37% paid less than $1 per month for coverage.

Many independent workers aren't aware that their costs might be that low. Nearly 80% of gig workers who are uninsured due to cost didn't know about the subsidies available to millions of Americans due to the .

Stride Health - Did you know 4 out of 5 Americans can get health insurance for less than $10 a month?
Survey results from Stride Health show that most survey respondents who are uninsured due to cost ... [+] are not aware that they might be able to get affordable health insurance.

Stride Health
Contributing to low awareness of savings opportunities is outright misinformation, according to Noah Lang, cofounder and CEO of Stride.

Though Lang said he tries to stay out of politics, he has heard from many workers who believe Donald Trump got rid of the Affordable Care Act (ACA), which created Healthcare.gov and individual health insurance options for people who don't get coverage through a job.

"I run into individuals every single week who think you can no longer get access to subsidies for your health insurance because the Affordable Care Act [is] gone," Lang said.

Not only is the ACA still the law of the land, it's been supercharged by the ARP, according to Lang.

Passed in March 2021, the ARP expands access to subsidies for more people, effectively lowering monthly premiums by an average of $50 per person. According to the , four out of five enrollees can find a health insurance plan for $10 per month or less after tax credits.

Access to affordable health insurance outside of traditional employment situations— where —will become increasingly important as the gig economy grows.

Today, more than one-third of the U.S. workforce participates in the gig economy, with an estimated 59 million Americans working independently either full- or part-time, according to an .

During the Covid-19 pandemic, 12% of U.S. workers started freelancing, more than half (54%) out of necessity. Virtually all freelancers surveyed reported that they intend to to continue freelancing and the total number of freelancers in the United States is projected to grow to .

For these workers, health insurance will continue to be something they need to manage on their own.

"Everything in your paycheck has been unbundled for [nearly] 60 million Americans now," Lang said.

That unbundling may be long overdue. The current employment-based health insurance system stems from the World War II era, but the nature of work has changed dramatically since then.

When the pandemic brought record unemployment, dual public health and economic crises exposed weaknesses of the employer-based benefit system.

A on proposed post-pandemic labor policies calls for portable benefits that are tied to the hours worked rather than the job itself as a way of protecting workers.

Lang said he hopes policy makers will embrace regulations that allow benefits to catch up with the nature of work today and encourage evolution in how gig workers like rideshare and delivery drivers get benefits.

“Imagine a world where you can change jobs and never have to switch your health plan or your 401k provider,” Lang said. “Imagine a world in which you can get contributions from your employer [or] your work platform regardless of how your job is classified or how flexible or inflexible it is.”

The resulting safety net would be portable to workers and could diminish the financial disadvantages gig workers face.

“It doesn’t mean [you’d] take benefits away from people who have them,” Lang said. “It just means create a level playing field for coverage that…you can take wherever you go.”

While Healthcare.gov is open, Lang urges people to see if they’re eligible for subsidized health insurance.

“If you don’t have coverage, go get it,” he said. Even if you have coverage, Lang still recommends checking out the options.

“Make sure you’re not missing out,” he said. “Odds are, you can get it for a lot less than you think and absolutely a lot less than you were able to before.”

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Amid COVID, 2.5 mln people sign up for U.S. health insurance -White House
Staff

WASHINGTON, Aug 10 (Reuters) - Two and a half million people so far have bought health insurance through the online marketplaces created by the Affordable Care Act after the Biden administration allowed more time to enroll amid COVID-19, the White House said on Tuesday.

Individuals and small businesses have until Sunday to buy coverage via healthcare.gov, the portal created by the law popularly known as Obamacare, as part of President Joe Biden's efforts to grapple with the pandemic and shore up the 2010 law passed when he served under President Barack Obama.

Vice President Kamala Harris is scheduled to announce the total enrollment during a visit to a community health center in Washington Tuesday morning.

"The Biden-Harris Administration continues to do everything we can to make high quality health care more affordable and accessible," the White House said in a statement.

The special enrollment period was extended in part to help those who had lost their employer-related health insurance coverage as the pandemic rattled the U.S. economy.

Separate legislation passed in March - the American Rescue Plan - also lowered the premiums people pay for plans obtained through the marketplace. Families on average have saved $40 per person per month under the law, according to the White House.