COVERED CALIFORNIA Media Clips

COVERED CALIFORNIA BOARD CLIPS
Aug. 11, 2021 – Sept. 15, 2021

Since the August board meeting, Covered California opened a special enrollment period for wildfire victims and for Californians whose COBRA subsidies expire at the end of the month and announced a premium decrease for Dental Plans in 2022. The Biden administration announced 2.8 million Americans have signed up for coverage in the expanded enrollment period.

PRESS RELEASES

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Articles of Significance

COVERED CALIFORNIA

News Release

Aug. 17, 2021

Covered California Lends Support for North State Wildfire Victims

- *Covered California opened a special-enrollment period for people who live in counties where a state of emergency has been declared in response to the historic wildfires burning throughout the state.*
- *Premiums are lower than ever thanks to increased financial help available through the American Rescue Plan, and many people who need coverage now will be able to get a high-quality plan for as little as $1 per month.*
- *Those who enroll by Aug. 31 would be insured starting Sept. 1.*

SACRAMENTO, Calif. — In an effort to help Californians who have been affected by the historic wildfires burning across the state, Covered California announced a special-enrollment period for those living in counties where a state of emergency has been declared. Thousands of people have been displaced and hundreds of businesses and homes have been destroyed by wildfires in Alpine, Butte, Lassen, Nevada, Placer, Plumas, Shasta, Siskiyou, Tehama and Trinity counties.

“The wildfires have disrupted the lives of thousands of people across the state, and we want to make sure those affected know they can get financial help to have quality health care coverage,” said Peter V. Lee, executive director of Covered California. “Providing this path to coverage will ensure that those who have been affected by the fires have an opportunity to get quality coverage through Covered California or Medi-Cal.”

This new enrollment opportunity will allow these Californians to benefit from the new and expanded financial help from the American Rescue Plan that is offered through Covered California. The new law ensures that everyone eligible will spend no more than 8.5 percent of their household income on their health insurance premiums, which is dramatically reducing the cost of coverage for lower-income Californians and helping middle-income Californians save hundreds of dollars a month on their plans.

The most recent data shows that nearly 700,000 enrollees now have quality coverage through brand-name health plans for $1 per month.

“The American Rescue Plan is making coverage more affordable than ever,” Lee said. “We want to make sure that people who have had their lives disrupted, or who need health insurance, know that they can turn to Covered California to sign up for coverage.”

Consumers who live in counties under a state of emergency have 60 days from the date the emergency was declared to sign up for coverage.

Staying Safe While Getting Help Enrolling

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

Consumers can easily find out if they are eligible for Medi-Cal or other forms of financial help and see 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.

COVERED CALIFORNIA

News Release

Aug. 19, 2021

New Data Shows How the American Rescue Plan Is Driving Down Costs for Californians and Helping More People Get Health Insurance

- *Covered California's enrollment continues to surge — with 364,000 signing up since February, more than double normal enrollment rates — as more people sign up for coverage to benefit from the new savings and lower premiums available through the American Rescue Plan.*
- *Lower-income households are getting a quality plan for an average of $35 per month, with more than 738,000 people getting brand-name plans for just $1 per month.*
- *Middle-income consumers, who were previously ineligible for federal financial help, are saving an average of nearly $800 per month and seeing their monthly premiums reduced by more than 70 percent.*
- *Covered California's increased enrollment includes a higher proportion of African American and Latino Californians, two of the communities hit hardest by the COVID-19 pandemic and ensuing recession.*
- *Those who enroll by Aug. 31 would be insured starting Sept. 1.*

SACRAMENTO, Calif. — Covered California released new data on Thursday that highlights the positive impact the American Rescue Plan is having on the lives of Californians. The law builds on the Affordable Care Act to expand the amount of financial help available to consumers, helping people across all income brackets, by driving premiums down with more financial help than ever before.

"The American Rescue Plan is helping Californians get covered by building on the Affordable Care Act to increase financial help in meaningful ways," said Peter V. Lee, executive director of Covered California.

“We are seeing clear evidence that the law is helping families by lowering premiums, increasing enrollment and addressing health disparities.”

Speaker of the House Nancy Pelosi hailed the results of the American Rescue Plan.

“During the pandemic, the president’s American Rescue Plan has delivered lower health costs for working families,” said Speaker Nancy Pelosi. “We are fighting to build on this historic progress by making health care more accessible and affordable ‘For the People.’ I am grateful for Covered California’s leadership in helping families take advantage of the benefits in the Rescue Plan, and I look forward to our continued partnership to deliver on our shared belief that health care is a right and not a privilege.”

Record-High Enrollment

The American Rescue Plan has helped drive Covered California’s overall enrollment to a record-high 1.6 million people. The data shows that more than 364,000 people signed up for coverage between February and Aug. 10, which is more than two times higher than the same time period during the last special-enrollment period in 2019 that was not affected by the COVID-pandemic.

The pace of sign-ups has increased since Covered California began promoting the benefits of the American Rescue Plan on April 12. Enrollment since then is 164 percent higher than the same time period in 2019 and is 29 percent higher than 2020 at the height of the pandemic and recession (see Table 1: Covered California 2021 Special Enrollment Through Aug. 10).

Table 1: Covered California 2021 Special Enrollment Through Aug. 10

	2021	Change from 2019	Change from 2020
February through Aug. 10	364,860	110%	12%
April 12 through Aug. 10 (American Rescue Plan SEP)	257,350	164%	29%
Overall enrollment*	1,580,170	18%	3%

* Overall enrollment as of June 2021, compared to June 2020 and June 2019.

In addition, Covered California is seeing a higher proportion of consumers signing up who are African American or Latino, two communities hit hardest by the pandemic.

“Coverage is a key part of addressing the nation’s history of health disparities, and the American Rescue Plan is the vital tool at the right time,” Lee said.

Lower Premiums and Bigger Savings

The law is building on the Affordable Care Act to lower premiums and provide bigger savings for California households across all income brackets, making coverage more affordable and more accessible.

For lower-income households, which includes individuals making less than $25,520 a year and a family of four earning less than $52,400, the average monthly premium is now $35, which represents a roughly 95 percent savings off the average gross premium of $741 (see Table 2: Covered California Household Average Premium and Savings).

Many Californians are enjoying even lower premiums, as the new data shows that 738,000 people are currently enrolled in quality coverage through Covered California for just $1 per month, including two-thirds of those making less that 200 percent of the federal poverty level (FPL).

Eligible middle-income households making more than 400 percent FPL, some of whom were eligible for a California subsidy program starting in 2020 but who were previously ineligible for federal financial help, are saving an average of nearly $800 per month, as their premiums have been reduced by more than 70 percent. The income ranges for this bracket are between $51,040 to $76,560 for an individual and $104,800 to $157,200 for a family of four.

“These are the self-employed and the small-business owners that power our state, and the American Rescue Plan is using the Affordable Care Act to save them hundreds of dollars every month on their health care coverage,” Lee said.

Table 2: Covered California Household Average Premium and Savings

Income Bracket	Average Gross Premium	Average Net Premium (What Consumers Pay After Federal Subsidy)	Average Savings
138%-200% FPL	$741	$35	$706
200%-400% FPL	$904	$139	$765
400%-600% FPL	$1,105	$307	$798
600% and higher	$1,244	$712	$532

* Visit https://www.coveredca.com/pdfs/FPL-chart.pdf for a breakdown of income brackets by dollar figures.

Some of the people benefiting from the American Rescue Plan are Erin Lubin and Jakob Mosur and their family. They work as professional photographers, and like many Californians, their business dried up during the pandemic.

Faced with a drastic drop in their income, they were able to get lower premiums through Covered California and the American Rescue Plan and keep their coverage.

“The pandemic has shown us that any family can have an unpredictable income due to forces beyond anyone’s control,” Lubin said. “We feel incredibly fortunate to have this access, and we know it is vitally important for families like ours, families with unpredictable income, to have the security and peace of mind that comes with access to quality, affordable health coverage.”

Californians Can Sign Up Now

Covered California is currently in a special-enrollment period, and consumers who need health insurance can sign up now and begin benefitting from the American Rescue Plan.

Consumers can easily find out if they are eligible for Medi-Cal or other forms of financial help and see 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.

COVERED CALIFORNIA

News Release

Aug. 25, 2021

Covered California Announces Premium Decrease for Dental Plans in 2022

- *The weighted average rate for Covered California's dental coverage in 2022 will decrease by 1.0 percent.*
- *More than 230,000 Covered California customers have supplemented their health insurance by purchasing optional adult dental coverage.*
- *Consumers can add dental coverage to their plan when they sign up for health insurance during Covered California's current special-enrollment period, or during open enrollment, which will start this fall.*

SACRAMENTO, Calif. — Covered California announced today that the statewide weighted average rate change for dental coverage in 2022 will be a decrease of 1.0 percent. The decrease continues the trend of holding costs steady for consumers.

"The pandemic has taken a toll on or health in so many ways, and that includes our oral health," said Peter V. Lee, executive director of Covered California. "Dentists say they are seeing more cases of cavities, gum disease and stress-related tooth damage, which is why it is so important to have access to quality dental care — and that's what Covered California is providing."

A recent survey found that dentists were seeing increased rates of stress-related oral issues such as teeth grinding (up 76 percent), cracked teeth (up 69 percent) and chipped teeth (up 68 percent) during the COVID-19 pandemic. In addition, dentists say they are seeing increases in cavities and gum disease, likely as a result of changes to people's hygiene and eating habits during the crisis.

While the standard health benefits for Covered California enrollees include dental coverage for children, adults can purchase optional family dental coverage as an "add-on" to their plan. The family dental coverage is offered on a "guaranteed issue" basis, meaning the coverage is available to anyone who wants it, regardless of any pre-

existing oral health conditions.

The latest data shows that 230,404 people are enrolled in Covered California's dental plans, which represents a 15 percent increase over last year. Covered California offers both dental health maintenance organization (DHMO) and dental preferred provider organization (DPPO) plans, giving consumers a choice in the type of plan that will work best for them.

Covered California's participating dental carriers for 2022 include Anthem Blue Cross, Blue Shield of California, California Dental Network, Delta Dental of California, Dental Health Services and Liberty Dental Plan. Anthem Blue Cross DHMO is expanding in San Francisco, Contra Costa and Alameda counties. Delta DHMO is expanding to cover portions of San Diego County.

Access Dental Plan and Guardian Life Insurance Company will leave the exchange at the end of 2021, and Dental Health Services is reducing coverage in parts of the state. The moves will affect fewer than 12,000 people, which is about 5 percent of Covered California's dental enrollees. All members will be notified of the plans' withdrawals prior to renewal, and they will be offered the opportunity to pick any dental plan available to them. Consumers will also be provided the automatic renewal option of the lowest-cost DHMO for Access members and the lowest-cost DPPO for Guardian members in their ZIP code.

"Whether people are coming to us for the first time or plan to renew their dental coverage this fall, they will once again see a wide variety of choices as well as stable and competitive prices," Lee said. "Dental coverage is the right choice for many, and we're proud to offer such good options for those enrolled in plans through Covered California."

The benefits and rates of Covered California's family dental plans can be viewed at https://www.coveredca.com/dental/adult-add-on/hmo/.

While the rate decrease and coverage options will not go into effect until Jan. 1, 2022, people do not need to wait for the traditional open-enrollment period in November to sign up for dental 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 Aug. 31 will have coverage that starts Sept. 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."

Family dental plans are optional and come at an additional cost for covering adults in the family. While nine out of 10 consumers with health insurance through Covered California get help paying for it, federal financial help is only available for the dental coverage for children. All health plans purchased through Covered California include dental coverage for members under the age of 19. Parents can enroll their children in an optional family dental plan for additional dental coverage.

Consumers who are interested in enrolling can visit www.CoveredCA.com to explore their options and get a quote by using the Shop and Compare Tool. They can also get free and confidential enrollment assistance by visiting https://www.coveredca.com/support/contact-us/ and searching among the 800 storefronts statewide or the more than 10,000 Licensed Insurance Agents who can help consumers in their community in a variety of languages.

In addition, consumers can reach the Covered California service center by calling (800) 300-1506.

COVERED CALIFORNIA

News Release

Sept. 8, 2021

Covered California Opens Special Enrollment for Thousands of Californians Whose Federal COBRA Subsidies Expire at the End of September

- *An estimated 138,000 Californians face significantly higher health insurance premiums when their federal COBRA subsidies come to an end on Sept. 30.*
- *Covered California opened a special-enrollment period to give eligible COBRA recipients an opportunity to switch their coverage and potentially save hundreds of dollars a month on their health insurance.*
- *Many of those consumers will be able to stay with their same brand-name insurance company when they switch to Covered California.*
- *People who sign up by Sept. 30 will have their coverage start on Oct. 1.*

SACRAMENTO, Calif. — Covered California announced a special-enrollment period for Californians who will soon be losing the federal financial help that is allowing them to continue receiving health insurance through the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA. Under one provision of the American Rescue Plan, Californians have been eligible for financial help that pays 100 percent of their COBRA premiums from April 1 through Sept. 30.

“The American Rescue Plan provided financial relief to millions of Americans by increasing the amount of money available to help pay for health insurance,” said Peter V. Lee, executive director of Covered California. “However, one of those provisions is set to expire, and COBRA recipients can potentially save hundreds of dollars a month on their premiums if they act now and switch their coverage to Covered California.”

COBRA allows workers and their families, who lose their health benefits, the right to continue receiving the coverage provided by their employer for a limited time. However, they must pay the entire monthly premium, including the amount that was previously

paid by their employer. According to the Kaiser Family Foundation's 2020 Employer Health Benefits Survey, the average monthly premium cost for an employer-sponsored health plan was $623 for an individual and $1,778 for a family.

When the American Rescue Plan's COBRA subsidies cease at the end of September, consumers who are still eligible to continue their COBRA coverage can choose to pay the full premium or switch to Covered California, either immediately or during the upcoming open-enrollment period, to have new coverage for all of 2022.

Covered California estimates that 138,000 people, who will be losing their COBRA subsidies, will be eligible to enroll in a high-quality health plan offered by one of 11 brand-name carriers.

"As California continues to grapple with the pandemic and its financial fallout, many COBRA recipients will find that financial help is critical to keeping their coverage, and that's what Covered California offers," Lee said. "There is more financial help available to Californians than ever before to help them get covered and stay covered."

More Financial Help Available Than Ever Before

Covered California recently released new data that showed how the American Rescue Plan is driving down costs for Californians. The new law is lowering premiums and providing bigger savings for California households across more income brackets than ever, making coverage more affordable and more accessible, with 90 percent of those enrolling through Covered California eligible for financial help.

For lower-income households, which includes individuals making less than $25,520 a year and a family of four earning less than $52,400, the average monthly premium is now $35, which represents a roughly 95 percent savings off the average gross premium of $741 (see Table 1: Covered California Household Average Premium and Savings for Those Receiving Subsidies).

Table 1: Covered California Household Average Premium and Savings for Those Receiving Subsidies

Income Bracket*	Average Gross Premium	Average Net Premium (What Consumers Pay After Federal Subsidy)	Average Savings
138%-200% FPL	$741	$35	$706
200%-400% FPL	$904	$139	$765
400%-600% FPL	$1,105	$307	$798
600% and higher	$1,244	$712	$532

* Visit https://www.coveredca.com/pdfs/FPL-chart.pdf for a breakdown of income brackets by dollar figures.

Many Californians are enjoying even lower premiums, with 738,000 people currently enrolled in quality coverage through Covered California for just $1 per month.

Eligible middle-income households (those earning between $51,040 to $76,560 for an individual and $104,800 to $157,200 for a family of four) are saving an average of nearly $800 per month as their premiums have been reduced by more than 70 percent.

Californians Can Sign Up Now

Covered California's special-enrollment period for COBRA recipients runs through Nov. 29, 2021. Consumers who sign up before the end of September will have their new Covered California coverage begin on Oct. 1. For COBRA recipients who want to keep their existing coverage for the balance of 2021, they can switch during open enrollment and potentially get highly subsidized coverage starting in January 2022.

In addition, Covered California is currently in a special-enrollment period until the end of the year for uninsured consumers who would like to sign up and begin benefiting from the lower premiums available through the American Rescue Plan.

Consumers can easily find out if they are eligible for Medi-Cal or other forms of financial help and see 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.

Sept.15, 2021

Statement by President Biden on 2.8 Million Americans Gaining Health Care in the 2021 Special Enrollment Period

The peace of mind that comes from having affordable, quality health coverage should be a right—not a privilege—for every American. For the past decade, the Affordable Care Act has allowed millions of Americans to sleep more soundly at night, knowing that they will be covered should the worst occur.

When I ran for President, I promised to protect and build on the historic foundation of the Affordable Care Act. That's why, on February 15th, my administration opened HealthCare.gov for a Special Enrollment Period to allow all Americans—particularly those who had lost their coverage through no fault of their own during the pandemic—to find a quality, affordable health plan.

Six months later, I am pleased to report that 2.8 million more Americans have gained access to reliable health coverage through HealthCare.gov and state-based marketplaces. That's 2.8 million families who will have more security, more breathing room, and more money in their pocket if an illness or accident hits home. Altogether, 12.2 million Americans are actively enrolled in coverage under the Affordable Care Act—an all-time high.

In addition to widening access, we are also lowering the cost of health care for millions of families thanks to the expanded premium subsidies included in my American Rescue Plan. Americans who purchase their coverage through the Affordable Care Act have seen their premiums decrease an average of $67 a month—which is more than $800 each year that can go to groceries, child care, or other essentials. Over four in ten Americans who gained coverage during the Special Enrollment Period found a quality plan for $10 or less per month. Twenty states and the District of Columbia saw premiums decrease by more than $75 a month. And out-of-pocket spending declined dramatically, with the median deductible for new enrollees dropping by more than 90 percent, from $750 to $50.

These numbers are encouraging, but we have more work to do to drive down the cost of health care for all Americans. My Build Back Better Agenda would lower prescription drug costs for millions of Americans by letting Medicare negotiate drug prices; provide health care premium tax cuts for nine million Americans that reduce costs an average of $600; and deliver quality, affordable care to millions more. In fact, by closing the Medicaid coverage gap and extending the expanded Affordable Care Act tax credits, it's estimated we could ensure health coverage for an additional seven million Americans.

I urge Congress to act quickly to deliver for the American people—to keep up the vital work of expanding access and lowering health care costs across the board, and to continue building on the strong foundation of the Affordable Care Act.

HHS.gov
U.S. Department of Health & Human Services

Sept.15, 2021

Biden-Harris Administration Announces Record-Breaking 12.2 Million People Are Enrolled in Coverage Through the Health Care Marketplaces

A new report released today by the Department of Health and Human Services (HHS) shows that more than 2.8 million people newly gained access to affordable health care under the Biden-Harris Administration through the 2021 Special Enrollment Period (SEP) on HealthCare.gov and State-based Marketplaces.. With the gains made during the SEP, there are now a record-breaking 12.2 million people enrolled in the federal and state marketplaces. Additionally, there is historic enrollment today through Medicaid and the Children's Health Insurance Program (CHIP) with over 82.3 million people relying on these programs as of April 2021.

The American Rescue Plan's (ARP) expanded premium tax credits reduced premiums, increased savings, and provided consumers access to quality, affordable health care coverage through the Marketplaces:

- **Over 90% of consumers who enrolled during the SEP saw their premiums reduced** due to these tax credits.
- **Existing consumers saved an average of $67 per consumer, per month**, in premium savings.
- **48% of new HealthCare.gov consumers received a monthly premium of $10 or less** after tax credits.
- **The median deductible for new HealthCare.gov consumers fell by over 90%.**

"There has never been a more critical time to ensure quality health coverage for all Americans." said Health and Human Services Secretary Xavier Becerra. "Thanks to the Special Enrollment Period, we were able to help a record-breaking number of people across the country get covered, including those in rural and underserved communities. No one should have to lose their life savings to gain life-saving care."

CMS also reports historic Medicaid and CHIP enrollment. The April 2021 Medicaid and CHIP Enrollment Trends Snapshot report shows that over 82.3 million individuals were enrolled in Medicaid and CHIP in April 2021, an increase of 580,591 individuals,

compared to March 2021. Since February 2020, the month before the COVID-19 public health emergency was declared, enrollment in Medicaid and CHIP increased by more than 11.6 million individuals or 16.4%.

“It’s clear that when health coverage is accessible and affordable, people sign up. Peace of mind is especially needed during the COVID-19 pandemic and thanks to the Special Enrollment Period millions more can now rest easy knowing they are covered. The American Rescue Plan made health coverage more affordable than ever and CMS urges Congress to make those savings permanent,” said CMS Administrator Chiquita Brooks-LaSure. “If you didn’t sign up before August 15th, you should know there are still opportunities to enroll this year for those who experienced recent life events or have been impacted by Hurricane Ida. Apply today on HealthCare.Gov to find out if you can still enroll this year. The next Open Enrollment Period starts on November 1 for coverage in 2022.”

Consumers who still don’t have 2021 coverage can find out if they are eligible at healthcare.gov to enroll through SEPs that cover individuals who have experienced life-changing events, such as a loss of other coverage, marriage, having a baby, or moving to a new location. Throughout the year, consumers can also apply for Medicaid and CHIP coverage online in all 50 states and DC, and the majority of states complete real-time determinations and automated renewals.

For more information on the Final SEP Marketplace enrollment report, visit: https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf - PDF

For an infographic on Health Insurance Marketplace Enrollment and Savings, visit: https://www.hhs.gov/sites/default/files/2021-sep-enrollment-savings.pdf - PDF

For the effectuated enrollment report, visit: https://www.cms.gov/files/document/2019-2021-Aug-Effectuated-Enrollment.xlsx

For the April 2021 Medicaid and CHIP Enrollment Trends Snapshot, visit: https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html

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

For more information about the American Rescue Plan and the Health Insurance Marketplace®, visit: https://www.cms.gov/newsroom/fact-sheets/american-rescue-plan-and-marketplace

ThinkAdvisor

Will Individual Health Special Enrollment Period Really End Aug. 15?
Allison Bell

The Affordable Care Act health insurance exchange in Connecticut is raising the question: Will the current Aug. 15 end date for the COVID-19 pandemic special enrollment period stick?

Managers of HealthCare.gov — a program that provides ACA enrollment and premium subsidy administration for people in much of the country — are emphasizing that consumers should sign up for coverage by Sunday, or face the possibility that they could end up getting sick or injured at a time of the year when they can't buy health insurance

White House officials often have talked about the Aug. 15 deadline during press conferences and other events. In fact, President Joe Biden promoted the special enrollment period Thursday, during remarks at the White House.

Biden noted that ACA exchange program users' average monthly cash outlay for health insurance has dropped to $62, from $104. That decrease is the result of temporary subsidy rule changes included in the Americans Rescue Plan Act, a COVID-19 response law.

"Earlier this week, I announced that more than 2.5 million Americans have signed up for coverage under the Affordable Care Act since I called for the special enrollment period during this pandemic," Biden said. "Folks, if you don't have insurance, you can still sign up under the Affordable Care Act through Sunday, August the 15th. Just go to HealthCare.gov today, and get covered."

But Connecticut's exchange, Access Health CT, may have reduced some of the pressure to sign up for coverage quickly by announcing last week that it was extending its enrollment deadline to Oct. 31.

Health Insurance Enrollment Period Basics

The Affordable Care Act — a two-law package that came to life in 2010 — eliminated many of the defenses health insurers once had against spikes in claim costs, such as refusing to provide health coverage for people who were already very sick.

In exchange, Congress tried to protect insurers against huge losses by creating the ACA exchange program, or web-based supermarkets for health insurance, and exchange plan premium tax credit subsidies to encourage healthy people to sign up for and pay for health coverage.

HUFFPOST

There's Still Time To Get Cheap Health Care (But Just Barely)
Jonathan Cohn

You might be able to get a really good deal on health insurance, but only if you act right now.

No, that's not a line from a schlocky television advertisement. It's true, and it may apply to you if you get coverage on your own — in other words, if you don't get insurance through your employer and don't yet qualify for Medicare.

That's because of some big changes to the Affordable Care Act, also known as "Obamacare," that President Joe Biden and congressional Democrats have made this year.

One change is an increase in the financial assistance available to people buying plans through HealthCare.gov or state-managed online marketplaces like Covered California. The other big change is an extension of open enrollment, the period where anybody can sign up for coverage and switch plans.

More than 2.5 million people have already signed up for coverage this year, according to the Biden administration. That's an all-time high.

But it could still be a lot higher. Charles Gaba, a health care analyst and proprietor of ACASignups.net, told HuffPost that he estimates roughly 12 million uninsured Americans could qualify for affordable coverage on the marketplaces if they looked.

Many more people could still sign up for Medicaid, or take advantage of the new financial assistance in order to get a more generous plan.

You could even be one of them! But you're also running out of time. Open enrollment ends for most of the country on Sunday, August 15.

Understanding and then choosing among your options isn't easy, unfortunately, because American health care is still a confusing, frustrating mess. So here's a look at what you need to know, with help from three people who understand the Affordable Care Act's marketplaces as well as anybody on the planet: Cynthia Cox, vice president at the Henry J. Kaiser Family Foundation; Louise Norris, health care broker and contributor to healthinsurance.org; and Gaba.

1) If You Thought Marketplace Coverage Was Too Expensive, Check Again

With the new enhancements in place, people who were already eligible for financial assistance on marketplace insurance can get more help. And there's no longer a hard cutoff, or "cliff," at four times the poverty line. Even people with incomes above that threshold, which works out to $106,000 in annual income for a family of four, can get some help.

The amount of assistance available still depends on income. But the impact of these changes is quite dramatic. Premiums for a given insurance plan could turn out to be cheaper by hundreds or even thousands of dollars a year in some cases — and for some people, premiums will literally be zero.

It sounds too good to be true, but it's real. Gaba's website has some personal testimonials: "Our premiums just dropped by $223/mo.!" "Had a $87/month premium for my silver plan. Now it's $0." "Premium now reduced by $1000 per month."

The problem is that many people still don't know about their options.

"The most common reason people give for being uninsured is the cost of coverage, but our polling shows that many may not realize they are eligible for free health insurance," Cox says.

"People may have been discouraged if they searched for coverage before or heard from friends and family how expensive plans can be," she adds. "But if they only tried to sign up, they might realize how much help is available to them."

So if you're uninsured, you should go online to see what's available now. You might be surprised to find something well within your price range that provides you with real insurance coverage.

The same is true if you have a health payment plan, like a religion-based "sharing ministry," that doesn't provide the same comprehensive coverage as insurance that complies with Affordable Care Act standards.

You may have picked it because you thought it was the cheapest option available. And it may not be anymore.

2) If You've Been Unemployed This Year, There's A Special Deal

In addition to the subsidy improvements, there's a new option for anybody who's collected unemployment coverage in 2021 — even for just one week.

Under this special program, the federal government will treat these people as having incomes no higher than 133% of the poverty line. It sounds like a technicality, but in practice it means that such people qualify for the maximum possible subsidy — which, in many cases, will reduce premiums to a pittance or even nothing at all.

It also means these people can get a specially subsidized "silver" plan with an actuarial value of 94% — which is a wonky way of saying it's a relatively generous plan, the kind that would be expected to cover 94% of the typical person's expenses.

"Benefits for people receiving unemployment compensation are outstanding," Norris says. "Being able to pay $0 or just a few dollars per month for either of the two lowest-cost silver plans, with [generous coverage], makes health care much more accessible than it would otherwise be."

3) If You Have Marketplace Insurance, You Can Switch To A Better Plan

You don't have to be uninsured to take advantage of these new offerings. Everybody buying coverage on the marketplaces is eligible for the new assistance, and that includes people who already have insurance. If you're one of those people — in other words, if you already have a policy through HealthCare.gov or one of the state-run marketplaces — it's probably cheaper now.

If you like, you can just the pocket the savings. (More on how you do that in a moment.) But you can also use the savings to upgrade your coverage, so that you'll be getting a more generous plan for roughly what you pay now.

Maybe, for example, you have a "silver" plan now — good enough to cover the basics, but with high copays and deductibles. Thanks to the new assistance, you might be able to afford a "gold" plan, or maybe even a "platinum," which will have lower out-of-pocket costs.

4) Some Things Happen Automatically, Some Things Don't

HealthCare.gov is applying the new financial assistance on premiums automatically starting next month. So if you do nothing, you should see your premiums come down. (Some of the state-run marketplaces already apply the subsidies automatically.)

The new assistance on premiums is also retroactive to the beginning of the year. You can get that portion by claiming it on your tax return next year.

The big thing that won't and can't happen automatically is a switch in plans. If you want to upgrade your coverage — or buy coverage for the first time — you have to do that on your own. And you have to act before open enrollment ends.

That's Aug. 15 for HealthCare.gov and several of the state-run marketplaces, though others have different dates. There's a full list at healthinsurance.org.

(In case you were wondering, the actual, technical deadline for HealthCare.gov is 6 a.m. EST on Monday, Aug. 16, in order to cover all of the nation's time zones. But state deadlines may be different, and in general, it's really not a good idea to wait until the very last minute.)

5) Check Deductible Balances If You're Switching Plans

If you are switching plans, and especially if you are switching insurance carriers, one thing to watch is whether money you've already spent out of pocket on your medical expenses this year counts toward the deductible on the new policy.

Cox suggests checking with insurers first. "Don't just switch plans on HealthCare.gov and expect your insurer to automatically carry the amount over," she says. "Insurers will often work with their enrollees — they don't want to lose your business — but some insurers' accounting systems aren't set up to do this, so it's not a guarantee. And if your insurer isn't able or willing to do this for you, you might consider whether it makes sense to switch companies."

6) If You're On A COBRA Subsidy, You Also Need To Act Soon

Biden and the Democrats also offered full subsidies for people who lost jobs and wanted to stay on their own plans by paying "COBRA" premiums. If you're taking advantage of that, you can stay on it through September.

At that point, if you want to stay on the coverage you have, you'll have to pay the full premium. Your alternative would be to find some other source of coverage, and you'll be able to go through HealthCare.gov or one of the state-run marketplaces, because

losing COBRA coverage allows you to buy insurance there at any time — even if open enrollment has ended.

One caveat, Norris notes, is that if you want to switch over to marketplace insurance without a break in coverage, you'll need to sign up by Sept. 30 — in other words, before the subsidized COBRA coverage runs out.

7) It's OK To Ask For Help

You can do most of this yourself, by going to HealthCare.gov or one of the state-run marketplaces — or through a privately run, direct-enrollment website.

If you use one of these, make sure you are sticking with Affordable Care Act coverage. (Many experts recommend HealthSherpa.com, which only offers compliant plans.) Otherwise you can't get the financial assistance and, just as important, you might not be getting insurance with the same guaranteed benefits and protections.

But precisely because this is so complicated, you may want some help. Or you can try an insurance broker, though it's good to get one certified by the marketplace. "There's no charge to get help from a Navigator or broker," Norris notes. "They can help to make it less overwhelming, and the cost will be the same either way."

HealthCare.gov has a "find local help" tool that can put you in touch with one of these people or organizations. State-run marketplaces have similar links.

2021 #ACA Enrollment is STILL HAPPENING in some states & you may still qualify for 2021 coverage in others!
Charles Gaba

As of midnight on August 15th, the Big Deadline for the 2021 "No Excuse Needed" ACA Special Enrollment Period has come and gone in most states.

HOWEVER, you can still #GetCovered for the rest of 2021 in a few states (including two of the largest ones), and there are still millions of uninsured Americans nationally who are eligible for ACA-compliant coverage for the rest of this year via other options. Let's review!

2021 ACA Special Enrollment Period (SEP): If you live in California, Connecticut, the District of Columbia, New Jersey, New York or Vermont, the deadline for the "no questions asked" SEP goes beyond 8/15. In CA, DC & NY it actually runs through the end of the year!

- California: thru the end of 2021
- Connecticut: thru Oct. 31st
- District of Columbia: thru "end of pandemic"
- New Jersey: thru Nov. 30th
- New York: thru the end of 2021
- Vermont: thru October 1st

If you live in one of these states and have never enrolled in an ACA healthcare policy before, or if you looked into it years ago but weren't impressed, please give it another shot now. Thanks to the American Rescue Plan, it's a whole different ballgame.

OK, but what if you live in a state which has already ended their 2021 "No Excuse Needed" SEP? Well, you're still eligible for a "standard" 60-day Special Enrollment Period if you have what's known as a Qualifying Life Experience (QLE), such as:

- Losing employer-sponsored healthcare coverage
- Getting married or divorced
- COBRA coverage elapsing
- Giving birth/adopting a child
- Turning 26 and having to move to your own policy
- Losing eligibility for Medicaid or CHIP
- Moving out of your current rating area
- There are some other QLEs which make you eligible for a 60-day SEP as well.

What if you're a member of a federally-recognized Native American tribe or are an Alaskan Native? If so, you can enroll in an ACA exchange plan year-round regardless of what state you live in.

What if you aren't eligible for any of the above? In that case, you might still be eligible for one of the following programs year-round:

If your household income is less than 138% of the Federal Poverty Line (FPL), you're likely eligible for Medicaid
Your children may be eligible for the Children's Health Insurance Program (CHIP) if your household income is below the threshold in your state (this varies)
In addition, there are three states which have their own special ACA healthcare programs for lower-income families:

- If you live in Connecticut, have at least one child under 19 and a household income between 160% - 175% FPL, you're likely eligible for their new "Covered Connecticut" program.
- If you live in Minnesota and your household income is below 200% FPL, you're likely eligible for MinnesotaCare
- In addition, Minnesota residents who received unemployment benefits at any point in 2021 are still eligible for a $0-premium "Secret Platinum" plan (see #6 below for details)
- If you live in New York and your household income is below 200% FPL, you're likely eligible for the Essential Plan
- If you live in Massachusetts and your household income is below 300% FPL, you're likely eligible for ConnectorCare
- In addition, Massachusetts residents who received unemployment benefits at any point in 2021 are still eligible for $0-premium "Secret Platinum" plans.

WITH ALL THIS IN MIND, here's some important things to remember when you go to #GetCovered:

1. MILLIONS WHO DIDN'T QUALIFY FOR FINANCIAL HELP BEFORE DO NOW...AND IT CAN SAVE YOU THOUSANDS OF DOLLARS!

With the passage and signing of the American Rescue Plan, the ACA's infamous "Subsidy Cliff" has been killed at last (at least for 2021 & 2022, anyway)!

This means two extremely important things:

First: If you're already eligible for ACA subsidies (i.e., you earn under 400% of the Federal Poverty Line, or FPL), you'll likely see a significant increase in how much financial help you're eligible for.
Second: If you didn't qualify for financial help before because your income was too high, you're now likely eligible for ACA subsidies for the first time ever!
Here's a table laying out the percent of your household income which you're restricted to paying for the benchmark Silver plan in your area under the original ACA formula and the new American Rescue Plan formula:

Household Income (except AK & HI)*			Premium Cap (max % of income for benchmark Silver plan)	
% FPL	Single Adult	Family of Four	ACA (official)	Am Rescue Plan (HR 1319)
< 100%	< $12,760	< $26,200	*Medicaid*	*Medicaid*
			*n/a***	*n/a***
100 - 133%**	$16,971	$34,846	*Medicaid*	*Medicaid*
			2.07%	**0%**
133 - 150%	$19,140	$39,300	**3.10 - 4.14%**	**0%**
150 - 200%	$25,520	$52,400	**4.14 - 6.52%**	**0 - 2%**
200 - 250%	$31,900	$65,500	**6.52 - 8.33%**	**2 - 4%**
250 - 300%	$38,280	$78,600	**8.33 - 9.83%**	**4 - 6%**
300 - 400%	$51,040	$104,800	**9.83%**	**6 - 8.5%**
> 400%	> $51,040	> $104,800	*n/a*	**8.5%**

** for Hawaii, increase amounts by 15%; for Alaska, increase amounts by 25%*

*** Medicaid expansion technically cuts off at 133% FPL but in practice extends to 138% FPL via a 5% disregard*

**** Orange = States which haven't expanded Medicaid under the ACA (the Medicaid Gap)*

table by Charles Gaba / ACASignups.net

You can also read my more detailed explainer, including a bunch of case studies for comparison.

2. MAKE SURE YOU'RE ENROLLING IN ACA-COMPLIANT COVERAGE!

There's a ton of junk plans and scam artists out there, especially these days. Fraudulent plans are being hawked endlessly via both robocalls, spam emails and fly-by-night websites. If you're enrolling online, make sure to use one of the official ACA exchange websites:

- CALIFORNIA: Covered California
- COLORADO: Connect for Health Colorado
- CONNECTICUT: Access Health CT
- DISTRICT OF COLUMBIA: CD Health Link
- IDAHO: Your Health Idaho
- MARYLAND: Maryland Health Connection
- MASSACHUSETTS: MA Health Connector
- MINNESOTA: MNsure
- NEVADA: Nevada Health Link
- NEW JERSEY: Get Covered NJ

- NEW YORK: NY State of Health
- PENNSYLVANIA: Pennie
- RHODE ISLAND: HealthSource RI
- VERMONT: VT Health Connect
- WASHINGTON STATE: WA Healthplan Finder
- ALL OTHER STATES: HealthCare.Gov

There are also AUTHORIZED 3rd-party web brokers you can use...but some of these also sell non-ACA compliant plans. The only 3rd-party broker which I'm aware of which only sells on-exchange ACA-compliant policies is HealthSherpa. Full disclosure: I have a banner ad agreement with them.
Note: While you could also enroll in ACA-compliant policies directly via the insurace carrier's website I STRONGLY recommend only using the exchange websites listed above. You have to enroll on-exchange to be eligible for financial help!

3. THE INDIVIDUAL MANDATE MAY BE GONE FOR MOST STATES, BUT IT'S STILL AROUND IN FIVE OF THEM!

One of the most sickly ironic things about the ACA being in jeopardy due to the federal individual mandate penalty being zeroed out is that there are actually five states which have reinstituted their own healthcare coverage requirement:

- CALIFORNIA
- DISTRICT OF COLUMBIA (I know, it's not actually a state...yet)
- MASSACHUSETTS
- NEW JERSEY
- RHODE ISLAND

In CA, DC, NJ & RI, the penalty is pretty much identical to the old federal penalty: Either $695.00 per adult or $347.50 per child in the household or 2.5% of the total household income, whichever is greater.

Massachusetts uses a different formula. The financial penalty will be charged when residents file their 2020 state taxes in 2021.

Individual Mandate Penalty for not having Minimum Essential Coverage (if not exempt)	
State	**Penalty**
California	$695/adult + $348/child **or** 2.5% of household income, whichever is higher
District of Columbia	
New Jersey	
Rhode Island	
Massachusetts	$250 - $1,150 per person depending on income level

4. MILLIONS OF PEOPLE ARE NOW ELIGIBLE FOR FREE PLATINUM PLANS (LABELED AS SILVER PLANS)!

As I explain in detail here, if your household earns less than 200% FPL (around $25,500/yr if you're single; around $52,000/yr for a family of four), make sure to choose a Silver plan! Thanks to the ACA's Cost Sharing Reductions (CSR) system, you'll receive additional financial help which will lower your deductible, co-pays and coinsurance so much it effectively transforms Silver plans into Platinum plans!

Furthermore, thanks to the American Rescue Plan, the premiums for these "Secret Platinum" plans are literally nothing for anyone earning under 150% FPL and max out at just 2% of your annual income from 150 - 200% FPL!

5. VIA SILVER LOADING, SOME SUBSIDIZED ENROLLEES MAY BE ABLE TO GET FREE GOLD PLANS!

- As I explain here, due to a long, strange series of events, subsidized enrollees earning 200% FPL or more may end up getting a Gold plan for less than Silver, or a Bronze plan dirt cheap (or even free!).
- In fact, depending on where they live and what their household makeup is, some people will even qualify for a zero-premium GOLD plan!

6. IF YOU'RE ON UNEMPLOYMENT IN 2021, YOU'RE ELIGIBLE FOR A $0-PREMIUM "SECRET PLATINUM" PLAN...EVEN IN "MEDICAID GAP" STATES!

One particular provision of the American Rescue Plan gets a little wonky, but it could be critically important for hundreds of thousands of people living in the 12 states which have refused to expand Medicaid under the Affordable Care Act (Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas and Wyoming (Wisconsin hasn't expanded Medicaid either but is a special case).

The short version is that under the ARP, for 2021 only, anyone who receives unemployment benefits will be considered to have an income of 133% of the Federal Poverty Level even if they actually earn less than that...or, for that matter, more than that. This means that someone in a "Medicaid Gap" state (where adults who earn less than 100% FPL are normally not eligible for either Medicaid or ACA subsidies) will be legally authorized to be treated as if they earn 133% FPL...and therefore will be eligible for 100% APTC subsidies.

In other words, Americans receiving unemployment insurance this year only will be eligible for a $0-premium Silver plan and will also be eligible for high Cost Sharing

Reduction assistance, which bring their deductibles, co-pays and other out of pocket expenses down dramatically.

The effect of this is that they'll be eligible for the equivalent of a "Platinum Plus" ACA policy, which covers 94% of the average enrollee's medical expenses (Platinum plans cover 90%; Gold 80%; Silver normally covers 70% and Bronze covers 60%).

This won't resolve the Medicaid Gap completely, but it should provide comprehensive, extremely low-cost coverage for a huge chunk of the 2.2 million people caught in the Gap.

THE SACRAMENTO BEE

Covered California opens special health insurance enrollment period for wildfire survivors

Cathie Anderson

Covered California is opening a special enrollment period to allow residents of 11 wildfire-ravaged counties to buy health insurance coverage if they do not already have it.

“The wildfires have disrupted the lives of thousands of people across the state, and we want to make sure those affected know they can get financial help to have quality health care coverage,” said Peter V. Lee, executive director of Covered California. “Providing this path to coverage will ensure that those who have been affected by the fires have an opportunity to get quality coverage through Covered California or Medi-Cal.”

The special enrollment is open to residents of Alpine, Butte, El Dorado, Lassen, Nevada, Placer, Plumas, Shasta, Siskiyou, Tehama and Trinity counties, where California Gov. Gavin Newsom has declared a state of emergency because of the Dixie Fire and other wildfires. Survivors will have 60 days from the date the emergency was declared to sign up.

Both the federal and state governments are providing subsidies to middle-income and working class people. Under the American Rescue Plan, which President Biden signed into law earlier this year, eligible enrollees will pay no more than 8.5% of their household income on health insurance premiums.

Covered California reports that because of the subsidies, roughly 700,000 state enrollees are paying $1 a month for coverage from a brand-name health plan.

“The American Rescue Plan is making coverage more affordable than ever,” Lee said. “We want to make sure that people who have had their lives disrupted, or who need health insurance, know that they can turn to Covered California to sign up for coverage.”

Wildfire survivors have reported physical injuries or illnesses such as burns and respiratory conditions, in addition to behavioral health issues.

To learn about your eligibility, visit the Shop and Compare tool at www.coveredca.com, or call (800) 300-1506 if you do not have internet access.

Covered California opens special health insurance enrollment period for wildfire survivors
Staff

In an effort to help Californians who have been affected by the historic wildfires burning across the state, Covered California announced a special enrollment period for those living in counties where a state of emergency has been declared. Thousands of people have been displaced and hundreds of businesses and homes have been destroyed by wildfires in Alpine, Butte, Lassen, Nevada, Placer, Plumas, Shasta, Siskiyou, Tehama and Trinity counties.

“The wildfires have disrupted the lives of thousands of people across the state, and we want to make sure those affected know they can get financial help to have quality health care coverage,” said Peter V. Lee, executive director of Covered California. “Providing this path to coverage will ensure that those who have been affected by the fires have an opportunity to get quality coverage through Covered California or Medi-Cal.”
This new enrollment opportunity will allow these Californians to benefit from the new and expanded financial help from the American Rescue Plan that is offered through Covered California. The new law ensures that everyone eligible will spend no more than 8.5 percent of their household income on their health insurance premiums, which is dramatically reducing the cost of coverage for lower-income Californians and helping middle-income Californians save hundreds of dollars a month on their plans. The most recent data shows that nearly 700,000 enrollees now have quality coverage through brand-name health plans for $1 per month.

“The American Rescue Plan is making coverage more affordable than ever,” Lee said. “We want to make sure that people who have had their lives disrupted, or who need health insurance, know that they can turn to Covered California to sign up for coverage.”

Consumers who live in counties under a state of emergency have 60 days from the date the emergency was declared to sign up for coverage.

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

Consumers can easily find out if they are eligible for Medi-Cal or other forms of financial help and see 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:

► 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.

Covered California is the state’s health insurance marketplace, where Californians can find affordable, high-quality insurance from top insurance companies. Covered California is the only place where individuals who qualify can get financial assistance on a sliding scale to reduce premium costs. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget.

Depending on their income, some consumers may qualify for the low-cost or no-cost Medi-Cal program.

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

For more information about Covered California, please visit www.CoveredCA.com.

Los Angeles Times

Should the unvaccinated pay more for healthcare?
Michael Hiltzik

Americans have just about had it up to here with people who refuse COVID-19 vaccinations.

The signs are everywhere: More stringent vaccine mandates from governors in California and Washington. Righteous fury from healthcare workers exhausted from seemingly endless shifts on the front lines.

Warnings are proliferating about sick patients being turned away from hospitals because their emergency rooms, wards and hallways are filling up with unvaccinated COVID patients.

More venues are requiring proof of vaccination before allowing patrons or visitors through their doors. News articles about vaccine refusers who see the error of their ways on their deathbeds are losing their power to elicit sympathy.

And now, there is more talk of requiring the unvaccinated to pay for the consequences of their selfish inaction.

“People who don’t vaccinate are imposing costs on the community that they’re not paying for,” says Dorit Rubinstein Reiss, an expert in vaccine policy at UC Hastings College of the Law. She equates them with environmental polluters, who are often charged for cleaning up the messes they’ve created.

“This is not a new idea or a new question,” Reiss told me. She identifies three rationales for making the unvaccinated pay — to internalize the cost of their behavior, extract retribution for creating costs to their neighbors, and deterrence, i.e., to prompt them to get vaccinated.

First, it’s important to define which unvaccinated Americans we’re talking about, since the unvaccinated are not a monolithic group.

There’s the cadre of Americans who can’t be vaccinated because of legitimate medical concerns, who shouldn’t be penalized for underlying health conditions.

There are pockets of vaccine skepticism in Black and Latino communities, where distrust of the government is widespread and vaccine access is wanting. Education and outreach programs must work to boost vaccination rates among these communities.

And there are adults who resist vaccines because of partisan reasons, or who have allowed themselves to fall under the sway of ideologically inspired misinformation or disinformation.

It's hardly in doubt that vaccine refusal imposes costs on individuals and society. The unvaccinated account for the preponderance of COVID-19 patients landing in the hospital during the most recent pandemic surge in the U.S., placing a disproportionate burden on medical providers and the healthcare system, sometimes shouldering other patients out of the way.

They're more likely to become infected and more likely to become symptomatic than are the vaccinated, and therefore more likely to infect others, including children and others who can't be vaccinated for medical reasons. They can become safe harbors for new, potentially more transmissible and deadly variants of the coronavirus, putting everyone at risk.

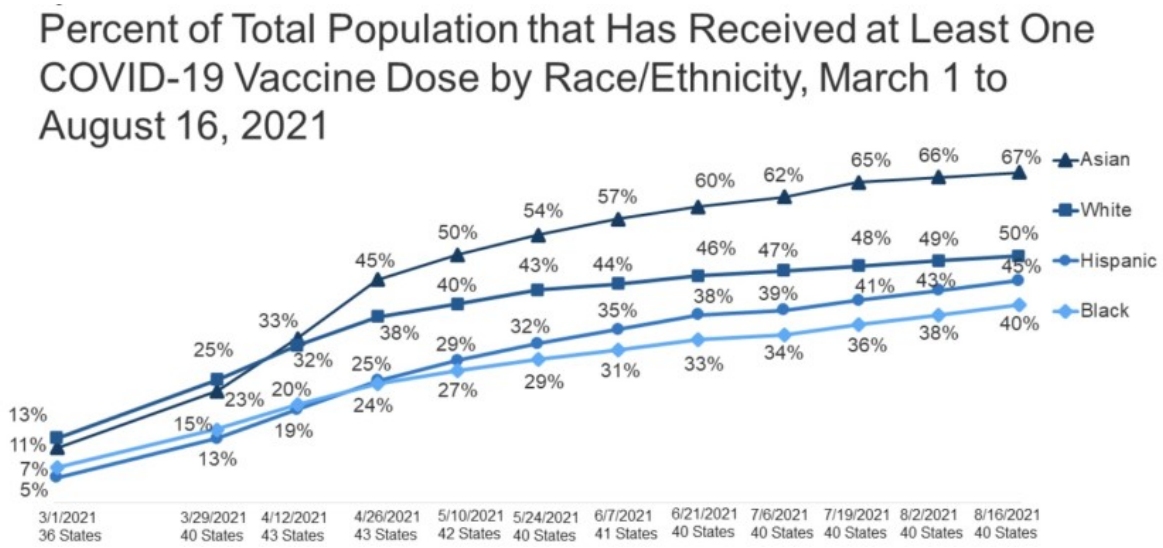
Government authorities have tried myriad incentives to move the country's rate of full adult vaccination higher than the current 62%, including positive reinforcement via monetary prizes and other blandishments. It's unclear how well they work, especially among those whose resistance is based on misinformation or partisanship.

So it's unsurprising that advocacy for making the unvaccinated pay more directly has been appearing increasingly often in public forums. Reiss and Arthur Caplan, a professor of bioethics at New York University's medical school, made the case in a recent article in the financial publication Barron's.

Economist Jonathan Meer of Texas A&M University argued in MarketWatch that "insurers, led by government programs, should declare that medically able, eligible people who choose not to be vaccinated are responsible for the full financial cost of COVID-related hospitalizations."

Meer was seconded by economist Justin Wolfers of the University of Michigan, who observed on Twitter that anti-vaxxers' "political positions are effectively being subsidized by members of insurance pools, taxpayers, and the vaccinated."

The increasing furor about unvaccinated Americans is plainly connected to the spread of the Delta variant, which is more infectious than earlier variants.



Vaccine rates remain lowest among Black and Hispanic Americans. (Kaiser Family Foundation)

The manifest threat of sickness or death from COVID-19, especially as the Delta variant spreads, even trumps the cynicism of such purveyors of anti-vaccination propaganda as Fox News. There, management decreed by memo that all employees must disclose their vaccination status, to the employer, not the public, by Aug. 17.

Some New York-based employees will have to be tested at least once a week, regardless of vaccine status, and all will be required to wear masks where social distancing can't be achieved, according to the memo. Such are the limits to the "freedom" to infect others defended so sedulously by Fox's on-air stars. (The Times also requires employees to report their vaccination status.)

Just to repeat what everyone should know: The safety and efficacy of the COVID-19 vaccines authorized on an emergency basis by the Food and Drug Administration have been established through the experience of roughly 200 million Americans who have received at least one dose. It's plain that, even if the vaccines aren't 100% effective in keeping people from contracting the disease at all, they appear to be hugely successful at holding serious disease requiring hospitalization at bay.

Other than by those with certain narrow medical excuses, waiting any longer to get the shot or avoiding it altogether can't be rationally justified.

Even as sentiment grows to require the unvaccinated to bear greater costs, the question is how to do so. That's a tougher question.

It’s not uncommon for society to discourage unsafe behavior through legislation or regulation. People are required to shovel their sidewalks free of snow, maintain their cars so their brakes work, wear motorcycle helmets.

“These are all precautions people have to take to prevent harm to third parties,” Caplan observes.

Arizona in 1995 enacted a statute known colloquially as the “stupid motorist law,” specifying that drivers needing to be rescued after ignoring signs warning them of a flooded area must pay for the rescue. (The law is enforced only spottily, however.)

That points to an obvious line of attack: through the court system. Unvaccinated people could be held civilly or even criminally liable if it can be shown that their behavior brought harm to others. That would require establishing a direct relation between an unvaccinated person and an infected victim, which can be difficult.

But patients infected in nursing homes where the staff isn’t 100% vaccinated, or housebound individuals infected after limited contacts with outsiders, might be able to connect the dots. “You have to have the right case, but I wouldn’t rule it out,” says Reiss.

As for billing unvaccinated patients for the cost of their medical care, the biggest obstacle might be the most important reform of the healthcare system in our lifetimes: the Affordable Care Act.

A key provision of the ACA bars insurance companies in the individual market from charging customers more based on their medical histories or denying them coverage altogether. It permits premiums in a given region to vary based only on smoking and, within limits, on the age of the customer.

That means that imposing a vaccination standard in the ACA market would probably require congressional approval. Whether that might happen probably depends in part on how rattled the lawmakers on Capitol Hill become from the spread of COVID, but politically, it’s unlikely.

It may not be necessary. Insured but unvaccinated people who end up in the hospital with COVID-19 already face high costs: They’re likely to breach their deductible and come up against their maximum out-of-pocket charges, which typically run to thousands of dollars.

Uninsured patients will leave the hospital, assuming they recover, with tens of thousands of dollars in bills.

“The community as a whole pays the price for people being unvaccinated,” says Peter Lee, executive director of Covered California, the state’s ACA marketplace. “But even more than that, those unvaccinated will pay the price — through illness, and through higher healthcare costs they’ll be paying out of pocket.”

That makes the discussion about imposing costs on the unvaccinated “a good thing,” Lee says.

“It’s a reminder that we want to educate and encourage everyone to get vaccinated,” he says. “Paying a little bit more premium pales in comparison to the incentive of recognizing that if you end up in the ICU, you’re going to walk out with a $40,000 bill.” Insurance may pay part of it, “but is that really dice you want to roll?”

The fundamental rationale for the limitation on medical underwriting, or keying premiums to customers’ health profiles, was that insurance companies couldn’t be trusted to serve the public interest by making affordable coverage more widely available.

That hasn’t changed. Insurers are constantly looking for ways to shift costs to customers; witness their efforts to penalize patients for “unnecessary” emergency room visits — a policy that requires patients to exercise their own medical judgment and entails insurers defining “unnecessary” any way they wish. It’s conceivable that, granted the ability to distinguish between customers by vaccination status, insurers will try to claim that almost any condition that lands an unvaccinated patient in the hospital is connected to COVID and therefore not covered.

In any case, the ACA governs mainly private policies in the individual market, not those of big employers. Employer plans, which constitute a far larger market than individual plans, “could use financial carrots and sticks under wellness plans to encourage COVID vaccination,” Larry Levitt of the Kaiser Family Foundation has noted.

Wellness programs are supposedly designed to encourage healthful behaviors among workers, such as weight loss or smoking cessation (though the indications are that they don’t work). The danger is that they can become punitive if the penalties for disapproved behavior are excessive or the programs invade workers’ privacy.

Life, disability and even homeowners insurance carriers could rate customer policies by vaccination status. “There’s a big insurance world out there,” Caplan says, “and they should start taking vaccination status into account” when they set policy premiums.

That means that penalties for vaccine refusal should be carefully implemented so they don't unduly burden communities of color or low-income populations that may have difficulty accessing healthcare even in normal circumstances.

On the other hand, Caplan argues, those who remain unvaccinated because they're wary of side effects or can't find the time or a place to get a shot may be easier to persuade to join the legion of the vaccinated. That leaves those who resist because of ideology or politics.

"I don't think they're either persuadable or incentivizable," Caplan says. "We went through persuasion and carrots, so it's time to think about what sticks will work."

He's right. Vaccination holdouts are turning into the greatest threat to public health during the COVID plague. When push comes to shove, people appear more likely to act to avoid financial or social threats to their lifestyle than the promise of a lottery win. That may be especially true if they don't believe COVID is a genuine threat. It's time, then, to stop pushing and start shoving.

About half of Covered California enrollees pay $1 monthly premium for health care coverage
Cathie Anderson

Close to half the people who bought health insurance through Covered California this year — 46.7%, to be exact — are paying $1 a month for coverage as a result of new subsidies from the American Rescue Plan, the agency announced Thursday.

Peter V. Lee, the executive director of Covered California, said: "We are seeing clear evidence that the law is helping families by lowering premiums, increasing enrollment and addressing health disparities."

A record 1.6 million California residents have signed up for a health care policy through the state-based insurance exchange as it has opened special enrollment periods, according to Covered California. The agency has enrolled 257,350 people since it started promoting the new benefits of the American Rescue Pan on April 12, Lee said, and that's 164% higher than in 2019 when the state last held a special enrollment.

According to Covered California, a higher proportion of the incoming enrollees are from the African-American and Latin-American communities, both of which have been hit hardest by the COVID-19 pandemic.

Roughly 738,000 people, including two-thirds of households making less than 200% of the federal poverty level, are paying $1 a month for coverage, according to agency data, while Californians in working-class households, which includes individuals making less than $25,520 annually and a family of four earning less than $52,400, are paying monthly premiums that average $35. The average gross premium is $741.

Middle class consumers, those households making 400% of the federal poverty level, are getting federal subsidies for the first time since states and the federal government started offering insurance plans through the Affordable Care Act . What this means is that individuals making between $51,040 and $76,560 and families of four with household income of $104,800 to $157,200 are saving an average of 70% a month on premiums.

“These are the self-employed and the small-business owners that power our state, and the American Rescue Plan is using the Affordable Care Act to save them hundreds of dollars every month on their health care coverage,” Lee said.

He noted that the new subsidies have come at just the right time for people like professional photographers Erin Lubin and Jakob Mosur, whose income dropped drastically amid the shutdowns of the COVID-19 pandemic.

Lubin said: “The pandemic has shown us that any family can have an unpredictable income due to forces beyond anyone’s control. We feel incredibly fortunate to have this access, and we know it is vitally important for families like ours, families with unpredictable income, to have the security and peace of mind that comes with access to quality, affordable health coverage.”

To check on your eligibility or to ask questions, visit www.coveredca.com or call (800) 300-1506.

Covered California Reports New Data Shows How the American Rescue Plan Is Driving Down Costs for Californians and Helping More People Get Health Insurance

Staff

August 20, 2021 - SACRAMENTO, Calif. — Covered California released new data on Thursday that highlights the positive impact the American Rescue Plan is having on the lives of Californians. The law builds on the Affordable Care Act to expand the amount of financial help available to consumers, helping people across all income brackets, by driving premiums down with more financial help than ever before.

“The American Rescue Plan is helping Californians get covered by building on the Affordable Care Act to increase financial help in meaningful ways,” said Peter V. Lee, executive director of Covered California. “We are seeing clear evidence that the law is helping families by lowering premiums, increasing enrollment and addressing health disparities.”

Speaker of the House Nancy Pelosi hailed the results of the American Rescue Plan.

“During the pandemic, the president’s American Rescue Plan has delivered lower health costs for working families,” said Speaker Nancy Pelosi. “We are fighting to build on this historic progress by making health care more accessible and affordable ‘For the People.’ I am grateful for Covered California’s leadership in helping families take advantage of the benefits in the Rescue Plan, and I look forward to our continued partnership to deliver on our shared belief that health care is a right and not a privilege.”

Record-High Enrollment

The American Rescue Plan has helped drive Covered California’s overall enrollment to a record-high 1.6 million people. The data shows that more than 364,000 people signed up for coverage between February and Aug. 10, which is more than two times higher than the same time period during the last special-enrollment period in 2019 that was not affected by the COVID-pandemic.

The pace of sign-ups has increased since Covered California began promoting the benefits of the American Rescue Plan on April 12. Enrollment since then is 164 percent higher than the same time period in 2019 and is 29 percent higher than 2020 at the

height of the pandemic and recession (see Table 1: Covered California 2021 Special Enrollment Through Aug. 10).

Table 1: Covered California 2021 Special Enrollment Through Aug. 10

	2021	Change from 2019	Change from 2020
February through Aug. 10	364,860	110%	12%
April 12 through Aug. 10 (American Rescue Plan SEP)	257,350	164%	29%
Overall enrollment*	1,580,170	18%	3%

** Overall enrollment as of June 2021, compared to June 2020 and June 2019.*

In addition, Covered California is seeing a higher proportion of consumers signing up who are African American or Latino, two communities hit hardest by the pandemic.

“Coverage is a key part of addressing the nation’s history of health disparities, and the American Rescue Plan is the vital tool at the right time,” Lee said.

Lower Premiums and Bigger Savings

The law is building on the Affordable Care Act to lower premiums and provide bigger savings for California households across all income brackets, making coverage more affordable and more accessible.

For lower-income households, which includes individuals making less than $25,520 a year and a family of four earning less than $52,400, the average monthly premium is now $35, which represents a roughly 95 percent savings off the average gross premium of $741 (see Table 2: Covered California Household Average Premium and Savings).

Many Californians are enjoying even lower premiums, as the new data shows that 738,000 people are currently enrolled in quality coverage through Covered California for just $1 per month, including two-thirds of those making less that 200 percent of the federal poverty level (FPL).

Eligible middle-income households making more than 400 percent FPL, some of whom were eligible for a California subsidy program starting in 2020 but who were previously ineligible for federal financial help, are saving an average of nearly $800 per month, as their premiums have been reduced by more than 70 percent. The income ranges for this bracket are between $51,040 to $76,560 for an individual and $104,800 to $157,200 for a family of four.

“These are the self-employed and the small-business owners that power our state, and the American Rescue Plan is using the Affordable Care Act to save them hundreds of dollars every month on their health care coverage,” Lee said.

Table 2: Covered California Household Average Premium and Savings

Income Bracket	Average Gross Premium	Average Net Premium (What Consumers Pay After Federal Subsidy)	Average Savings
138%-200% FPL	$741	$35	$706
200%-400% FPL	$904	$139	$765
400%-600% FPL	$1,105	$307	$798
600% and higher	$1,244	$712	$532

** Visit https://www.coveredca.com/pdfs/FPL-chart.pdf for a breakdown of income brackets by dollar figures.*

Some of the people benefiting from the American Rescue Plan are Erin Lubin and Jakob Mosur and their family. They work as professional photographers, and like many Californians, their business dried up during the pandemic.

Faced with a drastic drop in their income, they were able to get lower premiums through Covered California and the American Rescue Plan and keep their coverage.

“The pandemic has shown us that any family can have an unpredictable income due to forces beyond anyone’s control,” Lubin said. “We feel incredibly fortunate to have this access, and we know it is vitally important for families like ours, families with unpredictable income, to have the security and peace of mind that comes with access to quality, affordable health coverage.”

Californians Can Sign Up Now

Covered California is currently in a special-enrollment period, and consumers who need health insurance can sign up now and begin benefitting from the American Rescue Plan.

Consumers can easily find out if they are eligible for Medi-Cal or other forms of financial help and see 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.

HEALTHCARE FINANCE

Bright HealthCare expands to 42 new markets
Susan Morse

Health insurer Bright HealthCare is expanding into 42 new markets for 2022, including in Texas, Georgia, Utah and Virginia.

Texas has the third largest individual and family plan population, Bright Healthcare said, so offering plans in this state significantly expands Bright HealthCare's total addressable market.

The company also announced an expanded product portfolio in states where it already does business, including Florida, California, Colorado and North Carolina.

Bright Healthcare is also being added to Covered California, California's state-based exchange.

WHY THIS MATTERS

Bright HealthCare offers commercial and Medicare health plan products to approximately 663,000 consumers in 14 states and 99 markets as of June 30, 2021.

The company is built around a payer and provider integrated and technology-enabled model of care, according to G. Mike Mikan, CEO and president of Bright Healthcare's parent company, Bright Health Group.

The planned growth of this model for 2022 brings Bright HealthCare's overall footprint to 17 states and 131 markets nationwide next year, reaching over 16.5 million eligible consumers.

The expansion is subject to benefit plan approval by the Centers for Medicare and Medicaid Services and/or final state regulatory approval, including requisite state insurance or HMO licensure approvals.

THE LARGER TREND

Bright HealthCare also announced an expansion last year. In June 2020, it announced it would expand its Medicare Advantage, individual and family-plan products in six new areas in Florida, North Carolina and Illinois and add fully-insured small business plans to available products in certain markets.

Bright HealthCare includes individual and family, Medicare Advantage and employer-sponsored plans.

Bright HealthCare also participates in a number of specialized plans and is among the nation's largest providers of Chronic Condition Special Needs Plans, a health plan that exclusively serves individuals with severe or disabling chronic conditions.

These plans are built around the proprietary DocSquad technology to produce better outcomes.

Bright Health Group's NeueHealth offers virtual and in-person clinical care to nearly 170,000 patients under value-based contracts through 44 owned primary care clinics and support 87 additional affiliated clinics.

ON THE RECORD

"Across nearly every one of our products and markets consumers are choosing Bright HealthCare. This shows that our integrated Care Partner model works." said Simeon Schindelman, CEO, Bright HealthCare.

"Our continued growth in expansion states like Texas, as well as existing states like California and Florida is further proof that our transformative model is not only meeting demand, but more importantly, lowering healthcare costs and improving quality for consumers while also building durable, trusting two-way relationships between consumers and primary care providers."

verywell

State-Funded Health Insurance Subsidies: How Do They Work?
Louise Norris

For millions of Americans who purchase their own health insurance through their state's health insurance exchange, the monthly premiums are subsidized by the federal government in the form of a premium tax credit. And millions of enrollees also receive cost-sharing reductions. The federal government no longer pays insurers to provide this benefit, but it's still available to all eligible enrollees.

The federally funded subsidies are available nationwide, but some states also offer their own state-funded subsidies that are available in addition to the federal subsidies. Some predate the Affordable Care Act (ACA) which created the federal subsidies, and some have been created more recently in an effort to enhance the affordability that the ACA provides.

Here's an overview of how they work, including in states with subsidies that were instituted before the ACA, states that developed them afterward, and states that are proposing to start them.

State Subsidies That Predate the ACA's Subsidies

The ACA's premium tax credits became available starting in January 2014. But Massachusetts and Vermont already had programs in place to subsidize the cost of health coverage and medical care for state residents with modest income.

Massachusetts
In Massachusetts, the program debuted in 2006, when the state implemented extensive healthcare reforms. Those reforms are widely regarded as a blueprint for the subsequent federal legislation that created the ACA.

At that point, Massachusetts began requiring state residents to maintain health coverage—a requirement that's still in place today. To make this feasible for lower-income residents, the state created a program called Commonwealth Care, which provided premium subsidies to state residents with household income up to 300% of the poverty level.1

The subsidies were funded with a combination of state dollars and federal matching funds. When the ACA was implemented, the program became known as ConnectorCare. It continues to provide additional subsidies to residents who earn no more than 300% of the poverty level.2

ConnectorCare plans are provided by private health insurance companies, just like the other health plans offered for sale through the health insurance exchange in Massachusetts.

As of 2021, premiums for ConnectorCare plans range from $0 to $133 per month, depending on income.3 The rest of the premium is subsidized via a combination of state subsidies and the federal premium tax credits provided by the ACA.

The ConnectorCare plans also have lower cost-sharing than other self-purchased plans available in Massachusetts. They do not have deductibles, and most services are covered with fairly low copays.

Massachusetts residents can access ConnectorCare plans through Massachusetts Health Connector, the state's health insurance exchange. For 2021 coverage, 300% of the poverty level is equal to $38,280 for a single adult and $78,600 for a family of four.3

Vermont
Vermont also debuted a state-funded health insurance subsidy program in 2006, called Catamount Health. This program was designed to provide health coverage on a sliding fee scale to residents who would otherwise be uninsured.4

When the ACA's premium subsidies became available in 2014, Vermont transitioned Catamount Health enrollees to subsidized coverage offered through Vermont Health Connect (the state's exchange). But the state continues to fund additional premium subsidies and cost-sharing reductions for enrollees who earn up to 300% of the poverty level.

The ACA's cost-sharing reductions extend to households with income up to 250% of the poverty level. Vermont's additional cost-sharing reductions make this benefit more robust for applicants with income between 200% and 250% of the poverty level.

The state also provides cost-sharing reductions to people who earn between 250% and 300% of the poverty level. These applicants would not be eligible for cost-sharing reductions at all without the state's program.

As is the case with the ACA's cost-sharing reductions, Vermont's cost-sharing reductions are only available if eligible applicants select a silver plan through Vermont Health Connect.5

Vermont also provides a state-funded premium subsidy that supplements the ACA's premium tax credit. It's available to Vermont Health Connect applicants with household income up to 300% of the poverty level. You can use Vermont Health Connect's plan comparison tool to see how this works.

As an example, a 50-year-old applicant earning $38,280 (exactly 300% of the poverty level) will qualify for a total premium subsidy of $526/month in Vermont.

This is a combination of the ACA's premium tax credit (which has been enhanced by the American Rescue Plan) and the Vermont Premium Assistance program. Without Vermont's extra subsidy, the total subsidy amount would be $490, so the state is providing an additional $36/month in subsidies for this person.

After both subsidies are applied, their after-subsidy cost for the benchmark plan (second-lowest-cost silver plan) will be about $155/month. Without the state's assistance, it would have been about $191/month.

New State-Funded Subsidy Programs
California
California debuted a state-funded premium subsidy program in 2020. The additional premium subsidies supplement the ACA's premium tax credits that were already available through Covered California (the state's health insurance exchange).

The majority of the funding for the program was allocated to provide subsidies for enrollees with income between 400% and 600% of the federal poverty level. People with income above 400% of the poverty level were ineligible for the ACA's premium subsidies before 2021, so California's state-funded subsidy helped make coverage more affordable for people in this income range.

But the American Rescue Plan temporarily eliminated the income cap for premium subsidy eligibility. This means that many households with income well above 400% of the poverty level are eligible for federal premium subsidies in 2021 and 2022.

The American Rescue Plan has also increased the size of premium subsidies for people who already qualified for subsidies. The result is that after-subsidy premiums are lower with just the federal subsidies than they would have been with the previous federal and state subsidies.6

So California is not currently providing additional state-funded subsidies, as they're not necessary for as long as the American Rescue Plan's subsidy enhancements remain in place. For now, that's through 2022, although Congress might extend those provisions with future legislation.

New Jersey
New Jersey created a state-funded premium subsidy program that debuted in 2021, called New Jersey Health Plan Savings. This program, available through the state's exchange (Get Covered NJ) was initially designed to provide premium assistance to applicants with income up to 400% of the poverty level.

But once the American Rescue Plan eliminated the income cap for federal subsidy eligibility, New Jersey expanded the state-funded subsidy program so that it helps applicants with income up to 600% of the poverty level.7

You can use Get Covered NJ's plan comparison tool to see how the subsidy program works. Let's consider the same example we used for Vermont.

A 50-year-old who earns $38,280 in 2021 will qualify for a federal premium tax credit in addition to a $100/month subsidy through the NJ Health Plan Savings program. This will bring the cost of the benchmark plan down to under $92/month.

Without the state's additional subsidy program, the benchmark plan would have been about $191/month—the same as the cost for the benchmark plan in Vermont before the state's subsidy program was applied.

State-Funded Subsidy Programs Coming Soon

Washington
Washington state lawmakers have been working on a state-funded premium subsidy program since 2019. The new subsidy will become available as of 2023 and will provide additional premium assistance and cost-sharing reductions to applicants who earn up to 250% of the poverty level.8

The new program will be available through the state's exchange, Washington Healthplanfinder. Applicants will have to enroll in either a silver or gold standardized plan in order to access the state's additional subsidies.

Washington's exchange debuted standardized plans as a purchase option as of 2021.

Colorado
Colorado has also enacted legislation that will create state-funded premium reductions that supplement the federal government's premium tax credits. As is the case in other states, this program will only be available through the exchange, Connect for Health Colorado.

Colorado's program will debut in two stages: Starting in 2022, the state will provide funding directly to health insurance companies to reduce after-subsidy premiums and/or out-of-pocket medical costs for people who already receive federal premium tax credits.9

Then in 2023, Colorado will provide additional state-funded premium subsidies for enrollees who earn up to 300% of the poverty level, but for whom federal premium tax credits are not available. This includes undocumented immigrants, as well as people affected by the ACA's "family glitch."10

Other states may also opt to create their own state-funded health insurance assistance programs in the future. The American Rescue Plan has made premiums more affordable for millions of people who purchase their own health coverage, and Congress may decide to make these federal subsidy enhancements permanent.

But there are still concerns that out-of-pocket medical costs are unaffordable for many enrollees, and this is an area of ongoing legislative focus in several states.

Summary
If you buy health insurance on your state's health insurance exchange, you may be eligible for a federal subsidy. In some states, you may also be eligible for a state subsidy. The requirements differ in each state.

CAPITOL WEEKLY
COVERING CALIFORNIA GOVERNMENT AND POLITICS

Capitol Weekly's Top 100: The year of living dangerously

Staff

Welcome to California in the year of living dangerously.

Intense politics and natural disasters are common in the Golden State. This year we had them both.

As if the interminable pandemic, wildfires and drought savaging the state weren't enough, we have added in a recall campaign against Gov. Newsom that is projected to cost the state $215 million …. and, perhaps, our patience. What started as the subtext to a bad joke has since gained a degree of traction. While we believe its chances of succeeding are slim, there is no denying that the recall has shaped behavior in Sacramento.

So this year's list, as you'll see, reflects the recall – but also much more than that.

The state budget may be in the best shape ever, following a brief interlude of a projected multibillion-dollar shortage that, amazingly, was superseded by a $38 billion surplus. Roads are getting fixed, finally. Health care seems to be getting an infusion of money, state and federal, and the Medi-Cal program covers an astonishing one-third of California's population. We seem to be getting a handle on the jobless benefits scandal – $2 billion was a recent loss estimate – as accountants and investigators follow the money and figure out how it all went awry,

Not everything is rosy: Housing availability is a disaster, rents are stratospheric and homelessness is intractable.

"Roller-coaster" may be the term for describing California this year, starting with COVID-19. Cases go up, then go down, then rise again and flatline, then go down, then spike again. Masks are on, then off, then back on outdoors, then back on indoors.

In a sense, the pandemic begat the recall. That's because the central message of the pro-recall forces shaped Newsom's on-again, off-again rules over lockdowns and masks as an abuse of power – a narrative that seemed especially powerful in Orange County. And, as many have pointed out, the only reason the recall effort qualified is

because Sac County Superior Court Judge James R. Arguelles extended the signature-gathering period due to COVID.

It was difficult to ignore Republican Kevin Falconer, the former San Diego mayor and one of 46 candidates challenging Gov. Newsom. But one of our Top 100 criteria is this: How much does someone shape policy in Sacramento?

No doubt the recall effort shaped Newsom's behavior and his policies in the months preceding the election – our list shows it. But Falconer consistently didn't rank high enough among the other contenders to shine; we didn't include him. Or Larry Elder. Or John Cox. Or Tag the Bear, for that matter.

Enough of the recall. This year's Top 100 list includes a number of new faces and the departure of others who may be back next year. As usual, the list is top-heavy with the Horseshoe denizens, lobbyists and labor. It's also light on Republicans, but we tried to do better this year and snuck a few in.

This year also saw a number of high profile exits from the list: longtime Metropolitan Water District head Jeff Kightlinger finally made good on his threat to retire; Pres. Biden tapped Catherine Lhamon to lead the Office for Civil Rights; and Gov. Newsom appointed Marty Jenkins to the California Supreme Court. And, of course, Ann O'Leary (see no. 1).

We didn't sit down in coffee shops or bars to glean comments for the list. Instead, we did it by phone and email; totally boring.

Well, there it is. A subjective view of California's non-elected political power structure. Take a look, then get back to work…

John Howard
Editor, Capitol Weekly

1 Jim DeBoo
Jim DeBoo is the governor's chief of staff – executive secretary is the official title – and he was named to the post in December following the abrupt departure of Ann O'Leary, who reportedly left to take a position in the Biden administration (thus far, she hasn't). DeBoo, a devout 49ers fan, is a jack-of-all trades: He's been a lobbyist, a political strategist and a ranking manager in the Legislature, including interim chief of staff to former Speaker John Pérez, to temporarily filling the position of Greg Campbell (see No. 95). A governor's chief of staff is sort of like a traffic cop presiding at the highest intersection of politics and management, and DeBoo fills the bill. Newsom brought him in for his political acumen as much as his executive smarts, and it was a good move:

The Republican-dominated recall, once viewed with contempt as just another smack at the governor, has gained traction and DeBoo is coordinating the fight against it. DeBoo also holds a Capitol Weekly record: He has jumped the most ground in one year on the Top 100, moving from No. 64 last year to No. 1 today. We make no apologies. The announcement of his appointment as chief of staff to "lead the Office of the Governor alongside Cabinet Secretary Ana Matosantos" caused confusion – okay, Capitol Weekly was confused – so the obvious question was, "Who's running the show?" Opinion is divided here, but the bottom line is that this is a year of intense political turmoil with drought, wildfires, a stubborn pandemic and, of course, the recall. The administration's task is to define for the public a positive answer to the essential question: What's Newsom doing about all this? That's where DeBoo comes in.

2 Ana Matosantos

Cabinet Secretary Ana Matosantos knows money and she knows government, in spades. She also knows politics, although most agree that her role right now is more policy. In effect, Matosantos runs California's government, exercising authority through the cabinet to make sure the trains run on time. When Ann O'Leary left, Matosantos seemed like the logical person to take the chief of staff's job, but the governor wanted to go heavy on the politics and brought DeBoo in. The Stanford-educated Matosantos' record is amazing: She ran the top entity in state government – the Department of Finance – under both Arnold Schwarzenegger and Jerry Brown, and she remains the go-to person for Newsom on all things fiscal. She's navigated multibillion-dollar budget shortages and drew praise from most in the Capitol, including notorious cheapskate Brown. Now, in what must be a refreshing relief, she's managing the state's huge surplus. Assigning Matosantos to the No. 2 slot wasn't easy – we went into this list with her as the obvious choice for No. 1, but ultimately were dissuaded.

3 Angie Wei

Angie Wei has been viewed, rightly, as a top labor leader – she spent a decade as the chief of staff at the California Labor Federation – and her entrance into the Newsom administration reflected the governor's effort to maintain a strong bridge to organized labor. Most – but not all – say that's exactly what she did, although you'd never know it from her original, jaw-breaking title, "Chief Deputy Cabinet Secretary for Policy Development." Now, Wei is Newsom's Legislative Secretary, which means it's her job to get the Democratic governor's agenda through a balky Legislature, no easy feat, even though the Legislature is overwhelmingly dominated by Democrats. But there is more to it than that: Wei also is a major communications voice and strategy voice in the Horseshoe – she worked closely with strategist Daniel Zingale – and her reach spreads definitely beyond whatever her job title suggests. When we put together last year's list there were rumors that Wei was leaving the administration, but that didn't happen. Given the current political landscape, Newsom is happy she didn't.

4 Mark Ghaly
It's been a helluva year for Dr. Mark Ghaly, Secretary of Health and Human Services, a Cabinet-level post at the tip of the state's health bureaucracy and the principal health adviser to Gov. Newsom. The interminable COVID-19 pandemic has ravaged California – about 64,000 deaths and 4 million confirmed cases since early last year, and it's been a roller-coaster ride. First, there was the spread of the disease, then it retreated, then it was spreading again. Then the variants popped up, then receded, then popped up again. The latest, frightening Delta variant is hitting people who have been vaccinated twice, among others. Then there are people who refuse to wear masks, and see common-sense health advice as the path to government dictatorship. Ghaly is Newsom's point man on all things health and regularly briefs the public. He knows health: He has degrees in biology and biomedical ethics from Brown University, a medical degree from Harvard Medical School, and a Master's Degree from Harvard's School of Public Health. BTW, his wife Christina Ghaly directs L.A. County's Department of Health Services.

5 Marybel Batjer
Marybel Batjer is the president of the California Public Utilities Commission, one of the state's most powerful regulatory bodies, with a vast sway over telecommunications, railroads, investor-owned utilities, and more. That's a big deal, especially now. Last year, the PUC gave its blessing to PG&E's bankruptcy plan, a major decision after the giant utility was on the hook for billions of dollars worth of damages to property owners, in part because of PG&E power lines that sparked blazes. The five-member PUC also fined PG&E $1.9 billion – the largest penalty the commission ever levied. A key player here is Batjer, who only has one of the five votes on the commission but who has wide influence in setting the agenda. Batjer, a troubleshooter, is no stranger to state government. Jerry Brown named her the first head of the Government Operations Agency – known as "GovOps" – in 2013, and Newsom placed her at the head of the panel to reorganize the complaint-plagued DMV, which she did successfully. Earlier, she was Arnold Schwarzenegger's cabinet secretary.

6 Robbie Hunter
Robbie Hunter leads the powerful State Building and Construction Trades Council — for now. He announced his retirement in June, catching the Capitol by surprise because he departs at the peak of his powers. But, he'll be around until BCTC finds his successor, so he's still in the saddle and on our list – in fact, our highest-ranking labor leader. Hunter's BCTC, which he has led since 2012, is affiliated with unions representing 450,000 workers. He has no problem defending his turf and picking fights, such as when he publicly complained after the governor booted him off a work commission. They sorted it out, but tensions remain. (He even smacked Capitol Weekly, when we invited a speaker he found objectionable to one of our discussion forums.) The Irish-born Hunter lives and breathes unions: His great-grandfather John Quinn, himself a

labor organizer, used to tell how famed Irish labor leader James Connolly slept on the family couch. Hunter first appeared on this list in 2013, at No. 55, and was in the top 10 by 2015, where he's resided almost every year since.

7 Keely Bosler|
Keely Bosler directs the Finance Department, and if you had to pick a year to hold the job, this might be it: Going into the latest fiscal year, the state had a $38 billion surplus, and as Humphrey Bogart said in The Maltese Falcon, "That's a lot of dough." It's better to be flush than strapped, and Bosler helps the governor sort through the priorities. Bosler is a successor to Ana Matosantos (See No. 2), to whom she reports, which means that state spending gets careful vetting from Newsom's two top fiscal people. Earlier during the Brown administration, Bosler held the position, cabinet secretary, that Matosantos holds now. Bosler replaced Dana Williamson (See. No. 93). The roller-coaster ride we mentioned, referring to Covid, also holds true for money. When Bosler came into Finance, there was a hefty budget surplus. The following year there was a daunting $54 billion shortage, and now we're back with a big surplus. Nobody knows how long that will last, but it came as a big surprise that a pandemic-era budget would be so fat. Bosler's fingers remain crossed.

8 Ann Patterson
Newsom's legal affairs secretary is Ann Patterson, which means she's the governor's top adviser – and negotiator – on the state's legal business. Much of her time earlier was spent on the intense negotiations between the state and PG&E, a pre-pandemic priority of the governor. But that may have been supplanted more recently by the issues surrounding the pandemic, including challenges to the governor's rules concerning masking, closures and back-to-school policies. Patterson got the gig after she replaced Catherine Lhamon, who departed for the Biden administration. Lhamon's chief deputy had been Kelli Evans, who Newsom named in July to the Alameda County Superior Court. Before coming to the administration, Patterson, a graduate of the McGeorge School of Law, was a partner at Orrick, Herrington and Sutcliffe, where she was a co-leader of the public policy unit. Husband Nathan Barankin is president of Oak Tree Strategies Group, a communications consultancy, and former chief of staff to Kamala Harris when she was state attorney general and U.S. senator.

9 Jennifer Siebel Newsom
The governor's wife, Jennifer Siebel Newsom, clearly belongs on this list, but where? With Jerry Brown's wife, it was easy: Anne Gust Brown managed the governor, advised him on politics and policy – she even reviewed legal briefs when he was state attorney general – and organized his life. Siebel Newsom may not wield such large clout, but she definitely is a powerful force. Newsom consults her and pays close attention to her advice on early education, gender equity, toxic masculinity and childhood health care, among other issues, and she reportedly had a decisive role in the appointment of the

state's first surgeon general, Nadine Burke Harris. She doesn't like the title "First Lady," but prefers "First Partner" – and that's how she appears on the Byzantine official flow chart of the governor's office. She grew up in Marin County and holds an MBA from Stanford. A filmmaker, she created the documentary Miss Representation, which detailed the media's flawed depiction of powerful women.

10 Dee Dee Myers

California political reporters with long memories may recall Dee Dee Myers from her days as spokeswoman for Tom Bradley's 1986 gubernatorial campaign. She impressed newsies then, and she went on to impress just about everyone else soon enough. She was a spokesperson for Michael Dukakis and Dianne Feinstein, and she did two years as President Bill Clinton's press secretary – the first woman to hold that job, and the second youngest. She wrote a New York Times bestseller, Why Women Should Rule The World, and from 2014 to 2020 she was head of communications for Warner Bros. She also was a script adviser and consultant for The West Wing. So with all that, what is she doing in the Horseshoe? Her job is to develop and communicate Newsom's "California Roars Back," which gets the word out about California's economic power. Since California actually seems to be roaring back, that shouldn't be too hard. Myers' husband, Todd Purdum, is the national editor of The Atlantic; they have two children.

11 Richard Figueroa

Richard Figueroa is a key health adviser to the governor and the inner circle's contact point for rival health interests. Ghaly knows health issues, but Figueroa knows health politics and the inside battles, the result of a long career in the Capitol. Figueroa's rolodex of health contacts is legendary. He is the first call of health-industry representatives looking for guidance from the administration or for support for their proposals. As the pandemic has deepened, Figueroa's role has steadily intensified. His official title is Deputy Cabinet Secretary – an elastic term that covers a lot of territory, and the same one he had under Arnold Schwarzenegger – but his real role is to serve as the governor's political brains on health-related politics and policy. Figueroa, who came to Newsom's team from the California Endowment, served as Gray Davis' deputy legal secretary and was the legislative director for Rep. John Garamendi, a former state lawmaker and insurance commissioner.

12 Allan Zaremberg

Allan Zaremberg has been with the California Chamber of Commerce for nearly 30 years, and its top dog – president and CEO – for more than 20. He's a perennial figure on this list, and for good reason: He heads the state's most politically powerful business group, and is aggressive about picking and winning political fights. Zaremberg is a staunch Republican who cut his teeth in the Deukmejian administration, but he's also a pragmatist who makes alliances to benefit business interests, such as when he cozied up to Democrat Gray Davis – a move that caught the Capitol by surprise. The Chamber

has a full-throated political operation, and its principal spin effort – labeling legislation it opposes as “job killers” – may be long in the tooth but still gets traction. As we went to press, there were the inevitable rumors that Zaremberg was planning to retire. Since Capitol Weekly loves rumors, we thought we’d let you know.

13 Jason Elliott

Jason Elliott has carried several titles in the Horseshoe, and his latest is “Senior Counselor and director of Intergovernmental Affairs,” which seems to cover a lot of territory – and it does. He watches political issues like a hawk, tracks and explains the arcane budget process, and weighs in on such things as homelessness, evictions and the housing crisis, and routinely smacks recall backers, among many other activities. We know this because he is aggressive on Twitter and provides a useful feed. Elliott initially drew attention on California’s housing crisis, when he was known as the “Senior Counselor for Housing and Homelessness,” and later he became Newsom’s “Chief Deputy Cabinet Secretary for Executive Branch Operations.” But whatever he’s called, he reports directly to chief of staff Jim DeBoo. Elliott and Newsom go way back: He worked for Newsom when the latter was mayor of San Francisco, and he worked on Newsom’s gubernatorial campaign as a senior adviser. He is married to Nicole Elliott, director of the state Department of Cannabis Control.

14 Dustin Corcoran

Dustin Corcoran is the CEO of the California Medical Association, a group that represents some 50,000 general practitioners and specialists, and the CMA is involved, directly or indirectly, in virtually every major health battle in the state. In this era of the pandemic, the CMA – not surprisingly – spreads the word on the need for masking and vaccinations. It has urged boosting cigarette taxes to curb smoking, and has a suit against Aetna regarding out-of-network patient care, but other political fights remain simmering. Voters next year will be asked to weigh in on a delayed ballot initiative backed by personal injury lawyers and consumer advocates that would raise pain-and-suffering awards, capped at $250,000 since 1978, to about $1.2 million, a figure reflecting inflation. The fight is over MICRA – the Medical Injury Compensation Reform Act – and it has been going off and on for more than 40 years between doctors, lawyers and insurers. Corcoran has been with CMA for 32 years, and became its top executive in 2010.

15 Rusty Hicks

Rusty Hicks has had quite a ride as the head of the California Democratic Party. He took over in 2019 in the wake of the forced departure of his predecessor Eric Bauman, who was snared in a sexual harassment scandal. Later, the state slid into a pandemic, forcing the party – and just about everyone else – to reorganize operations. Amid the pandemic, a recall drive against Gov. Gavin Newsom emerged and ultimately made the statewide ballot for Sept. 14 of this year. Hicks and his members are opposing the

recall, defining it as a partisan move launched by Republicans to recoup waning influence in a Blue State. Hicks, who lives in Pasadena, served as California political director of Barack Obama's 2008 presidential campaign. He was born in Fort Worth, Texas, and attended Austin College. He came to California in 2003, and has a law degree from Loyola.

16 Carmela Coyle

We've alluded to roller-coaster rides before in this list, and nowhere is that truer than with California's hospitals. Just ask Carmela Coyle, president and CEO of the California Hospital Association. The hospitals had available beds, then their capacity was stressed, then they faced a dearth of patients and lost money, then they got crammed beyond capacity as the pandemic spiked anew. Nowhere are the ups and downs of the COVID-19 pandemic more visible than in hospitals, especially in the emergency rooms where thousands have died. The CHA represents 400 hospitals and health systems, and is a potent voice in Capitol politics. Among its current positions, it supports extending Medi-Cal services to all regardless of age or immigration status. Coyle came to the CHA in 2017 after heading the Maryland Hospital Association for nine years, and before that she spent 20 years in senior policy positions at the American Hospital Association.

17 Yolanda Richardson

Yolanda Richardson heads a cabinet-level agency called "GovOps," or Government Operations Agency, which Jerry Brown created in 2013 and is intended to bring organization and rigor to nearly a dozen state operations, including Human Resources, the Census Office, the Franchise Tax Board, CalPERS, CalSTRS and something called the Department of Tax and Fee Administration, among others. Phew! Running GovOps must be like herding cats, but people we talk to say Richardson is doing the deed. Gov. Newsom appointed her in January 2020, and four days after being sworn in, Newsom ordered her to handle the burgeoning pandemic. (Welcome to GovOps, Yolanda). Richardson is viewed as smart and fast with a get-things-done attitude – one of her first chores was transitioning state employees to work from home – and we hope that continues to be true as she rides herd over big bureaucracies. She also was part of the state's acquisition of personal protective equipment, an acquisition that drew harsh scrutiny last year. Richardson is a former chief deputy director of Covered California, and served there for five years.

18 Brian Rice

The California Professional Firefighters represent 30,000 local firefighters, who are a potent political force. Democratic governors – Jerry Brown, for example – have turned to them for help – and they've delivered. The head of the CPF is Brian Rice, an outspoken labor leader who spent 12 years as president of the firefighters' Local 522 in Sacramento. A political ally of the governor, the CPF noted last year that "all CPF

priority and sponsored bills had been signed by the governor," a fact due in part to Christy Bouma, CPF's veteran lobbyist. As we've noted before, firefighters do a lot more than put out fires: They rescue people, provide emergency medical treatment, mitigate disasters, clean up toxic spills and rescue cats from roofs. Even those who may have mixed views about organized labor have a fondness for the firefighters. Rice drew national attention when he called former President Donald Trump's comments about California's forestry management "disgraceful," adding that Trump didn't "even realize how much of the (California) forest is actually owned by the federal government."

19 Kip Lipper
Water, fires, drought, oil exploration, sea level rise, environmental justice – you name it, Kip Lipper is involved. Lipper is the Senate's environmental adviser, and his fingerprints are on every major piece of environmental legislation to emerge from the house. He's been in the Legislature for nearly four decades and served as chief of staff to the late Byron Sher – first in the Assembly, then the Senate – for 25 years. Former Senate Leader Darrell Steinberg called him "a force of nature;" others call him the 41st senator. Lipper does not promote himself: "I'm not interesting, hate attention and like to hide in my office," he once told the L.A. Times after reluctantly agreeing to an interview. A big win this year: A landmark budget offering billions of dollars for one-time new investments in natural resources and the environment. Another milestone: Kip also is staffing SB 1, which he wrote, the first bill to expressly address sea level rise in California and to fund poor communities.

20 Erika Contreras
The Senate's administrator is Erika Contreras, the first Latina to hold the office and the first woman to hold the position since Grace Stoermer in 1921. Contreras has worked in the Capitol in various staff positions since 2003, and was appointed Senate secretary in 2018 via a vote of the membership. A Senate secretary wears a lot of hats, and Contreras is no exception. She's involved in politics and policy and answers to the Senate Rules Committee, the five-member panel that administers the house. She's part personnel director, part adviser, part soother of wounded feelings, part go-between for an array of interests and lawmakers. Basically, the secretary of the Senate seems to get involved in everything and makes sure the house runs smoothly. Contreras was born in Aguascalientes, Mexico and raised in the San Fernando Valley. She's a graduate of UC Santa Barbara.

21 Tracy Arnold
Tracy Arnold is the chief deputy cabinet secretary and reports to Ana Matosantos (No. 2). Arnold is at the heart of the Horseshoe and covers a lot of territory. Newsom appointed her in 2019 as his director of research, but she is versed in a number of fields, including international trade, economic development and economic empowerment – all of which take a front-row seat in the era of the pandemic. A former

partner at Mercury Public Affairs, Arnold also served as an adviser on jobs and economic growth under Arnold Schwarzenegger. She is a skilled communicator and strategist with an economic bent, so presumably she's helping out the "California Roars Back" campaign. (No. 11). At the California Endowment, Arnold oversaw advocacy for the Affordable Care Act, including Medi-Cal outreach.

22 Gabriel Petek

Legislative Analyst Gabriel Petek skeptically eyeballs the Newsom administration's fiscal policies, and that's a good thing. Because he answers to the Legislature, not the governor, he's not shy about poking around. That's exactly what you want when you have a $38 billion surplus going into the new fiscal year. State government doesn't employ journalists to ply their trade, but Petek's staff of more than 50 in the Legislative Analyst's Office comes the closest. They pore over every aspect of state spending, revenue, taxes and programs. They make economic projections. They analyze the financial impact of ballot initiatives. Remarkably, in the era of hyperpartisan politics, they receive approbation from Republicans as well as Democrats, and both rely on the LAO for solid data. The LAO has been around since 1941 but, amazingly, the office has had only six chiefs, including Petek. Petek, a product of Loyola Marymount, Harvard and the London School of Economics, served for two decades at Standard & Poor's, including a stint as a primary analyst for public financing, where one of his chores was to analyze California.

23 Elaine Howle

State Auditor Elaine Howle speaks unpleasant truths. That's pretty much her job description. A sample of her most recent: California has 12% of the nation's population, but 28% of the nation's homeless and 51% of the nation's unsheltered homeless. And, local governments have issued less than a fifth of the permits needed for low-income housing. Howle reports to the Democrat-controlled Joint Legislative Audit Committee, which authorizes her audits, but she also has a sort of rotating portfolio to regularly audit state agencies. Nobody likes an auditor, and for those in state government, Howle is one of the reasons why. In recent years, she has taken her stick to whack the University of California, the Board of Registered Nursing, the Economic Development Department (a target-rich environment), mobile home park inspections, workers comp fraud, and much, much more. Last year she finished up work on the selection process by screening 30,000 applicants for California's 14-member Citizens Redistricting Commission, the final results of which will be seen in next year's elections.

24 Mark Ghilarducci

When you head California's Office of Emergency Services, you're pretty busy. For the last few years, the state has been devastated by wildfires, and now we're caught – yet again – in a drought. On top of that, we're in a pandemic, and we haven't even mentioned earthquakes or floods. For Mark Ghilarducci, it's all becoming the new

normal. Ghilarducci heads the OES, and as such he's California's top official in disaster response. Jerry Brown appointed him OES director in 2013, and Gov. Gavin Newsom kept him on. Ghilarducci has been dealing with disasters professionally for years: He was a deputy state fire chief, a deputy OES director, a coordinating officer in FEMA under Bill Clinton and board chair of the California Earthquake Authority. Throughout the pandemic, regular meetings of the administration's Covid response team have been held at OES headquarters in Rancho Cordova which, it turns out, is closer to Newsom's home than the governor's office downtown in the Capitol. Ghilarducci is a UC Davis graduate in science, and graduated from Harvard's Kennedy School program for senior government executives.

25 Nick Hardeman

Nick Hardeman is one of those Legislative staffers who is at the top, no matter what house he is in. He was then-Assemblywoman Toni Atkins' chief of staff when she was Assembly speaker, then moved with her to the Senate, where she is Senate Leader and Hardeman is, not surprisingly, her chief of staff. Hardeman is virtually unknown to the general public, but he's been in the Legislature for nearly two decades, rising through the ranks. He was also a Senate Fellow, as are many of the managers in the Capitol. There are Assembly Fellows, Senate Fellows, Coro Foundation Fellows, Executive Fellows, for starters. A chief of staff is a jack of all trades – managing personnel, tracking and pushing the boss' legislative agenda, representing the boss at public (and private) meetings and dealing with lobbyists, among many other chores. Hardeman does them all.

26 April Verrett

This isn't a trick question: What's the largest SEIU local in California? Hint: It's not SEIU Local 1000, which seems to get the most attention. Actually, it's SEIU Local 2015, which has 380,000 members and not only is the largest local in California but is the largest in the United States. The person running the show at 2015 is April Verrett, a dyed-in-the-wool union organizer who worked in the Midwest before coming to California. She took over following the departure of Laphonza Butler, a regular on our Top 100 list, who went to a campaign strategy firm. Verrett earlier served as Local 2015's executive vice president, and before that she was executive veep of the 92,000-worker HCII, SEIU's health care operation in Illinois and Indiana, which also serves Missouri and Kansas. Long-term health care definitely is a growth industry: In California alone, the population of older adults is expected to double between 2015 and 2030 and about half of older adults are in need of assistance for their daily activities.

27 Thom Porter

Thom Porter is Gov. Gov. Newsom's top fire fighter, a daunting task in a state which seems to face huge fires every summer and into the fall, sparked in part by the impacts of climate change. Porter is director of the Department of Forestry and Fire Protection,

or Cal Fire, and his job is to coordinate the state's response to the fires. No easy feat: Thus far this year, there have been nearly 5,600 fires burning a total of 460,000 acres. An interesting factoid: Porter was in a 90-second video in 2009 produced by Greenpeace that laid out the dangers of climate change. Porter was remarkably prescient, but he has the chops: He was a timber industry forester in Washington and Oregon, where he developed timber harvesting plans and coordinated prescribed burns, and he's a registered professional forester. He's got a degree in forestry management from UC Berkeley.

28 Jason Sisney
Jason Sisney is the state budget adviser to Assembly Speaker Anthony Rendon, and traditionally this job is one of the most important in the Legislature. Sisney is the lead budget negotiator for the Assembly Democratic Caucus and the Speaker in dealings with the Senate and the administration. Like a number of state government's fiscal experts, Sisney served at the Legislative Analyst's Office (No. 22). Sisney spent 12 years there as a nonpartisan examiner of budgets and spending. Now he's in a partisan position, but as far as number crunching goes, his role really hasn't changed: He points out the money, and tells lawmakers if they have the money – or not. Earlier, he worked at Fitch Ratings in New York as a bond rating analyst for debt issued by states, water utilities, tribes, and universities. Sisney has an undergraduate degree in government and foreign affairs from the University of Virginia and a master's degree in public administration from the Maxwell School of Citizenship and Public Affairs at Syracuse University.

29 Chris Woods
Chris Woods, as the budget director for Senate Leader Toni Atkins, is Jason Sisney's opposite number (No. 28). Woods, too, crunches the numbers to find out what's available, and he must be smiling a bit these days. Instead of the $54 billion shortage that – briefly – confronted lawmakers last year, the state showed a $38 billion surplus as the 2021-22 fiscal year got under way. Atkins and her fellow Democrats share many of the same priorities, and one of Woods' unenviable tasks is to find ways to get them funded, then sell that to his own house, and then to the Assembly and administration. To do all this, Woods needs to know politics, and he does. As we mentioned last year, Woods has a law degree from UC Davis, which means he's well suited to follow mind-numbing detail of California's budgets. Better him than us.

30 Carrie Cornwell
Speaking of opposite numbers, Carrie Cornwell is to Speaker Anthony Rendon as Nick Hardeman is to Senate Leader Toni Atkins. Cornwell was Rendon's staff chief when he was a rank-and-file lawmaker, and she kept the position when he moved into the speaker's office. Cornwell pushes the speaker's legislative priorities, serves as a sounding board, weighs in on who is hired or fired, and generally serves as a

managerial presence to the other staff chiefs of the rank-and-file members. Cornwell served for nine years as chief consultant to the state Senate's Transportation and Housing Committee and, then on the Assembly's version of that same committee. She was chief of staff to former state Schools Superintendent Tom Torlakson when he was in the Assembly and, later, as a state senator. She came to the Capitol as an Assembly fellow and has degrees from Princeton and UCLA.

31 Donna Lucas
Lucas Public Affairs, LPA, is a sort of one-stop-shopping destination for people wanting guidance on politics, strategic communications, digital communications, campaigns for office, design, and more. Donna Lucas has been on our list since its inception, and she is the highest ranking communications expert on the Top 100. Her 15-member staff includes people well-known in the Capitol community – Cassandra Pye and Nancy Heffernan, for starters. Lucas was a press handler during Republican Gov. George Deukmejian's successful gubernatorial effort, did a great job and never looked back. Lucas, whose husband Greg is the California State Librarian, went into private consulting, worked for and with other firms, and for the last 15 years has headed her own outfit. Lucas, the chair of the governing board of the California Chamber of Commerce, is a first-rate networker, and has a knack for spotting talented young people and moving them up the ladder. In fact, the staff photo on the LPA web site looks so young and dynamic, we got depressed at Capitol Weekly (we're easily depressed). Isn't there one grouch, one misanthrope, one angry person? Nope.

32 Eloy Oakley
Eloy Oakley is the chancellor of California's community college system, the largest postsecondary system in the United States with 2.1 million students, 73 districts and about 115 colleges. The community college system is hugely important in California, and Oakley, who has been chancellor since 2016, makes no bones about keeping that message in front of the governor and legislators. Apparently, President Biden thinks highly of him, too, because he named Oakley a special adviser to the U.S. Department of Education, a temporary gig. That means Oakley will be out of California for a few months, but he'll be back at his community college job in the fall. Oakley, who is a member of the UC Board of Regents, earlier served as president and superintendent of the Long Beach Community College District, and before going to Long Beach he was vice president for college services at Oxnard College. An Army veteran, he has a Bachelor's degree and Master's degree from UC Irvine.

33 Nadine Burke Harris
During a pandemic, it's a good thing to have a person crisscrossing the state extolling the virtues of wellness, preventive care and the value of vaccinations, and Nadine Burke Harris fits the bill. Gov. Gavin Newsom appointed Harris as California's first surgeon general, which means she urges people to identify health issues before they

become chronic and expensive to treat. She is an expert on childhood maladies, and she is credited with landmark work in the use of ACEs, or Adverse Childhood Experiences, in screening and treating childhood trauma. Harris managed to carve out healthy funding for the ACE screening during her first year, and the governor proposed extending the program. Harris says “social determinants of health are to the 21st century what infectious diseases were to the 20th century,” and believes that universal screening could help cut childhood trauma by 50% in just one generation.

34 Aaron Read

Aaron Read is known best for lobbying – which he’s been doing since Ronald Reagan was a rookie governor – but his outfit, Aaron Read and Associates, which he founded in 1978, has spread out over the years. It handles campaign strategy and execution through a sister firm, Marketplace Communications, which advises candidates on everything from political positioning to ringing doorbells and walking precincts. His diverse client list includes the CHP officers’ credit union, AT&T, Dun & Bradstreet, 3M, Matson, PORAC, the government’s professional engineers, the Water Foundation, and many more. As we’ve said before, this firm poses a dilemma: Why list just Read? Why not the other lobbyists in the firm, such as Randy Perry, Patrick Moran, Terry McHale, Steve Baker and Jennifer Tannehill? We don’t know either.

35 Teri Holoman

It’s been a tough year for just about everybody, and the 310,000-member California Teachers Association is no exception. But the CTA also scored some major victories, due in part to Teri Holoman, CTA’s associate executive director and coordinator of the group’s Sacramento lobbying effort. A major victory: The governor’s signing of legislation to tighten controls over privately managed charter schools, long a CTA priority, a move Newsom described as the most comprehensive changes to charter school operations in nearly 30 years. The CTA is first and foremost a labor group – as the public was reminded following strikes in L.A. and Oakland. Holoman is well versed in Sacramento and politics: She came to CTA after serving as Jerry Brown’s deputy appointments secretary and she was deputy political director of the California Democratic Party’s Every Vote Counts Campaign.

36 Alma Hernandez

SEIU California is a potent political force, with 700,000 members that range from home care workers to college professors to state workers. The executive director of SEIU California is Alma Hernandez, whose parents emigrated from Mexico and who grew up in the Central Valley. Hernandez, who earlier served as the group’s political director, has run campaigns and built coalitions – the very core of political action. A UC Berkeley graduate with degrees in political science and rhetoric, Hernandez spent five years as a legislative staffer and is on the board of the nonprofit California Budget and Policy Center, which examines government policies to improve the plight of low- and middle-

income Californians. Tough at the bargaining table, one lawmaker said Hernandez learned “the art of negotiation with her mother as they set up shop on the weekends in the Central Valley’s swap meets.”

37 Jodi Hicks
Jodi Hicks is a high profile advocate for women’s rights and healthcare access, so it was no surprise when she was named CEO and President of Planned Parenthood Affiliates of California in 2019. The move marked her second transition in as many years: in 2018 Hicks left DiMare, Brown, Hicks & Kessler for a gig as national co-chair of Mercury LLC – the first woman ever to hold that position. Prior to joining DBRK, Hicks had served as the VP of Government Relations at the California Medical Association, and before her tenure at CMA Hicks served as the legislative director at the California chapter of the National Organization for Women. Hicks kept the ship afloat last year as the pandemic wrought havoc with the state budget and donors’ pocketbooks, and her considerable skills will be invaluable in the expected battle over Roe when the latest effort to overturn abortion rights gets to the Supreme Court next year. Full disclosure: Hicks serves on the board of Open California, the nonprofit that publishes Capitol Weekly.

38 Art Pulaski
A staunch union supporter since he was a teenager, Art Pulaski is the Executive-Secretary Treasurer and Chief Officer of the California Labor Federation, whose affiliates represent about 2.1 million California union members in 1,200 manufacturing, transportation, construction and public sector unions. The Labor Fed’s big focus this year is beating back the attempt to recall Gov. Gavin Newsom, which Pulaski’s group characterizes as an attempt financed by “anti-union millionaires” to boost Republicans. The Fed has set up phone banks, precinct walking, text blasts and the like to reach voters. Organized labor is always heavily represented on Capitol Weekly’s Top 100 list, and the Labor Fed shows why: It can rally the troops and put boots on the ground in a way that their opponents cannot. Pulaski has been a union supporter since age 16 when he worked at a supermarket and joined the meat cutters’ union. Since he took office at the California Labor Federation 24 years ago, the group has more than doubled in size.

39 Jennifer Barrera
Jennifer Barrera is an executive vice president of the California Chamber of Commerce, which means she wears two hats: She develops policy and strategy, and she represents the Chamber in legal reform spats, which presumably includes smacking unionized labor and pushing for business tax breaks. But whatever Barrera does, she’s doing it well. She headed the Chamber’s labor, tax and employment advocacy for seven years, then was named a senior vice president in 2018, and a year later she was named executive vice president. Sounds to us like she’s being groomed as the

Chamber's heir apparent when Allan Zaremberg (No. 12) steps down. For her to get the top spot, however, she'll have to bypass the four other executive VPs, including veteran political star and campaign strategist Marty Wilson. Barrera earned a BA in English from California State University, Bakersfield, and a JD with high honors from California Western School of Law.

40 Jared Blumenfeld

Jared Blumenfeld isn't a household name in California, but he probably should be. He heads CalEPA, the state's Environmental Protection Agency, and he's viewed as an aggressive, systematic regulator at the largest state environmental operation in the nation. His official title is "Secretary for Environmental Protection," which means he's holding a cabinet-level post. Blumenfeld served eight years in the Obama administration as Pacific Southwest regional chief for the U.S. EPA, which included California, Nevada, Arizona, the Pacific Islands and 148 tribal nations. Before that, he headed San Francisco's Environment Department, first under Mayor Willie Brown and later under then-Mayor Gavin Newsom. In San Francisco, he pushed a local rule requiring mandatory recycling and composting, bans on plastic bags and Styrofoam, and a 20% cut in greenhouse gases. Somehow, he also found the time to be general manager of S.F.'s Park and Recreation Department, and he served on the governing board of the Treasure Island Redevelopment Authority – an important job in The City.

41 Wade Crowfoot

Wade Crowfoot is California's Secretary of Natural Resources, a critical post in California government at any time with jurisdiction over 26 agencies – including Cal Fire and Water Resources – and thousands of employees, but particularly important now with the widespread, existential challenges of climate change. Crowfoot is well known within the Capitol community and bureaucracy, but he is not well known to the general public, a circumstance that may be changing: He has instituted the Secretary Speaker's Series, monthly online discussions available to the public on resource topics, including drought, conservation, wildfires, Tahoe protections, science, tribal governments, and more. Crowfoot was a deputy cabinet secretary and senior adviser to Jerry Brown, and was a deputy chief of Brown's Office of Planning and Research. Before that, Crowfoot was the political director of the Environmental Defense Fund, and he earlier advised Gavin Newsom when the latter was San Francisco mayor. Crowfoot's appointment as Resources Secretary was one of the governor's earliest major actions.

42 Marcie Frost

The California Public Employees' Retirement System, CalPERS, is having a good year and you'll have to pardon CEO Marcie Frost if she crows a bit. Through mid-July, CalPERS reported 21.3% net return on investments for the previous 12-month period, and more than $469 billion in total assets. "Great returns," as one top CalPERS official said, given that we've been plagued by a pandemic for the last year and a half when the

initial outlook was grim and the early indications did not look good. But those are remarkable numbers. CalPERS, the nation's largest pension fund, is one of the most important financial institutions in the U.S., much less California, with nearly 2 million members. At the helm is Frost, who came to CalPERS in 2016. As CEO, Frost rides herd on three critical areas – pensions, health benefits and investments. Earlier, she was the top executive at Washington state's retirement system and served in Washington Gov. Jay Inslee's cabinet, and worked on pension and investment issues in Washington state for 30 years.

43 Harmeet Dhillon
Harmeet Dhillon is the founder of a nationally recognized business litigation law firm – the Dhillon Law Group – and the founder of the Center for American Liberty, which targets discrimination and civil liberties. A Sikh who was born in India and came to the U.S. as a child, Dhillon, a Republican, is a remarkable combination of smarts, energy, persistence and savvy politicking. If that weren't enough, she's also a good lawyer: She just prevailed in a case before the Ninth Circuit that unraveled much of the Newsom administration's school closure policy, and she's fought rules requiring wearing masks in public. A former vice chair of the California Republican Party, Dhillon serves on the Republican National Committee and she's a regular commenter on Fox News (she has described pundit Laura Ingraham as her "mentor") and was active in "Women for Trump." Dhillon also served on the board of the ACLU in Northern California, and one legal magazine has repeatedly referred to her as the "Northern California Super Lawyer." Finally, she's got a quarter million Twitter followers. Phew!

44 Linda Darling-Hammond
Linda Darling-Hammond is the president of the State Board of Education, the policy-making body that sets academic standards and curriculum for California's sprawling K-12 educational system, which serves about 6 million students. If anyone was qualified for this gig, it's Darling-Hammond. She's a professor in education at Stanford University, the founding president of the nationally known Learning Policy Institute, and at Stanford founded the Stanford Center for Opportunity Policy in Education. She started out as a public school teacher, and founded a pre-school and high school. She's got more than 60 publications to her credit – no, we won't name them all, but one of them is partly titled "The Flat World and Education," which sounds good, even for an academic tome. Darling-Hammond has a BA from Yale, and her doctorate in education from Temple.

45 Flo Kahn
The pharmaceutical manufacturing industry has been a major political player in California for decades, drawing the most public attention when the costs of drugs take center stage, such as when the industry spent nearly $110 million to beat back Prop. 61 in 2016, which would have allowed the importation of cheaper prescription drugs. The industry is best known as PhRMA, the Pharmaceutical Research and Manufacturers of

America, and the person who directs PhRMA's lobbying game is Floreine "Flo" Kahn, the deputy vice president of state advocacy, who coordinates the group's lobbying through at least five major firms. She earlier handled state government affairs in the West for AbbVie, and before that she worked at Vertex Pharmaceuticals and Bristol-Myers Squibb. She worked on the staffs of several state Republican lawmakers, and served as a deputy chief of staff to then-Assembly GOP Leader Kevin McCarthy (yep, that Kevin McCarthy), where she worked on such key issues as energy, water and workers' compensation. She's a UC Berkeley graduate in political science.

46 Bill Wong

The pandemic has affected us all, but for Bill Wong, it's been particularly difficult: Hate crimes targeting Asian Americans grew exponentially during COVID-19, and the trend appears to be continuing. Wong, who successfully worked on legislation to deal with the issue, is the Democrats' top political strategist for the Asian American community, and is the adviser to the Legislature's Asian American & Pacific Islander Caucus. Wong is a senior adviser to Assembly Speaker Anthony Rendon, and he serves as the political director to the Assembly Democrats. The Assembly is handily controlled by Democrats, which means Wong is definitely doing something right. Wong has worked inside the Capitol as a chief of staff to two Assembly members and to one senator. He has served on the board of Chinese for Affirmative Action, as an adviser to the Asian Pacific Islander Capital Association and as board Member of the Asian Pacific American Leadership Project. His bachelor's degree from UC Davis is in political science and Asian American Studies. Perfect training.

47 Gale Kaufman

Gale Kaufman, the California Teachers Association's near-iconic campaign strategist and outside consultant, is always up to something. This time, she's putting together a fight against next year's ballot initiative that would raise pain-and-suffering awards in medical malpractice cases, a long-sought goal of personal injury lawyers. She's working with the California Medical Association, Kaiser Foundation Health Plan, the Doctors' Group and others. There are rumblings of a school voucher measure aimed at next year's ballot and Kaufman would be likely to take a lead role in that fray. Meanwhile, Kaufman is handling assorted IEs, including one for Mia Bonta in the 18th Assembly District. Kaufman, with deep ties to labor, also serves as an outside consultant to SEIU.

48 Lance Hastings

Lance Hastings is the president of the venerable California Manufacturers & Technology Association, and he and his staff scored some major victories this year. He successfully fought for an additional $150 million in funding this year for Career Technical Incentive grants, a key CMTA-backed effort, and sought $50 million more for the state's Employment Training Panel to "skill up" manufacturing workers. The CMTA, a century-old group representing some 400 major businesses, advocates for tax relief on

production equipment purchases, an increased commitment to career technical education, and opposes shifting health care costs to employers. Hastings, a Sacramento State grad, also is an instructor in the university's "Exploring Careers in Manufacturing Academy." Before he went to CMTA, Hastings was a vice president for national affairs for MillerCoors and he worked in the U.K. for SABMiller.

49 Mike Belote

A scrappy litigator of our acquaintance once described California Advocates as a "most established" firm, a term of respect signifying respectability and integrity. The president of that firm is Mike Belote, who has been with California Advocates for decades. Belote is a lawyer – via McGeorge School of Law and UC Berkeley – and has long represented the California Judges Association and the Hastings College of Law. With a raft of clients in and around the legal system and judicial branch, Belote has been intimately involved with issues arising from the pandemic. Judges, defense lawyers and many others rely on his contacts. But his client roster includes such companies as Bayer, Apple, Equifax, See's Candies and Delta Air Lines, to name a few. He's heavily involved in philanthropic activities, and recipients include such groups as the Volunteers of America, the Public Legal Services Society at McGeorge, and My Sister's House, an organization focused on domestic violence and trafficking in the Asian Pacific Islander community. Full disclosure: Belote serves on the board of Open California, publisher of Capitol Weekly.

50 Orrin Heatlie

A retiree after a 25-year-stint in the Yolo County Sheriff's Department, Orrin Heatlie is credited with being the spark that touched off the recall drive against Gov. Gavin Newsom. Heatlie has characterized Newsom as a "rogue governor," who deserves to be ousted. Newsom now faces his sixth recall effort, but it's the only that has gained some traction, and Heatlie certainly is part of the reason. A strong organizer and deft manager, Heatlie – a former patrol sergeant and hostage negotiator – put together a statewide team and invigorated Newsom's political foes. The effort launched on a shoestring, but drew enough attention to attract professional strategists (credit here to Dave Gilliard and Anne Dunsmore who jumped in and helped supercharge a mail-in signature-gathering drive), and even funding, to push the recall toward the Sept. 14 ballot. Depending on what happens in the recall, Heatlie's role in California history will be decisive – or an asterisk.

51 Rex Frazier

Rex Frazier is a Republican, and in a state dominated by Democrats, that's a daunting prospect. But he's also head of the Personal Insurance Federation of California, an expanded, nine-member group of heavy-hitting insurers, including State Farm, Farmers, Mercury, Chubb, Liberty Mutual and Progressive. The group is small but their pockets are deep. Frazier also heads something called PIFPAC, a coalition of about 1,500 State Farm agents and employees "who understand that California politics can impact, both

positively and negatively, (their) businesses," and he participates in an aggressive pro-business PAC called Keep Californians Working. Frazier's first job is to protect his members, and he does that in part by supporting political candidates of either major party who he thinks will give his industry a fair shake when it comes to legislation and regulations. Frazier has graduate and undergraduate degrees from the University of Chicago, a law degree from McGeorge School of Law and has served there as an adjunct professor.

52 Dan Dunmoyer

Dan Dunmoyer heads the California Building Industry Association, a high-visibility role that draws even more attention because of the housing crisis and the demand for new construction. Dunmoyer's essential mantra: Unnecessary fees and dubious governmental regulations strangle new construction and make what little there is more costly. He is the most articulate and strongest purveyor of that message in Sacramento. This past year he's been working with Newsom to keep homebuilding an "essential business" throughout the pandemic and has helped defeat a number of NIMBY bills. Dunmoyer served for a decade as president of the Personal Insurance Federation of California (see No. 51), and he was a deputy cabinet secretary for Gov. Arnold Schwarzenegger from 2006 to 2008. Dunmoyer is a former board member for CalPERS, and he holds an MA in public administration and a BA in political science from USC.

53 Mark Weideman

Lobbyist Mark Weideman, who heads the Mark Weideman Group, had a very busy year: He was on the ground floor of the Newsom administration's decision in January to place Blue Shield in charge of the state's COVID-19 vaccination program. A number of counties balked loudly at the move, and it was a major decision during the depths of the pandemic that caught the Capitol by surprise. Several participants said Weideman, who counts Blue Shield among his three-dozen clients – did the heavy lifting during the negotiations and seemed to be everywhere at once. The decision certainly reflected the administration's confidence in Blue Shield – CEO Paul Markovich is a long-time Newsom supporter – as well as in Weideman. Weideman's other clients include BHP, the California Chiropractic Association, the Natural Resources Defense Council and Bloom Energy Corporation. Weideman, an attorney, has a BA from UC Berkeley and a law degree from UC's Hastings College of Law.

54 Susan Santana

Susan Santana's official title is Senior Vice President, Legislative Strategy, for AT&T, which means she directs the lobbying and communications operations for the utility in California. There is a lot at stake here, and AT&T knows it. Santana, who is not a lobbyist herself, was picked in January 2020 to succeed AT&T's long-time point-person Bill Devine, who was well known in Sacramento as the architect of the annual Speaker's

Cup golfing confab in Pebble Beach, a mix of fund-raising and lobbyist-legislator schmoozing, (This year, it's Nov. 1-3). So far, Santana has maintained a lower profile than Devine, which may be due in part to the COVID-19 pandemic, which has curtailed gatherings, mano-a-mano meetings and fundraisers. Santana, who worked in D.C. lobbying congress for AT&T before coming to California, has Bachelor's degrees from UC Berkeley and a law degree the UCLA School of Law, and practiced law for a combined six years at Baker & McKenzie, a global law firm in San Diego, and Holland & Knight in Washington D.C.

55 Janus Norman

Dustin Corcoran (No. 14) runs the California Medical Association in Sacramento, but the CMA's senior vice president Janus ("jay-nuss") Norman handles CMA's extensive lobbying and political chores. It's been a busy year, medically speaking, in this era of the pandemic. There were, and are, Interminable debates over vaccinations – the CMA strongly supports them. A campaign is brewing over a likely 2022 ballot initiative boosting payouts under the Medical Injury Compensation Reform Act, or MICRA, which CMA opposes. There may be yet another battle over whether staffs should be expanded at dialysis clinics, which CMA also opposes. It's a seemingly obscure issue, but it has made the ballot before amid a big-dollar fight. Norman was a legislative advocate for the American Federation of State, County and Municipal Employees (AFSCME), worked for the Judicial Council of California, and staffed the State Assembly Budget and Appropriations Committees. His career began when he joined the office of then-Assemblymember Darrell Steinberg as a Jesse Unruh Assembly Fellow.

56 Fiona Hutton

Fiona Hutton's nonpartisan public affairs firm, Fiona Hutton and Associates, has an eclectic client list that reads like Who's Who of California heavy hitters. She's built it up over the past two decades, and FHA's raft of top clients have included Sutter Health, State Water Contractors, California State Parks Foundation, Health Net, Los Angeles Department of Water & Power, CalCannabis and the California Cable & Telecommunications Association, among others. FHA, with offices in L.A. and Sacramento has been involved in some of the most closely watched issues at the state Capitol, such as the pandemic, health access and equity, energy/grid reliance, police use of force, and the digital divide. The firm handles everything from reputation management to issue advocacy to legislative drills and regulatory challenges. She currently serves on the boards of directors for the Los Angeles Area Chamber of Commerce, Ojai Valley Land Conservancy and, full disclosure, on the board of Open California, the nonprofit, nonpartisan publisher of Capitol Weekly. Hutton received her BA in political science from San Diego State University.

57 Paula Treat

Paula Treat seems to be everywhere at once, quickly, and how she does it is a mystery to us. But it works: She is one-person lobbying firm, with clients that include Tesla, two major Native American tribes (Pechanga Band of Luiseno Mission Indians and the Cachil Dehe Band of Wintun Indians of Colusa), the California Academy of Eye Physicians and Surgeons, Carbon Lite Industries and more. Treat, who has worked out of her home but also has office space near the Capitol, has largely been doing her lobbying from her place near Truckee during the pandemic. That makes sense to us since she has everyone's cell phone number. She began lobbying more than four decades ago, and in 1987, established the first woman-owned contract lobbying firm, with offices in Carson City and Sacramento. With this résumé it was no surprise that Treat had her own #MeToo moments — she documented harassment by the late Assemblyman Lou Papan in a soul-baring Op Ed in the Sacramento Bee in 2017.

58 Kevin Sloat
Kevin Sloat founded his lobbying firm nearly 25 years ago after leaving Pete Wilson's administration and it has grown exponentially over the years. His lobbying firm – Sloat Higgins Jensen and Associates – is a top-drawer outfit with deep roots in the Capitol. The firm has dozens of clients, including BMW of North America, PG&E, Anheuser-Busch, the California Trucking Association, Foster Farms and the Metropolitan Water District of Southern California, among many others. Sloat was Wilson's legislative secretary, a job that entails pushing the governor's agenda, negotiating legislation with often balky lawmakers and keeping a close eye on what those legislators are up to. Great training for a lobbyist.

59 Joe Lang
Joe Lang is a perennial presence in Sacramento – he should be, after more than 40 years – and his blue-chip lobbying firm, Lang, Hansen, Giroux & Kidane (formerly Lang Hansen O'Malley and Miller), is a fixture in the Capitol community. His offices are ensconced in the Senator Building across L Street from the Capitol. LHG&K's clients include FedEx, the California Business Roundtable, the California Retailers Association, DISH, the Port of San Diego, The California Trucking Association, and more. As Lang's clients attempted to navigate the pandemic, LHG&K were put in the position of serving as a quasi "help desk." One example: Lang helped E&J Gallo Winery — which suddenly began producing hand sanitizer — get the product out. Major issues Lang has been involved with include the comprehensive 1993 Worker's Compensation Reform Act, the Electrical Restructuring Act of 1996 and efforts to achieve comprehensive regulation of gaming in California. Both of those laws later came in for intense criticism, particularly the latter, which many argued pave the way for California's electricity market meltdown.

60 John Latimer
Capitol Advocacy is a major lobbying force in Sacramento, and John Latimer is the main reason why. He's not alone, though: He's got 10 lobbyists working with him, and they

handle more than — wait for it — 80 clients. It seems like everybody has hired Capitol Advocacy but us, and we would, too, if we could afford him. Here's just a sample: Broadcom, L.A. County, Metropolitan Water District of Southern California, Pepsico, T-Mobile, Doordash, Goodwill Industries, California Retailers Association, Lowe's, and on, and on. CA handles business regulation, consumer concerns and environmental regulation, among many other issues. A year after an unsuccessful 1998 run for an Assembly seat, Latimer set up his own lobbying shop. Earlier, he had worked in the Capitol as a chief of staff and as a consultant to several Assembly committees, including Appropriations and Governmental Organization.

61 Steve Maviglio
Forza Communications is Steve Maviglio's baby. It looks like a big operation handling communications, crisis management, branding, campaign strategy, digital marketing, and more, but actually, it's just Steve, virtually by himself. A busy year: He worked on the Blue Shield vaccine rollout (see No. 53), got more in the state budget for hydrogen fueling infrastructure and anti-gun volence prevention programs, and consulted with the California Cattle Council on droughts and fires. One of his major clients is AT&T. He also works with the Sacramento Press Club and is president of the Sacramento Natural Foods Co-Op. A staunch Democrat, he was executive director of the House Democratic Caucus, and after coming to California served as former Gov. Gray Davis' spokesman and was a ranking executive for two former Assembly speakers and a communications consultant for a third. His Davis stint may have been a precursor of things to come — Davis failed to fend off a Republican-led recall drive, and the state faced a meltdown in the electricity markets. Sounds familiar.

62 Carrie Gordon
Carrie Gordon has spent 20 years working for the California Dental Association and its 27,000 member dentists, and among her responsibilities as Chief Strategy Officer is overseeing CDA's lobbying and political program. She spent the past year leading the effort to navigate dentistry in California through the pandemic – from acquisition of PPE supplies from the state, authorization and deployment of dentists for the state's vaccination efforts, and keeping the public informed about the safety of dental care. CDA also notched some notable wins in the latest state budget, specifically with higher Medi-Cal reimbursement rates funded by Prop. 56 (2016) becoming permanent. Gordon represents CDA in the MICRA coalition as well, which is bracing for a ballot measure fight next year.

63 Tom Hiltachk
Attorney Tom Hiltachk started out handling civil litigation, but for the past three decades he's focused on political and election law. He's the managing partner at Bell, McAndrews & Hiltachk in Sacramento, a major Republican political law firm (Chuck Bell and Colleen McAndrews also have been on the Top 100, FYI). Hiltachk has been

involved in drafting or defending key Republican-driven ballot initiatives over the years. He's crafted the GOP's legal perspective on such things as taxes, education, the environment, union prerogatives, justice and tribal gaming. Among the most visible was his drafting of Proposition 32 in 2012, which would have banned payroll deductions by unions and corporations for political purposes. It was defeated. Hiltachk's firm said he specializes in "drafting complex tax and constitutional measures and counsels on qualification efforts for ballot measure campaigns." Indeed, and each election we see more evidence of it.

64 Anthony Wright
Being a health care activist in the midst of a pandemic can't be easy, but there were some bright spots. Anthony Wright heads Health Access California, which pushes for greater access to quality health care, and he had some reasons to be pleased. First, President Biden named former California Attorney General Xavier Becerra as the new secretary for Health and Human Services, which means Wright, who has been back in D.C. this year, has a familiar friend at the federal level. Second, California's Medi-Cal program, which provides health care to about a third of the state's population, got lots of money — nearly $6 billion more in the 2021-22 fiscal year, an unprecedented hike. Quite a change from last year's doom and gloom predictions. Wright has spent most of his professional life advocating for the expansion of quality health care. He was active in the discussions that led to the creation of Covered California, and his fingerprints are usually all over any progressive health care-related legislation that emerges from the Capitol.

65 Jason Kinney
Kinney might be more famous these days for his ill-considered choice of dinner venues. But, long before his 50th birthday made headlines and "French Laundry" synonymous with "faux pas," Capitol observers have known him as a ubiquitous political fixer and strategist-about-town who not only served governors, senators and mayors but some of the state's biggest companies and campaigns. An Indiana native and former speechwriter, he advised Gavin Newsom and helped him with the campaign to legalize marijuana as the spokesperson for Proposition 64. In 2019, he spun off from consulting juggernaut California Strategies and co-founded his own Axiom Advisors with lobbyist Cassie Gilson (see No. 66) and ex-Newsom staffer Kevin Schmidt. He's since added a thriving media shop with ex-Airbnb comms head Molly Weedn. Axiom's meteoric rise shows no signs of slowing, with marquee clients like Facebook, Netflix, AT&T, Centene, CBIA, CMA and the National Football League leading the way.

66 Cassie Gilson
Jason Kinney (No. 65) might get the headlines (good and bad), but true Capitol insiders understand how much of Axiom's deft thinking and heavy lifting is borne by longtime lobbyist Cassie Gilson, the only female Managing Partner among Sacramento's top five

contract firms. A Stanford-trained lawyer, Gilson helped build the fast-growing firm while emerging as a go-to advocate on housing issues, maneuvering the building industry, affordable housing developers and Facebook (with its billion-dollar California workforce housing commitment) to get policymakers to “yes.” She also has attracted a star-studded portfolio of renewable energy concerns to the Axiom roster. Gilson is a presence on emerging tech issues: she made a splash early in her career guiding legislators through the Capitol halls on a Segway. Like Kinney, Gilson worked in the Gray Davis Administration.

67 Rob Lapsley
The California Business Roundtable is a nonprofit, pro-business group with specialties in research and strategy, and keeps its finger on the pulse of the business community. It has a lower public profile than the California Chamber of Commerce or California’s chapter of the National Federation of Independent Business, but it is a significant player in the Capitol community, and has been for years. The Roundtable is headed by Rob Lapsley, an Air Force veteran and the former political director of the Chamber of Commerce, so he knows well the Capitol’s political wars. In the last statewide election, CBR’s positions largely reflected Republlican values — it opposed dismantling the tax-cutting Proposition 13 of 1978, backed restricting parole for nonviolent offenders, supported giving certain property owners tax breaks in purchasing replacement property, opposed local rent control and favored keeping the cash bail system. Lapsley served as chief of staff to former California Secretary of State Bill Jones, one of California’s last Republican statewide officeholders.

68 Catherine Reheis-Boyd
Not many of us thought that The Western States Petroleum Association would have a worse year in 2021 than they did during a global pandemic year that cut California oil production to the lowest levels since tracking began. But then, on April 23, Gov. Gavin Newsom announced plans to phase out fracking in the state, starting with a moratorium on new permits beginning in 2024, and expanding on his September 2020 executive order to begin California’s transition away from fossil fuels. Further, at the governor’s direction, CARB will evaluate how to phase out oil extraction altogether by 2045. None of the above is good news for Catherine “Cathy” Reheis-Boyd, the president of WSPA, which helped scuttle SB467, a legislative fracking ban, only a week before Newsom’s announcement. Reheis-Boyd, a seasoned pro with 11 years at the head of WSPA, does her best to protect her members and remind politicians and the public alike that the state’s oil companies provide good paying jobs and that oil production in California is some of the cleanest in the world.

69 Craig Cornett
Craig Cornett is the CEO of the California Association of Health Facilities, a 71-year-old nonprofit group representing some 800 skilled nursing facilities and 500 intermediate

care facilities throughout California, with their patients largely developmentally disabled. The CAHF — like every other medical entity in the state — has focused on the pandemic and its impacts on its vulnerable patient population. Since last year, CAHF developed several disaster preparedness plans targeting COVID-19. The plans include emergency response, the handling of volunteers, emergency staffing, handling the health care surge, and identifying alternative health care sites. CAHF's members serve about 370,000 patients annually. Before coming to CAHF, Cornett was one of the select few who knew the Byzantine state budget backwards and forwards. He was the budget expert advising a half-dozen legislative leaders, and he educated rank-and-filed lawmakers – and reporters – about key issues. Cornett received his Master of Public Affairs degree from the LBJ School of Public Affairs at the University of Texas at Austin and his BA from Washington and Lee University.

70 Paul Mitchell

Paul Mitchell, the vice president of Political Data, Inc. and owner of Redistricting Partners, lives at the intersection of politics, data and analysis. It's a good thing he does, because we – and anyone who pays close attention to California elections – learn a great deal from him about campaigns and what makes us tick as an electorate. Political Data markets voter file information; the firm stirred a tempest in the state's political teapot when it announced in February that, after 30 years as a nonpartisan operator, it would no longer handle Republican clients. With redistricting in full swing this year, Redistricting Partners is busy; They are the state's leading firm helping local agencies redraw district boundaries and helping politicos to stay ahead of the new linework. Mitchell was also one of the first to tap the state's voter registration file to pose email survey questions to thousands of voters – a move that has been widely duplicated. He is married to Jodi Hicks (No. 37), the head honcho at Planned Parenthood Affiliates of California, and is an avid cyclist.

71 Anne Irwin

Anne Irwin is the Director of San Francisco-based Smart Justice California, which "works to elect and educate state and local policymakers who champion smart, meaningful criminal justice reforms." The group launched in 2017, and since then has notched significant victories: helping elect reformist District Attorneys Chesa Boudin and George Gascón in San Francisco and Los Angeles, and supporting then-state Sen. Holly Mitchell's run for L.A. County Board of Supervisors. Winning fights like those doesn't come cheap, and Irwin's activist board is stacked with deep-pocketed reformers including Patty Quillin, wife of Netflix billionaire Reed Hastings. Directing those dollars is a key part of Irwin's job, and she is advised by longtime Democratic Party stalwart Shawnda Westly, who is no stranger to this list herself. Irwin has criminal justice reform in her blood: Her father did time in Soledad for armed robbery, reformed himself, and became a prominent criminologist and author; Her mother is director emeritus of the San Francisco office of the Drug Policy Alliance.

72 Ed Manning
KP's Ed Manning has represented an array of water and energy interests for over 15 years, including his stint at his own firm, Manning Advocates, prior to joining Kahl Pownall in 2005. He is always in the mix whether it be as one of the leaders of the fight against the water tax or on major energy issues such as regional transmission and wildfires. After a multi-year hiatus Manning is once again lobbying on behalf of homebuilders and developers by representing the California Housing Alliance. He also lobbies state government agencies such as the Cal-EPA, the Air Resources Board, the state water board and others. Before becoming a full time lobbyist Manning was a partner in a Los Angeles law firm, Weston, Benshoof (now part of Alston & Bird) where his practice focused on environmental, resource and land use law. Like his partner Jon Ross (No. 73) Manning helped lead KP in transitioning from its prior incarnation as Kahl Pownall.

73 Jonathan Ross
KP Public Affairs is a regular top biller among lobbying firms and Jonathan Ross is one of the reasons. Among their more than 60 (!) clients he handles such fiscal heavyweights as Citigroup, the California Mortgage Bankers Association and Morgan Stanley. When Google was searching for a lobbyist years ago, they hired Ross — a move that led to his hiring by other technology leaders, including Cisco and Airbnb. We don't know if he handles KP's coolest client: The Association of Surfing Professionals, but next time we'll ask. Ross started his lobbying career with the San Francisco law firm of Landels, Ripley and Diamond, which he left in 1996 to help start Kahl Pownall, the predecessor firm to KP Public Affairs. As the firm's principal adviser to the California Restaurant Association, whose members were hammered by the pandemic and now can't find enough employees as they attempt to staff up, Ross has his work cut out for him this year. Well, and every year: It's always something.

74 Scott Wetch
Organized labor is the 800-pound gorilla of California politics, and as such, is heavily represented on this list. One of the reasons is Scott Wetch, whose offices at 13th and I are one floor down from SBCTC (see No. 6). Wetch represents union interests first, last and always. His union-heavy list of clients includes the State Pipe Trades Council, the International Union of Elevator Constructors (Locals 8 and 18), a whole slew of International Brotherhood of Electrical Workers locals, and some interesting non-labor entities like Seaworld and the Kaiser Foundation. Wetch has earned a reputation for ruthlessness if legislation coming out of the Capitol threatens his clients' interests, and he cuts an imposing figure on the natural. That demeanor usually gets results, but can also backfire. In July, Wetch was involved in a public dust-up at the Senator Building with another lobbyist — the scene did not play to rave reviews, even among his usual labor allies.

75 Mark Macarro
Mark Macarro has served for over a quarter of a century as the Tribal Chairman of the Pechanga Band of Luiseño Indians. Macarro is viewed as one of the most influential tribal voices in California, and he (and his lieutenant, Jacob Mejia, see No. 91) led the successful effort to place a sports wagering measure on the 2022 ballot. The initiative, which has the support of 18 tribes, was spurred by an effort from Sen. Bill Dodd and Asm. Adam Gray to put a different sports betting measure — Constitutional Amendment 6, developed without input from Pechanga — on the 2020 ballot. Tribal opposition and the COVID-19 pandemic derailed SCA6 last summer, leading to an all-out push from the tribal consortium to qualify the competing measure. If the initiative becomes law, California would join 26 other states which allow sports betting: The state's tribal casinos and some horse-racing tracks would be allowed to offer onsite sports betting, with a 10 percent tax on gross gaming revenue.

76 Jeff Grubbe
Chairman Jeff Grubbe is in his fifth consecutive two-year term as the head of the Agua Caliente Band of Cahuilla Indians. Grubbe, an increasingly prominent leader in Indian Country, worked his way up to Chair after starting out as a casino table games shift manager, and, like Pechanga Chairman Mark Macarro (No. 75) strongly supports the 2022 ballot proposition that would allow sports betting at the state's tribal casinos. The Agua Caliente Band of Cahuilla Indians, a tribe of about 500 members that owns several casinos and resorts on 32,000 acres of land in and around Palm Springs, is a powerful, affluent tribe and its assets are one of the region's biggest economic drivers, with big impacts in the Coachella Valley. Grubbe, generally known for his measured approach, sharply criticized President Trump last year when he failed to meet or acknowledge tribal leaders after landing Air Force One on Agua Caliente land. "Take all the politics out of it, the lack of respect is disappointing."

77 Amy Brown
Lobbyist Amy Brown has long been a familiar, formidable presence in the Capitol — she was voted "Favorite Lobbyist to Work With" when we did a poll on lobbyists way back in 2009. Her recently reconfigured firm, Arc Strategies, has a long string of clients including Planned Parenthood Affiliates of California, now led by Jodi Hicks (No. 37), her former partner at DiMare, Brown, Hicks and Kessler. Also on the list are the California Charter School Association, Safeway, and several cities, which makes sense since she worked as a legislative representative for the League of California Cities before striking out on her own. Brown, a retirement and pension specialist, travels the state constantly – at least she did in the pre-coronavirus era – conducting seminars on retirement issues and educating retirees and others about their options. These days we assume she's in perennial Zoom meetings with her far-flung client base. She's also

handled workers compensation insurance issues — she served on the Commission on Health, Safety and Workers Compensation.

78 Jim Wunderman
The Bay Area was the first region in the country to shut down due to coronavirus, and now, nearly 18 months later, large offices are still understaffed, with employees working from home wherever possible. Whenever the pandemic ends, Bay Area employers and employees will find a new normal: A survey prepared by the Bay Area Council found that nearly 90 percent of the companies they queried plan to expand remote work, and a whopping one-in-six intend to move primarily to a work-from-home model. That's just one of the challenges facing Bay Area businesses, and by extension, Jim Wunderman, the president and CEO of the BAC. Other concerns: climate change, the housing crisis, and combating the perception that people are fleeing California in droves (they're not, as Wunderman pointed out in a recent Op Ed in the San Francisco Chronicle.) One of Wunderman's other tasks is advocating for billions in state and federal dollars to improve infrastructure, and it looks like we'll be getting some if we're reading the D.C. tea leaves correctly.

79 Matt Rexroad
Matt Rexroad is the chief legal counsel for Redistricting Insights, a former Yolo County Supervisor and former legislative staffer. Rexroad is a key adviser to Republicans, including House Minority Leader, and Speaker-in-waiting, Kevin McCarthy. He has also become a leading business community consultant, even leading independent expenditures for several moderate Democrats in recognition of their increased role in protecting business interests. Rexroad is advising Republican office-holders and political action committees in California and in several other states. As the state looks toward new maps for 2022, Redistricting Insights is a key player. They are playing a lead role with business groups working to impact redistricting at the statewide level in California, including legislative and congressional line drawing, and working to monitor and influence the redrawing of multiple local government district maps being conducted under the new FAIR MAPS act. The firm is also crafting local political boundaries, much as it did in 2011. Outside of political work, Rexroad and his family are licensed foster care providers and he is a strong advocate for foster families.

80 Juan Rodriguez
It's a good bet that at least one person from Ace Smith's shop will be on this list every year, and this time we've got Juan Rodriguez, who is managing the governor's campaign against the recall. Rodriguez has been with Smith since 2017; Rodriguez was the "R" in SCRB when the firm rebranded from SCN Strategies following Dan Newman's (No. 90) departure in 2018. This year the company re-rebranded as Bearstar Strategies, after partner Laphonza Butler (the "B" in SCRB) left to join Airbnb, and George Ross and Erica Kwiatkowski Nielsen were elevated to partners. Rodriguez has

been around a while: He got hooked on politics while working on a school board election campaign in 2003. He served in various capacities under Los Angeles Mayor Antonio Villaraigosa and went to work for then-Attorney General Kamala Harris at the California Department of Justice in 2013. Rodriguez managed Harris' very successful campaign (a 23 point blowout against former congresswoman Loretta Sanchez) for senate in 2016. Rodriguez was named on Politico Playbook's Power List of 2019.

81 Nancy Drabble
Days after Gov. Newsom's Stay-at-Home order last year, state Supreme Court Chief Justice Tani G. Cantil-Sakauye announced the suspension of jury trials for 60 days. Two months later, the May Revise outlined a 10% funding cut to the judicial branch. Thus began a saga that continues to play out: Circumstances dictate dramatic changes in the otherwise staid culture of the courts, and Nancy Drabble of The Consumer Attorneys of California works to stave off the most dire impacts for her members and their clients. The organization successfully lobbied for a $60 million allocation in this year's Budget to address court delays. The CAOC is also supporting SB2, which would create a police decertification process and revise Qualified Immunity for police officers; and SB447, which would allow families to sue for compensation for non-economic damages after a loved one has died. Drabble, a UC Berkeley graduate, came to CAOC in 1986 after a stint with Ralph Nader's "Nader's Raiders" and was a player in the legendary 1988 "napkin deal" crafted at Frank Fat's restaurant.

82 George Skelton
Decades ago, newspaper columnists held heavy sway in politics – note that the "Governor Moonbeam" sobriquet still clings to Jerry Brown, 45 years after Chicago Sun-Times columnist Mike Royko gave him the tag. And, while the days of H.L. Mencken and Westbrook Pegler are long gone, a few scribes continue to carry an outsize influence with their readership and the elected officials they cover. Chief among these – in California at least – is Los Angeles Times columnist George Skelton. Terse, wry and caustic by turns, Skelton glares at state political leaders with suspicion. He's honed his stiletto over decades of watching the Sacramento drama unfold, and he isn't shy with his opinions – a mandatory quality for a columnist. Gov. Newsom, we're told, reads Skelton regularly. We wonder what he made of Skelton's July 12 column, giving Newom a "C" as governor, but rejecting the notion of a recall. "We don't kick students out of school for a C average…" he wrote. "The C student is likely to stay in school for the rest of the term — and should." We'll soon see if California voters agree with Skelton's assessment.

83 John Myers
John Myers, the Los Angeles Times bureau chief, is something of an oddity in Sacramento journalism. He isn't one of the ticket punchers looking to fill a resume for an assignment in Washington. His two-decades-plus of longevity shows in the depth of his

coverage: This isn't his first rodeo or even his first recall. He arrived at the Times after many years in broadcast news, at KQED and ABC10 in Sacramento and he brought his conversational writing style to break down the complexities of government and politics. He was a pioneering political blogger and quick to see the potential of social media while many in the industry tried to wish it away. And he just launched a weekly newsletter for the Times called California Politics. That background makes a powerful combination at the state's largest newspaper and important online operation. Backed by a talented staff in Sacramento and L.A., Myers and his crew cannot be ignored.

84 Lynn Valbuena
Lynn Valbuena, has been the chair of The Tribal Alliance of Sovereign Indian Nations for 25 years, and is an influential figure in tribal issues, in California as well as nationally. TASIN, a coalition of 13 federally-recognized southern California tribes — a mix of both casino-owning and non-gaming tribes — was formed in 1995. The association's member tribes generated over $2.5 billion in total economic output in 2019 and employed over 16,000 Californians — many in rural and underserved communities. We haven't seen financial numbers for 2020, but we are told that they were catastrophic; both casino income and room rentals at tribal resorts plummeted. Valbuena, generally known as a peacemaker, took the U.S. Department of the Treasury to task over the initial $8 billion allotment for tribal governments reserved in the CARES Act, which she characterized as inadequate to the needs of Native people and ignorant of the history of genocide and treaty violations that left tribal communities particularly vulnerable to the effects of the pandemic.

85 Brian Brokaw
Brian Brokaw opened his own political strategy firm more than a decade ago, and he's built an enviable track record: He's advised public officials, global tech firms, sports franchises and Native American tribes, just to name a few. The Guardian has called him "a top Democratic strategist" in California, and in 2019 he was named on the American Association of Political Consultants' "40 Under 40" list. He managed Kamala Harris' campaigns for attorney general, was an adviser on her U.S. Senate campaign and ran a super PAC in support of her presidential bid. Currently, he's a political adviser to Gov. Gavin Newsom, and is serving as a senior adviser to Newsom's Stop the Republican Recall Committee. Last year he partnered with Dan Newman (see No. 90) to launch The Media Company, which did strategy and ads for the successful No on Prop 20 campaign and also ran the IE supporting George Gascón for L.A. District Attorney. Full disclosure: Brian serves on the board of Open California, the 501c3 that publishes Capitol Weekly.

86 Brandon Castillo
Proposition 22, the 2020 ballot initiative that exempted app-based transportation and delivery companies from AB5 and classified their drivers as contractors rather than

employees, was the most expensive ballot campaign ever waged in the state. Lyft, Uber, DoorDash, Instacart, and Postmates spent a whopping $205 million in support of the measure, and Brandon Castillo, partner in one of Sacramento's top political consulting firms — Bicker, Castillo and Fairbanks, with Gwyn Bicker and Kathy Fairbanks — decided where much of that money was spent. The measure passed with 59% of the vote, so he was doing something right. Castillo has been on the Capitol scene for some 20 years, and has been involved in dozens of initiative campaigns; his firm's website boasts a "better than a 95% success rate." Before Bicker, Castillo and Fairbanks was founded in 2001, Castillo was a manager of public affairs for Burson-Marsteller, one of the nation's best-known public relations firms.

87 Jeff Randle

Jeff Randle is president and CEO of Randle Communications, which handles political strategy, media, communications and other chores for an array of clients, including the California Hospital Association, Golden 1, the California Association of Realtors and CalPERS, among others. Randle served eight years as deputy chief of staff under former Gov. Pete Wilson, and was Arnold Schwarzenegger's political director in the 2003 recall campaign against Gray Davis. Randle is close to House Republican Leader Kevin McCarthy, and was chairman of the board of California Trailblazers, the state's version of the NRCC's Young Guns candidate recruitment program. He was also a key strategist for Meg Whitman and helped secure Pete Wilson's endorsement for her gubernatorial run in 2010. We'd be remiss if we didn't note that former newsie Kevin Riggs recently retired after 10 happy years at Randle, which is regularly voted one of the Best Places to Work in Sacramento.

88 John Garcia

Founded in California in 1945, Kaiser Permanente is a massive player in California health care, serving nearly 10 million members through 532 medical facilities, and a network of 16,000 physicians and 149,000 employees. As vice president for Kaiser Permanente in Sacramento, Garcia lobbies for a far-flung medical organization made up of Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, The Permanente Medical Group and Southern California Permanente Medical Group. COVID-19 wreaked havoc on the finances of the medical industry, and Kaiser was no exception; Their net income dropped from about $7.4 billion in 2019 to around $6.4 billion in 2020. A round of 200 layoffs in May 2021 speaks to the challenges the organization faces as the pandemic continues to play out, and it is John Garcia's job to make sure that the folks in Sacramento don't make it any harder. Full disclosure: Garcia serves on the Board of Directors of Open California, which publishes Capitol Weekly.

89 Andrew Antwih

Lobbyist Andrew Antwih does a bit of everything, but he is perhaps best known for his work on transportation issues. During a 12-year stint in the Capitol, he served eight

years as chief consultant to the Assembly Transportation Committee. He's a partner in Shaw Yoder Antwih Schmelzer & Lange (formerly Shaw Yoder Antwih), which handles numerous local governments, including cities and counties, as well as a number of energy clients. Antwih joined the firm, which started back in 1975 as Edward R. Gerber & Associates, in 2008. SYASL's founding partners, Josh Shaw and Paul Yoder, purchased the firm in 1998, establishing Shaw / Yoder, and changing the name to Shaw Yoder Antwih when Antwih was named a partner in 2009. Two additional partners, Karen Lange and Jason Schmelzer, were added in 2015. Antwih, who started his legislative career as a Senate Fellow in 1994, served on former L.A. Mayor Antonio Villaraigosa's staff as the chief legislative representative to Los Angeles.

90 Dan Newman

Dan Newman is a political strategist, specializing in communications, media relations, and crisis management for candidates, companies, and causes. Newman rose to prominence as partner at SCN Strategies (now Bearstar Strategies). While at SCN he worked on over a dozen successful initiative campaigns and counseled a multitude of high profile Democrats including Kamala Harris, Jerry Brown, Alex Padilla – and Gavin Newsom. Newman left SCN to stay in California with Newsom rather than sign on for the Harris For Prez campaign hayride, and he currently serves as chief political spokesperson and political adviser to the governor. Last year he joined Brian Brokaw (see No. 85) to launch The Media Company, which ran the IE backing George Gascón for Los Angeles District Attorney, and worked on the successful No on Prop 20 campaign. Newman has quite the bio: He previously worked as a Congressional staffer, aided asylum seekers in Mexico, was a Peace Corps volunteer in Paraguay, and recently completed the Western States Endurance Run.

91 Jacob Mejia

There's an old saying that success has many fathers, and the hard-fought effort to put a sports gaming initiative on the 2022 ballot is no exception. A consortium of 18 tribes, including the Pechanga Band of Luiseño Indians, the Yocha Dehe Wintun Nation and the San Manuel Band of Mission Indians, submitted more than 1.4 million signatures — most gathered during the pandemic — to qualify the proposition. Jacob Mejia, a familiar face to anyone who closely follows tribal affairs, was a key strategist and the official spokesperson for the initiative effort. An interesting wrinkle about the initiative: The tribes could withdraw their proposal before the election and replace it with a measure preferred by the legislature. As is often the case elsewhere in the political world, Mejia wears several hats; he is Director of Public Affairs at Pechanga, and Executive Director at the Tribal Alliance of Sovereign Indian Nations. And, full disclosure: he's also on the Board of Directors of Open California, publisher of Capitol Weekly.

92 Scott Rodd

In just over two years covering politics at the Capitol, Scott Rodd's work has shown that he and his employers at Sacramento's Capital Public Radio won't settle for pedestrian daily coverage. Rodd's investigation into California's failed wildfire prevention efforts led to a $500 million increase in this year's state budget— not bad for a day's work as a journalist. Rodd found that the Newsom administration had grossly exaggerated claims about the state's wildfire prevention efforts, leaving them far below what experts say is needed to prevent catastrophic fires (which Rodd continues to cover). After Rodd's story appeared, a last-minute change to this year's state budget followed, more than doubling the allocation for wildfire prevention efforts. Rodd is no one-trick pony: An earlier investigation revealed hundreds of millions in no-bid state contracts for pandemic response were awarded to large Newsom political donors. Rodd joined Capital Public Radio in May 2019 after working at The Sacramento Business Journal for two years. He previously worked as a freelance writer based in Los Angeles and Washington D.C.

93 Dana Williamson

Dana Williamson, a cabinet secretary in the Brown administration, has seen dramatic shifts since she left the Horseshoe to run her own firm, Grace Public Affairs. She served as a key political adviser to state Attorney General Xavier Becerra, who resigned in March to take an appointment in the Biden administration. In April, Gov. Newsom surprised many (including Sacramento mayor Darrell Steinberg, who was measuring the drapes in the A.G.'s office) by appointing then-Asm. Rob Bonta as Becerra's replacement. Williamson, who managed Gov. Brown's Yes on Proposition 57 (Criminal Justice Reform) campaign, was a perfect fit for the progressive, reform-minded Bonta, and is on tap as his campaign manager for the 2022 election. She has close ties to Smart Justice California (see No. 71) and gets at least some of the credit for the $1.6 million Bonta has raised in the three and a half months since his appointment. Speaking of close ties, in September she launched a supergroup of political pros – The Collaborative – that included none other than Jim DeBoo (see no. 1). Nuff said.

94 David Quintana

If David Quintana is known for one thing (aside from his trademark look: shaved head, stevedore's shoulders and flashy suits) it is the splashy January power party known as The Bash (AKA Back to Session Bash) that he has organized each year since 2005. (Full disclosure, Capitol Weekly is a media sponsor of the Bash.) The Bash is Quintana's baby, and each detail – from the cigar bar to the classic hip hop – is carefully selected by the man himself. With its six-figure budget and guest list of political all-stars, The Bash is unlike any other event in Sacramento – where else could you expect to find Lil Jon and Nancy Skinner on the same dance floor? This year's event (moved to July, for obvious reasons) was comparatively subdued, and even an appearance by Oakland hip hop legend Too Short was less dramatic than it might have been pre-pandemic times. Oh yes, he is a lobbyist too, with a bevy of cannabis interests, several Indian Tribes and local-control housing orgs among his clients.

95 Greg Campbell
Greg Campbell spent more than 20 years as a leg staffer, much of that time at the top of the heap – in various leadership capacities through five speakerships. He is the only person to have been chief of staff to two successive Assembly Speakers (Toni Atkins and John Pérez) since the inception of the full-time Legislature, and has close ties to Jim DeBoo (see No. 1) from those days. Campbell left the building in 2015 to launch Campbell Strategy and Advocacy, a lobbying firm that quickly put together a top-tier client list heavy on utilities (PG&E), telecom (Comcast, Cox), and sports (MLB, NBA, PGA.) In 2013, Campbell underwent major surgery to remove a non-cancerous brain tumor, leading to an incident that has become part of his legend: The phone rang at his bedside; it was Gov. Brown, asking if there was anything he could do. Ever the political staffer, Campbell said, yes, sign my boss' bill to expand Medi-Cal coverage.

96 Shari McHugh
McHugh Koepke & Associates — made up of Shari McHugh, spouse Gavin, and partner Dawn Koepke — is a small but potent lobbying firm. They have a lengthy client list that includes a number of insurers: Hartford; the National Association of Insurance & Financial Advisors of California; and the Pacific Association of Domestic Insurance Companies. McHugh has a history with the insurance industry. She served as senior vice president of the Coalition of California Insurance Professionals and senior vice president of the Professional Insurance Agents. But MKA also counts UBER, CCPOA, the American Beverage Association, the Distilled Spirits Council of the United States and the Shell Oil Company among their many clients. The firm was started in 2000 by Gavin McHugh; spouse Shari joined in 2003. Together, they contributed a section on small lobbying firms to a new book on the lobbying profession, A Practitioner's Guide to Lobbying and Advocacy in California, which was published in 2020.

97 Bob Giroux
The lobbying firm of Lang, Hansen, Giroux & Kidane (formerly Lang, Hansen, O'Malley and Miller) is a Sacramento powerhouse (see No. 59). Bob Giroux's name was added to the shingle a few years back, although he's been with the firm since January of 2006. Giroux carries with him a deep knowledge of both the legislative and political process, earned during 22 years in the capitol (11 years in each house) where he served as an adviser to leadership in both the Assembly and Senate. While at the Assembly Giroux was senior consultant to the Ways & Means Budget Subcommittee responsible for the budget of Caltrans, the California Highway Patrol and the DMV. That transportation expertise earned him an appointment to the board of the High Speed Rail Authority. Giroux has an interesting background: He grew up as an Air Force brat and worked at NASA before getting into politics.

98 Kristin Bertolina Faust

A question that has dogged this list for over a decade: What to do with the fundraisers? It's a given that the state's top political fundraisers are in close proximity to the elected officials they work for, and the money they raise — or don't — can make or break a political career. But at the end of the day, how much direct influence do they have on politics and policy? We've never come up with a good answer, so some years we've had several fundraisers on the list, and others, none. This year we have one: Kristin Bertolina Faust, a Democratic fundraiser and strategist who founded BB&G, a Sacramento-based fundraising and political consulting firm, in 1999. Over the last 20 years, the firm has grown to include partners Rhianon See-Barnato and Angie Georgoulias. Their current client roster includes over 25 elected officials and committees including Lt. Governor Eleni Kounalakis, the state senate Democratic Caucus and Governor Newsom's bid to defeat the recall. Faust is also working with U.S. Sen. Alex Padilla for his 2022 Senate run.

99 Mandy Lee

A newcomer to this list is Mandy Lee, the founder and principal of Omni Government Relations, where she represents a small but potent client list that includes household names like TESLA, CVS and Kaiser. She may be new to the Top 100, but we aren't the first to recognize her achievements; The National Association of Asian Pacifics in Politics and Public Affairs included her on their "40 Under 40" list back in 2016 when she was still with Platinum Advisors. Prior to signing on with Platinum she was Vice President of Government Affairs at the California Retailers Association, the trade association that represents a wide swath of retail sellers in the world's fifth largest economy. Lee is also an LGBTQ activist, and is on the Board of Equality California. Like many top lobbyists, she got her start as a legislative staffer, serving as a Consultant to then-state Sen. Alex Padilla and as Legislative Director for California Asm. Roger Hernandez.

100 Alexei Koseff

Fodder for national pundits, ambitious Republicans and a Saturday Night Live skit, Gov. Gavin Newsom's attendance at a maskless birthday party for lobbyist Jason Kinney (see No. 65) at The French Laundry was the game-changing California politics story of 2020, thanks to San Francisco Chronicle reporter Alexei Koseff. It provided fuel for the Newsom recall effort, gave bragging rights to Capitol insiders who attended and made "French Laundry" synonymous with Capitol excess and Newsom's nagging do-as-I-say, not-as-I-do problem. Koseff, a Stanford University graduate who came to the Chronicle in 2019 after five years in the Sacramento Bee's Capitol Bureau, has covered all things state government. (Some may recall Koseff as the first reporter to actually attend the annual post-session junket for legislators and lobbyists in Hawaii – and take pictures.) Koseff is president of the Sacramento Press Club, which launched its first statewide political journalism competition this year under his leadership. When he's not

doing journalism, he’s a trained dancer and member of local dance crew Boogie Monstarz.

Sierra Sun Times

Covered California Announces Premium Decrease for Dental Plans in 2022
Staff

August 26, 2021 - SACRAMENTO, Calif. — Covered California announced on Wednesday that the statewide weighted average rate change for dental coverage in 2022 will be a decrease of 1.0 percent. The decrease continues the trend of holding costs steady for consumers.

“The pandemic has taken a toll on or health in so many ways, and that includes our oral health,” said Peter V. Lee, executive director of Covered California. “Dentists say they are seeing more cases of cavities, gum disease and stress-related tooth damage, which is why it is so important to have access to quality dental care — and that’s what Covered California is providing.”

A recent survey found that dentists were seeing increased rates of stress-related oral issues such as teeth grinding (up 76 percent), cracked teeth (up 69 percent) and chipped teeth (up 68 percent) during the COVID-19 pandemic. In addition, dentists say they are seeing increases in cavities and gum disease, likely as a result of changes to people’s hygiene and eating habits during the crisis.

While the standard health benefits for Covered California enrollees include dental coverage for children, adults can purchase optional family dental coverage as an “add-on” to their plan. The family dental coverage is offered on a “guaranteed issue” basis, meaning the coverage is available to anyone who wants it, regardless of any pre-existing oral health conditions.

The latest data shows that 230,404 people are enrolled in Covered California’s dental plans, which represents a 15 percent increase over last year. Covered California offers both dental health maintenance organization (DHMO) and dental preferred provider organization (DPPO) plans, giving consumers a choice in the type of plan that will work best for them.

Covered California's participating dental carriers for 2022 include Anthem Blue Cross, Blue Shield of California, California Dental Network, Delta Dental of California, Dental Health Services and Liberty Dental Plan. Anthem Blue Cross DHMO is expanding in San Francisco, Contra Costa and Alameda counties. Delta DHMO is expanding to cover portions of San Diego County.

Access Dental Plan and Guardian Life Insurance Company will leave the exchange at the end of 2021, and Dental Health Services is reducing coverage in parts of the state. The moves will affect fewer than 12,000 people, which is about 5 percent of Covered California's dental enrollees. All members will be notified of the plans' withdrawals prior to renewal, and they will be offered the opportunity to pick any dental plan available to them. Consumers will also be provided the automatic renewal option of the lowest-cost DHMO for Access members and the lowest-cost DPPO for Guardian members in their ZIP code.

"Whether people are coming to us for the first time or plan to renew their dental coverage this fall, they will once again see a wide variety of choices as well as stable and competitive prices," Lee said. "Dental coverage is the right choice for many, and we're proud to offer such good options for those enrolled in plans through Covered California."

The benefits and rates of Covered California's family dental plans can be viewed at https://www.coveredca.com/dental/adult-add-on/hmo/.

While the rate decrease and coverage options will not go into effect until Jan. 1, 2022, people do not need to wait for the traditional open-enrollment period in November to sign up for dental 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 Aug. 31 will have coverage that starts Sept. 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."

Family dental plans are optional and come at an additional cost for covering adults in the family. While nine out of 10 consumers with health insurance through Covered California get help paying for it, federal financial help is only available for the dental coverage for children. All health plans purchased through Covered California include dental coverage for members under the age of 19. Parents can enroll their children in an optional family dental plan for additional dental coverage.

Consumers who are interested in enrolling can visit www.CoveredCA.com to explore their options and get a quote by using the Shop and Compare Tool. They can also get free and confidential enrollment assistance by visitinghttps://www.coveredca.com/support/contact-us/ and searching among the 800 storefronts statewide or the more than 10,000 Licensed Insurance Agents who can help consumers in their community in a variety of languages.

In addition, consumers can reach the Covered California service center by calling(800) 300-1506.

Covered CA: Dental Plan Premiums To Dip By 1% In 2022
Amy Lotven

Covered California, the nation's largest state-based health insurance exchange, says premiums for adult dental coverage will drop by 1% for the 2022 plan year. The exchange also announced that two dental plans will leave the market at the end of 2021 and one will narrow its service area next year, while two of the six remaining plans will extend into new counties.

In a release out Aug. 25, the exchange explains that family dental plans are optional, and consumers must pay for the adult coverage. Although 90% of exchange enrollees can get tax credits for their health insurance, the federal help can only cover dental benefits for children up to age 19, which is embedded in every plan sold through the exchange.

But latest data show that 230,404 residents have enrolled in optional dental coverage, a 15% increase over last year.

California exchange director Peter Lee says the public health crisis makes its more important than ever to consider dental coverage.

"The pandemic has taken a toll on or health in so many ways, and that includes our oral health," Lee says. "Dentists say they are seeing more cases of cavities, gum disease and stress-related tooth damage, which is why it is so important to have access to quality dental care -- and that's what Covered California is providing," he added,

referring to a February report from the American Dental Association's Health Policy Institute.That survey found dentists were seeing increased rates of stress-related oral issues such as teeth grinding (up 76 percent), cracked teeth (up 69 percent) and chipped teeth (up 68 percent), in addition to more cavities and gum disease.

Six insurers will be selling plans through Covered California in 2022, including Anthem Blue Cross, Blue Shield of California, California Dental Network, Delta Dental of California, Dental Health Services and Liberty Dental Plan. Anthem will expand into three new areas, while Delta will now cover parts of San Diego County.

Access Dental Plan and Guardian Life Insurance Company will leave the exchange after 2021, and Dental Health Services will be reducing coverage in some parts of the state, the exchange says. The moves affect fewer than 12,000 enrollees, who will be notified of the withdrawals and may choose a different plan. Consumers can also choose to automatically renew their policies into the lowest-cost dental plan available in their zip code.

Additionally, while the decreased premiums will go into effect on Jan. 1, consumers can still sign up for 2021 coverage through the ongoing special enrollment period that will last through the end of the year.The 2022 rates will be available when open enrollment kicks off in November.

Why Millions Of Californians Are About To Lose Their Unemployment Benefits
David Wagner

Federal unemployment benefits have been a lifeline for Angelenos who lost work during the pandemic.

Now, those benefits are going away. Millions of Californians will lose payments when federal programs come to an abrupt end later this week.

Workers facing the cut-off say they're struggling to find jobs. And legal aid providers say they're preparing to help many unemployed Angelenos facing eviction because they can't pay rent.

“This will result in more people being pushed into homelessness,” said Citlalli Ochoa, an employment law staff attorney with Neighborhood Legal Services of L.A. County.

Two key dates are in play:

A slate of federal unemployment programs end on Sept. 4
California’s eviction moratorium is scheduled to end shortly after that, on Sept. 30.
Ochoa said she’s already seen some of her clients fall into homelessness after losing unemployment benefits. She predicts that story will become more common in months to come.

“We are preparing to see a lot more people who have lost [unemployment] benefits and who have lost housing as a result of that,” Ochoa said.

Who Is Facing The Sudden Cut-Off?
The vast majority of jobless Angelenos now are receiving benefits through various federal programs created during the pandemic — not typical state unemployment claims. Those programs were never intended to be permanent and are all slated to end this month. Congress seems unlikely to renew them.

California’s Employment Development Department (EDD) hasn’t said how many people will lose benefits. But The Century Foundation, a progressive think tank, predicts more than 2 million Californians will be affected.

Those facing the looming cut-off fall into two main groups:

Gig Workers, Freelancers And The Self-Employed
In one group are the gig workers, freelancers and self-employed workers who normally don’t qualify for unemployment insurance. They’ve been receiving benefits through the federal Pandemic Unemployment Assistance (PUA) program. Those payments will end on Sept. 4, regardless of how long workers have been on the program.

Self-employed workers who were shortchanged due to a flaw in the unemployment system will also lose a supplemental $100 weekly benefit provided through the Mixed Earner Unemployment Compensation (MEUC) program.

The Long-Term Unemployed
Another group is made up of the long-term unemployed — those who lost jobs early in the pandemic and haven’t found work yet.

Many are getting benefits through the Pandemic Emergency Unemployment Compensation (PEUC) program, which provides an extension to state unemployment

claims that typically last only 26 weeks. Others are on a different extension program called Federal-State Extended Duration (FED-ED). That program ends on Sept. 11.

Workers who are on a normal state Unemployment Insurance (UI) claim will continue to receive state benefits. But those workers will still feel the impact of the federal cut-off, because they will lose a $300 weekly boost currently provided to all unemployment recipients through the Federal Pandemic Unemployment Compensation (FPUC) program.

With Hotel Rooms Empty, Hospitality Workers Are Sidelined
It didn't take long for the pandemic to claim Christine Chan's job. She was working at the Millennium Biltmore hotel in downtown L.A. when the county issued its first stay-at-home order.

"They announced it on March 16, and I got laid off a week later," Chan said.

Hotel employment still hasn't fully recovered. Payrolls for the state's leisure and hospitality industry remain more than 20% below pre-pandemic employment levels. Travel remains low, and hotels don't need the same number of workers.

"I've been looking so hard," Chan said. "Hospitality jobs are not really strong in hiring."

Chan said in the past few months, she had applied to more than 20 jobs. She even landed a couple interviews. But so far, no job offers. A mother of two teens, Chan needs to find work soon because her $750 in weekly unemployment benefits will be gone after Sept. 4. Chan's husband, an Uber driver, will lose his benefits too.

She said, "I am actually freaking out. I want to be a strong person. I'm trying to. I don't want to show my weakness to my kids."

Chan said her family has saved enough to last a few months. After that, she's not sure how they'll buy groceries or pay rent.

"Hopefully by then I can get a job," she said. "That's all I can hope for."

The Delta Variant Is Holding Back L.A.'s Economy
Earlier this year, with vaccines becoming widely available and COVID cases going down, there was hope that businesses would soon get back to normal.

But now, with the delta variant spreading, employers are sticking with reduced staff. In-person workers remain worried about getting sick — even those who are fully vaccinated.

Ochoa said some workers they've talked to at Neighborhood Legal Services are afraid of getting COVID-19 and bringing it back to their family.

"There can be grandparents in the home. There can be multiple families in the home," Ochoa said. "It's not always safe to return in-person to a work environment."

And she said unemployment benefits aren't sapping people's motivation to look for work. For some, childcare needs or personal health conditions make it tough to return to the workplace.

L.A.'s Unemployment Rate Is Still In Double Digits
L.A. County's unemployment rate has greatly improved since the first few months of the pandemic. But it remains high at 10.4%, according to the state's latest jobs report.

UCLA economist Till von Wachter said research has shown that cutting benefits doesn't push people to find a new job when those jobs simply aren't available.

"We have seen a lot of economic progress over the summer," he said. "But certainly in some of the lower wage sectors, we have not recovered all the jobs that we have lost."

Unemployment relief recipients won't be the only ones affected by the cut-off, said von Wachter. Those benefits have played a huge role in propping up the state's economy, giving millions of Californians money to spend on rent, food and other goods and services.

With that stimulus money about to vanish, von Wachter said the broader economy will suffer.

"Individuals are more likely to slip into poverty and have big reductions in consumption," he said. "We really need all hands on deck to think of ways of supporting these workers."

Officials Are Trying To Connect Unemployment Recipients With State Aid
EDD officials said they are encouraging those on unemployment to apply for various state programs providing food assistance (CalFresh), rent relief (through the state's HousingIsKey website) and low-cost health insurance (Covered California).

But legal aid advocates say applying for all those different services could be a challenge for many jobless Angelenos, and they may not qualify for each program.

For workers like Christine Chan, nothing will fully make up for the loss of direct weekly unemployment benefits.

“I save as much as possible,” she said, “because I do not know what my future is going to be like.”

For now, Chan plans to keep applying for jobs, and keep hoping hotels start to fill up again.

Expanded unemployment benefits are ending. Here’s where else to find help
Jon Healey

This day had to come eventually: On Saturday, the federal government is ending four temporary programs it created to help unemployed and underemployed Americans make it through the pandemic.

Still, the change is going to sting. According to the state Employment Development Department, the programs were providing well over $1 billion in aid to about 2.2 million Californians as of late August, including $839 million for gig workers, the self-employed and other people not eligible for conventional unemployment benefits. That money evaporates Saturday. So does the additional $300 per week the federal government has been paying to about 500,000 idled California workers covered by traditional unemployment insurance.

Then on Sept. 11, the federal government will stop offering the 13- to 20-week extension of unemployment benefits it had been providing throughout the pandemic. At that point, idled workers will be eligible for a maximum of 26 weeks of benefits; workers who’ve already received more than 26 weeks of benefits will be cut off.

Other benefit programs that expanded during the pandemic are still available for financially struggling Californians, however. Here are some tips for how to navigate the weeks ahead.

Which programs are ending?
As of Saturday, the federal government will pay no new claims in four programs launched during the pandemic to help people who lost work:

- Pandemic Additional Compensation (also known as Federal Pandemic Unemployment Compensation), which added $300 per week to jobless workers' benefits.
- Pandemic Unemployment Assistance, which provided up to 86 weeks of benefits to workers in fields not covered by the standard unemployment insurance program.
- Pandemic Emergency Unemployment Compensation, which offered up to 53 additional weeks of aid to workers who used up their 26 weeks of standard benefits but were still unable to find a job.
- Mixed Earner Unemployment Compensation, which added $100 to the standard unemployment benefits earned by people who held jobs but also made money through self-employment the previous year.

All of those programs pay benefits retroactively, however. So if you were laid off or lost gig work during the pandemic but hadn't filed a claim yet, or if your claim has yet to be processed by the EDD, you can still receive benefits in a lump sum after this week.

For weeks of work missed after this one, though, the benefits will be available only to people covered by the standard unemployment insurance program — in other words, not self-employed or gig workers — and will be limited to the state's normal amount, which is $40 to $450 per week.

What other help is available?
The hopeful news is that California is adding jobs and increasing its demand for goods and services, although the state's unemployment rate remains significantly higher than the national average and hasn't fallen much since May. The job losses have been worse for people of color, especially Black Californians, according to the California Budget and Policy Center. The Delta variant of the coronavirus also has been a drag on the recovery lately.

In the meantime, the federal government has increased the benefit levels in a number of programs for people in need, and the feds and California have expanded eligibility for several forms of aid and streamlined the process of obtaining help. A good starting point is BenefitsCal, a site where you can sign up for food, health, unemployment and welfare benefits.

Jobs: The state's CalJOBS site can help you find an employer looking for people with your skills, and the EDD offers several other resources to help you find work or change careers.

Food: CalFresh, the state's food aid program, offers 15% more in benefits through Sept. 30 to low-income households. In addition, work requirements for college students have

been eased dramatically (but temporarily), opening the program to far more young California adults. To apply, go to GetCalFresh.org.

Rent: California offers to pay 100% of the rent debt accumulated since April 2020 by low- and moderate-income residents who suffered pandemic-related financial hardship, whether it be lost wages or higher expenses. The program, which is available across much of the state, can also pay up to three months of future rent and up to 12 months of unpaid utility bills. You can apply by calling (833) 430-2122 or visiting the Housing Is Key site, which also provides links to the separate rental assistance programs run by Long Beach and several other cities.

Healthcare: For idled workers whose incomes aren't low enough to qualify for health coverage through Medi-Cal, Covered California (the state's Affordable Care Act insurance program) offers extra premium support that can bring the cost of coverage down to $1 per person per month. You can apply at the Covered California site or by calling (800) 300-1506. If you were enrolled before you went on unemployment, you may qualify for lower premiums.

Stimulus checks: The state began sending $600 to $1,100 Golden State Stimulus payments this week to Californians who earned up to $75,000 in 2020. This is the second wave of stimulus checks; the first, which started going out in April, reached taxpayers with Social Security numbers who earned $30,000 or less, as well as those with individual taxpayer identification numbers (such as noncitizens) who earned up to $75,000.

The checks are available only to people who've filed state tax returns for 2020, so if you haven't done that yet, you have until Oct. 15 to do so and still qualify for the stimulus. If you're an individual taxpayer with a Social Security number who did not receive a payment in the first round, you're eligible for $600 if you have no dependents, $1,100 if you have one or more. If you have a taxpayer ID number, earn $75,000 or less and have at least one dependent, you are eligible for $1,000.

To find out if you are eligible and to estimate how much you can receive, go to the Franchise Tax Board's Golden State Stimulus II site.

Federal unemployment benefits expiring in California
Nouran Salahieh

With most federal unemployment programs expiring, many Californians will see their unemployment benefits ending or being reduced.

Four pandemic-related unemployment programs expired: the Pandemic Unemployment Assistance, the Pandemic Emergency Unemployment Compensation, the Pandemic Additional Compensation and Mixed Earner Unemployment Compensation.

That means aid to 2.2 million Californians will be cut off, according to the California Employment Development Department.

Another 500,000 Californians will stop getting the extra weekly $300 federal supplement with their payments, though they'll continue to receive regular state unemployment insurance, officials said.

The loss of the federal programs comes the same month California's evictions moratorium is set to expire on Sept. 30.

Many of those who were benefiting from the programs were gig workers, the self-employed and others not eligible for regular state unemployment benefits, according to the Los Angeles Times.

For those whose federal unemployment benefits are ending, the EDD is encouraging them to apply for other programs expanded by the American Rescue Plan. They include up to $234 per person per month in food assistance via CalFresh, rental and utility assistance from the Housing is Key program and health insurance through Covered California.

On Sept. 11, a federal extension program that gives up to 13 weeks of additional benefits for people who used all of their unemployment benefits during a period of high unemployment will also end.

Those affected by any of the programs expiring should have received notice from the EDD.

“Any weeks of unemployment that occurred before these programs expire can still be paid retroactively if a claimant is later determined to be eligible for those weeks of benefits,” officials said.

The federal government does not allow for payments after the programs end, even if people still have balances left on their claims, the EDD said.

And some who were receiving help through the federal programs may not be able to qualify for regular state unemployment insurance if they didn’t get any income in the past 18 months.

EDD has an online calculator for Californians to estimate any potential benefit amount they can get, which can range from $40 to $450 a week.

Did Obamacare Expand Access to Insurance for Minorities? In Some U.S. States, Hardly at All
Amy Norton

WEDNESDAY, Aug. 11, 2021 (HealthDay News) -- The Affordable Care Act (ACA) reduced the ranks of uninsured Americans, but a recent study shows that many U.S. states did little to close racial gaps in health coverage.

Researchers found that in the two years after the ACA came into force, some U.S. states showed large reductions in the number of Black, Hispanic and low-income residents who were uninsured.

Other states, however, showed little change. And in many, at least 20% of Black residents and 40% of Hispanic residents remained uninsured as of 2016 (the final year of the study period).

The findings, experts said, highlight the pitfalls of giving states a lot of leeway in implementing the ACA.

For one, states can decide whether to accept federal funds to expand their Medicaid programs, which provide health insurance to low-income residents.

And that decision seemed to explain much of the state-to-state variation in this study, said lead researcher Dr. Gregory Lines, of Harvard Medical School and Cambridge Health Alliance in Boston.

At the study's endpoint, 18 states had not expanded Medicaid, and they typically showed relatively small improvements in health coverage for Black, Hispanic and low-income residents.

For example, in West Virginia -- which did expand Medicaid -- the percentage of Black and Hispanic adults without insurance dropped by 60%. In contrast, the decline was 20% or less in many of the states that had not expanded Medicaid.

Massachusetts was among the states at the bottom of the list for improvements. But Lines said there is an important distinction: Massachusetts had already launched its own health care reform before the ACA -- and was, in fact, the model for the federal law.

Since the state had already done much to cut the ranks of the uninsured, Lines said, there was little room left for improvement.

So by 2016, the study found, the highest rates of "uninsurance" were largely concentrated in states that had not expanded Medicaid. Of the 15 with the highest percentage of uninsured Black residents, for example, 13 were non-expansion states.

The findings, recently published in the journal Health Equity, do not cover more recent years -- during which additional states have expanded Medicaid.

As of July 2021, 12 states remain holdouts, according to the Kaiser Family Foundation.

Stan Dorn is director of the National Center for Coverage Innovation at Families USA, a nonpartisan health care advocacy organization.

He agreed that states' decisions over Medicaid are likely the most important reason for the findings.

But states also varied widely in the efforts they devoted to implementing the ACA, said Dorn, who was not involved in the research.

Some states got behind the law, he said. That included setting up their own "exchanges," in addition to the federal one, where residents could buy private insurance. It also included public outreach, Dorn said, to make sure people knew that coverage options and financial assistance were available.

And since enrolling in a health plan can be a confusing process, some states hired patient "navigators" to guide people. That help, Dorn said, likely made a difference.

Lines agreed.

"It can be easy for people to give up, especially if they're not used to dealing with insurance issues," he said.

It all points to a broader issue, according to Lines: Leaving health reform up to the discretion of states leads to uneven results -- and cannot solve the national problem of racial inequities in health care.

"Health care reforms that don't rely as heavily on the whims of individual states are clearly needed," he said.

Dorn made a similar point. He said the federal system, in which states have a good deal of autonomy, can have advantages.

"Individual states can do wonderful things, and lead the way for the rest of the country," said Dorn, citing Massachusetts' health care reform as an example.

But, he added, the "shocking variability" seen in this study illustrates the disadvantages of giving states wide discretion.

"There should be minimum standards that states need to live up to," Dorn said. "Your ability to receive health care shouldn't depend on which state you happen to live in."

Biden's ACA special enrollment period reaches 2.5 million Americans
Steve Benen

Just one week after his inauguration, President Joe Biden did what his predecessor would not: he issued an executive order to create a special enrollment period through the Affordable Care Act, citing a need created by the pandemic. Donald Trump was

expected to do something similar, but the Republican refused, because he didn't want people turning to "Obamacare" for help during a crisis.

Updating our earlier coverage, Biden's decision to do the right thing continues to pay off. Reuters reported yesterday:

“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.... "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.

Remember, after dramatic Obama-era improvements, the U.S. uninsured rate inched higher during the Trump era. Given the latest data, it seems awfully likely the trajectory has returned to an encouraging direction. Indeed, this new 2.5 million figure appears to have pushed total marketplace enrollment to an all-time high.

In fact, pretty much all of the news related to health care coverage looks quite encouraging. Not only did the U.S. Supreme Court shield the ACA from its latest Republican attack a couple of months ago, but the open-enrollment data coincides with expansive new ACA benefits included in the Democrats' COVID relief package. Some have seen their premiums cut in half, while many have seen their premiums fall to literally zero, thanks entirely to the investments in the American Rescue Plan.

That's working well, too: the Department of Health and Human Services recently announced that after the new ACA benefits kicked in on April 1, nearly 2 million consumers -- who already had coverage -- returned to the marketplace and reduced their monthly premiums.

Also in June, Biden and former President Barack Obama made a little news together, announcing that nearly 31 million Americans -- a record high -- now have health coverage through the Affordable Care Act. And that was before yesterday's good news.

There are, however, some clouds on the horizon. First and foremost, the special open enrollment period is nearly over: consumers have until this Sunday -- August 15 -- to take advantage of this opportunity.

What's more, the ACA-related benefits included in the American Rescue Plan are, at least for now, temporary. The White House and many congressional Democrats want to make the current benefits permanent, and such funding is very likely to be in the mix for the "human infrastructure" package currently taking shape.

Watch this space.

The American Rescue Plan Act, A Critical Opportunity To Improve Child And Family Health

Sandra H. Stenmark, Richard S. Sheward, Lucy E. Marcil, Allison R. Bovell-Ammon, Charlotte O. Bruce, Stephanie A. Ettinger de Cuba

The American Rescue Plan Act (ARPA) provides a critical opportunity to improve child and family health and well-being by reducing the poverty and food insecurity that too many families, especially families of color, experience. The ARPA expands the benefits and eligibility of the income support programs, the Child Tax Credit (CTC) and the Earned Income Tax Credit (EITC), and extends the 15 percent increase in monthly benefits for the federal nutrition assistance program, the Supplemental Nutrition Assistance Program (SNAP), and provides additional funding for fruit and vegetables for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The eligibility expansion and temporary increase in the CTC for this year ($3,600 for children younger than six years, $3,000 for children ages 6–17 years) is projected to reduce child poverty in the US population by 45 percent. The CTC will also improve racial equity because it is now designed to reach the one-third of children, disproportionately those of color, who were previously excluded from the full benefit because their families earned too little. To ensure these critical benefits reach all families, particularly those with the lowest incomes and greatest barriers to access, health care systems and clinicians need to increase awareness of these expanded programs, promote the positive health impacts of these benefits, and assist families in claiming these tax credits and enrolling in SNAP and WIC.

Tax Credits And Food Subsidies Are Powerful Tools To Promote Health But Are Underused

The CTC, EITC, SNAP, and WIC effectively prevent and reduce poverty and improve health and child development. Participation in SNAP, WIC, and receipt of tax credits are associated with a reduction in low birthweight and improvements in child educational attainment. Despite well-documented benefits of these credits and programs, lack of program and eligibility information, stigma, complex application processes, and fear of the government prevent many from accessing them. The ARPA's expansion of eligibility for both CTC and EITC will require additional outreach to increase program awareness. Currently, 20 percent of eligible families do not receive EITC, 33 percent of children are

newly eligible for CTC, and approximately 50 percent of eligible families are not enrolled in SNAP and WIC. Prioritizing the enrollment of eligible families in these effective programs can reduce economic hardship and food insecurity, ameliorate parental stress and improve parent-child interactions, child health, development, and well-being.

How Health Care Organizations Can Help

Health care organizations can use mass messaging opportunities to increase awareness of CTC, EITC, SNAP, and WIC. For this outreach to be effective, messaging must be engaging, culturally and linguistically appropriate, and address commonly held fears and misperceptions. Additionally, information can be shared by community and clinical navigators during Medicaid and other resource enrollment, and during clinic or care coordination visits. Since all Medicaid beneficiaries are eligible for the tax credits, WIC (if pregnant, or children younger than five years of age) and the majority are eligible for SNAP, health care providers can ask Medicaid beneficiaries if they are currently enrolled in SNAP and WIC and have filed their taxes. Framing these programs as health programs may increase participation and decrease the stigma often associated with SNAP and WIC participation.

Concurrent with awareness-raising efforts, large multidisciplinary practices affiliated with universities or federally qualified health centers and other interested large health systems are well-positioned to provide supportive navigation services to ensure these programs reach those who will benefit most and avoid inadvertently deepening preexisting inequities by race/ethnicity, immigration status, and income. Navigators or community organizations that empower and support families through the entire application process may decrease the trauma many families experience when interacting with complex benefit and tax systems. Health care practices that are less resource-rich, smaller, or physician-only settings can refer to community-based organizations that offer on-site application assistance. When on-site assistance is not possible, health care providers can direct families to websites, apps, and phone support services. For example, the Internal Revenue Service (IRS) website provides a comprehensive list of IRS-sponsored volunteer income tax assistance tax preparation sites to which providers could refer low-income families, and GetYourRefund is a free, online tax filing service. Similarly, online and phone enrollment assistance exists for SNAP and WIC. These sites can be accessed on individual state Human Service and state WIC websites.

Conclusion

The ARPA provides a key opportunity to improve the health and well-being of children and their families by mitigating poverty and food insecurity’s harmful effects. Health care and community organizations can increase awareness of the expanded CTC, EITC, SNAP, and WIC eligibility and benefits and assist their patients in obtaining them.

Additionally, health care organizations and physicians can also advocate for the permanent continuation of ARPA's temporarily expanded tax credits and nutrition benefits to ensure that more children are able to reach their health and education potential.

Now is the time to improve the Affordable Care Act
John Baackes

When the U.S. Supreme Court rejected in June the latest challenge to the Affordable Care Act, it was widely regarded as an end to efforts to dismantle the landmark law. Instead of 'repeal and replace,' many lawmakers started talking about efforts to 'expand and improve' the ACA.

Sen. Patty Murray, D-Wash., and Rep. Frank Pallone Jr., D-N.J., are working on legislation to establish a nationwide public option for health coverage that could lower costs and give millions more families across the country access to affordable, quality health care. And with 20 senators reintroducing legislation late last week to create a new Medicaid-based public option, access to care is clearly a top priority for policymakers in Washington.

A public option was included in the original ACA legislation the House passed in 2009 but, sadly, didn't make it into the final bill. It's time to bring it back. Sixty-eight percent of Americans support a public option, including a majority of both Democrats and Republicans. The public option can provide commercial plans with the competition that will ensure affordable premiums, as well as equity in care. The COVID-19 pandemic exposed the inequities in the U.S. health care system, and we must do everything possible to correct that.

L.A. Care Health Plan, the nation's largest publicly operated health plan, serving more than 2.4 million members in Los Angeles County, has a unique perspective on how to implement a successful public option. After all, L.A. Care is a real-life example of a public option that has been operating successfully on California's ACA exchange since 2014, and it remains the only public plan to do so.

After launching in 1997 as a Medicaid plan, L.A. Care joined the ACA exchange for two reasons.

First, we wanted to provide the competition that would mean more access to affordable health care coverage for people in Los Angeles County, and we have succeeded, offering the most affordable rates for most years. In an attempt to compete, some of the commercial plans lowered their rates, but L.A. Care remains among the most affordable plans on the exchange. I consider this a huge win of the public option — providing the healthy competition to commercial plans that keeps rates affordable.

Second, we wanted to offer continuity of care for members with fluctuating incomes. We have seen more than 33,000 of our members move from our marketplace plan to our Medicaid plan, or vice versa — the so-called churn population. These people were able to retain their providers and maintain similar coverage despite the move.

Skeptics argue that the L.A. Care public option model has not reduced medical costs. My response is that it's better to offer comprehensive health care coverage than have uninsured individuals, whose only option is to seek care in an emergency room or other urgent care facility. Over time, access to preventive care has the potential to improve health outcomes instead of treating diseases at a late, emergent state. Other critics have suggested that providers in a public option system would be paid ridiculously low rates, but L.A. Care has invested in recruiting more doctors into our network and has negotiated capitated rates in line with Medicare rates to satisfy providers, all while keeping premiums affordable.

L.A. Care is proving that a public option can increase consumer choice, offer access to a large provider network and ensure rates remain affordable, while competing on a level playing field with commercial plans. We meet all the same requirements as other plans on the exchange. There is no special treatment just because we are a public entity. One advantage is that we are a not-for-profit public entity, and thus we have no shareholders to appease.

As Murray and Pallone work on their legislation, we made clear to them through public comment that localization is critical in a federally administered public option. The L.A. Care model is workable for much of the nation, but certain local conditions might call for an alternative and could require geographically adjusted premium rates. It's also important to develop a federal public option in such a way that consumers can continue to take advantage of both federal and state premium assistance options.

As we celebrate the Supreme Court's decision to once again uphold the ACA, preserving health care coverage for more than 31 million Americans and critical protections for preexisting conditions, we can now focus on making the law even better.

There is absolutely no reason the wealthiest nation in the world can't ensure that every resident has access to affordable health care. There is also no reason that commercial

plans and public options can't coexist. Providing the choice of a public option is a step closer to addressing broader health care system reforms that are needed to correct health inequities nationwide.

It is my hope that Murray and Pallone take a good look at L.A. Care and use it as a model for successful public options all across the country.

Biden made 'Obamacare' cheaper, now sign-up deadline is here
Ricardo Alonso-Zaldivar

WASHINGTON (AP) — With the Obama health care law undergoing a revival under President Joe Biden, this Sunday is the deadline for consumers to take advantage of a special sign-up period for private coverage made more affordable by his COVID-19 relief law.

A strong close would bolster Biden's case that Congress needs to make permanent the temporary boost in health insurance subsidies provided by the COVID legislation. His campaign promise to build on existing programs to move the U.S. toward coverage for all may also gain credence.

The government says more than 2.5 million people have signed up since Biden ordered the HealthCare.gov marketplace to reopen Feb. 15 to account for health insurance needs in the pandemic. Then, starting in April, the cost of coverage came down due to sweeter subsidies in the COVID law, which attracted more enrollment. Officials at the Centers for Medicare and Medicaid Services, or CMS, are hoping that this deadline weekend in mid-August will surprise skeptics.

"We've seen even in the last couple of weeks increased interest in enrollment," Administrator Chiquita Brooks-LaSure said in an interview. "When you make coverage more affordable, people buy it. What we need to do is to make coverage more affordable."

Biden's special enrollment period ends at midnight local time Sunday around the country. The regular annual sign-up season won't start again until Nov. 1.

Interest has been high in a couple of states feeling the scourge of the delta variant. Nearly 490,000 people have signed up in Florida, and more than 360,000 have done so in Texas.

At a nonprofit service center in Austin, Texas, more than 500 people have enrolled so far with the help of staff and volunteers. Foundation Communities health program director Aaron DeLaO said the schedule is booked and they're working to clear the waiting list.

"Especially with the delta variant, people are thinking about their health a little more," he said.

The application process can be complicated, requiring details about citizenship or legal immigrant status, income, and household members. That's before a consumer even picks a health insurance plan. People can apply online, via the HealthCare.gov call center, or through programs like the one in Austin.

About 9 in 10 customers at Foundation Communities have selected standard "silver" plans, which cost somewhat more but offer better financial protection when illness strikes. "That to me says that people are really interested in having comprehensive coverage," said DeLaO.

The Obama-era Affordable Care Act offers subsidized private insurance to people who don't have job-based coverage, available in every state. The ACA also expanded Medicaid for low-income adults, an option most states have taken. The two components cover about 27 million people, according to the nonpartisan Kaiser Family Foundation.

"Obamacare's" place among government health programs seems secure now, after more than a decade of fruitless efforts by Republicans to repeal it or get the Supreme Court to overturn it. Earlier this year by a vote of 7-2 the conservative-leaning court dismissed the latest challenge.

The subsidy increases in Biden's COVID law have made a tangible difference. The average premium paid by new customers dropped from $117 a month to $85 a month, or 27%, with the more generous aid. According to CMS, the median — or midpoint — deductible went from $450 to $50, a reduction of nearly 90%. People who already had ACA coverage can also get the increased aid by going back to the insurance marketplace. People who've had a spell of unemployment are eligible for added breaks.

But the enhanced subsidies are good only through 2022, and Biden is pressing Congress to make them permanent. An extension seems likely to be included in the Democrats' $3.5 trillion domestic policy package, however it isn't guaranteed to be permanent, with so many other priorities competing for money.

About 30 million people remain uninsured, and a clear majority would be eligible for ACA plans or some other type of coverage. “If you build it they won’t necessarily come,” said Karen Pollitz, a health insurance expert with the Kaiser Foundation. “People still need to be made aware that there is coverage out there.”

The Biden administration may make progress, but “this can’t be the end of the story,” said health economist Katherine Baicker of the University of Chicago.

It remains way too complicated for people who juggle low-paying jobs to get and keep coverage, Baicker explained. “There is both a need to expand access to affordable insurance and to better inform people about the options available to them,” she said.

Two New Lawsuits Challenge Insurer Transparency Rule
Katie Keith

Within two days, the U.S. Chamber of Commerce and the Pharmaceutical Care Management Association (PCMA) filed separate lawsuits to challenge the Trump administration’s transparency rule for health insurers. Under this rule, group health plans and health insurers must disclose certain cost-sharing estimates to enrollees and publicly release negotiated rates for in-network providers, historical out-of-network allowed amounts and billed charges, and drug pricing information.

The Chamber (joined by the local chamber of commerce in Tyler, Texas) filed its lawsuit in the eastern district of Texas; PCMA filed its lawsuit in district court in Washington DC. Both lawsuits challenge the transparency rule under the Administrative Procedure Act (APA) and focus solely on the requirements related to disclosure of rates and other pricing information (i.e., not the parts of the rule related to cost-sharing estimates).

The transparency rule was finalized in late October 2020 but, to my knowledge, has not been challenged in court until now. However, litigation is not surprising. The preamble to the final rule included an extensive legal justification after commenters questioned the rule’s statutory basis and constitutionality. And a related hospital transparency rule had been challenged in court (but has since been upheld and gone into effect). Insurers may have hoped for a reprieve (or at least a delay) in this rule from the Biden administration but appear to have now filed given that parts of the rule go into effect in 2022.

Even if the Chamber and PCMA are successful here, more transparency requirements are coming. In the Consolidated Appropriations Act enacted in December 2020, Congress included several additional new transparency requirements (both within the No Surprises Act and beyond). Some of these changes will directly benefit consumers through improved information while others will enhance the collection of data for use by researchers, the media, and policymakers. Most relevant to this lawsuit, the new law requires plans and insurers to submit data on pharmacy benefits and drug costs to federal regulators on an annual basis. This information will be compiled in a publicly available biannual report.

Brief Background

Increased price transparency was a long-standing priority of the Trump administration. Among other actions, President Trump issued an executive order on health care price and quality transparency in June 2019. The order directed the Secretaries of the Departments of Health and Human Services (HHS), Treasury, and Labor to, within 90 days, solicit comment on how providers, insurers, and group health plans could be required to disclose information about expected out-of-pocket costs before a patient receives care. The executive order technically directed the agencies to issue an advance notice of proposed rulemaking (such as a request for information), but the agencies moved directly to rulemaking.

The Departments issued the proposed insurer transparency rule in November 2019. Comments were originally due in mid-January 2020, but HHS briefly extended the comment deadline in response to insurer requests. The Departments received more than 25,000 comments and, in response to comments, significantly increased cost estimates for the final rule and delayed some applicability dates.

The rule's goal is to enable enrollees to estimate their cost-sharing before receiving health care to encourage shopping and price competition. To this end, the final rule requires group health plans and insurers in the individual and group markets to 1) disclose cost-sharing estimates at the request of an enrollee (beginning in 2023); and 2) publicly release negotiated rates for in-network providers, historical out-of-network allowed amounts and billed charges, and drug pricing information (beginning in 2022). To meet the latter requirement, plans and insurers must disclose pricing information in three machine-readable files: one on all applicable rates (including negotiated rates, underlying fee schedules, or derived amounts) with in-network providers for all covered items and services (the "in-network rate file"); one on billed charges and allowed amounts for covered items and services provided by out-of-network providers (the "allowed amount file"); and one on negotiated rates and historical net prices for prescription drugs furnished by in-network providers (the "prescription drug file"). This

information must be updated monthly and made publicly available on an insurer or plan's website free of charge.

The latter part of the insurer transparency rule is based solely on legal authority under the Affordable Care Act (ACA), including Section 1311(e)(3) of the ACA and Section 2715A of the Public Health Service Act (enacted by the ACA). Both this rule and a complementary hospital transparency rule were key examples of how the Trump administration leveraged provisions of the ACA to achieve some of its major health care priorities, even while arguing against the ACA in court. Given this framework, state insurance regulators are the primary enforcers of the transparency rule for fully insured plans and policies. The Department of Labor will enforce the final rules for group health plans subject to ERISA, Treasury will oversee certain church plans, HHS will oversee non-federal governmental plans, and the Office of Personnel Management will oversee the Federal Employees Health Benefits Plans.

The insurer transparency rule complements a similar hospital transparency rule issued by HHS in November 2019. That rule, which was also required under President Trump's executive order, directed HHS to require hospitals to post standard charge information based on negotiated rates for common or shoppable items or services. The rule was quickly challenged in court by the American Hospital Association but upheld by the district court and the DC Circuit. The hospital transparency rule went into effect on January 1, 2021, although compliance by hospitals has been mixed.

On July 9, 2021, President Biden signed an executive order to promote competition. This executive order touched on a range of topics but expressly directed HHS to "support existing hospital price transparency rules." Pursuant to the executive order, HHS recently proposed increasing penalties on hospitals that fail to comply with the Trump-era rule to a minimum of $300/day per hospital, to a yearly maximum of $2 million per hospital. The executive order did not mention the separate insurer transparency rule at issue here, but the disclosure of negotiated rates includes hospitals so the insurer transparency rule may have been contemplated under that directive.

The Lawsuits

The Chamber's lawsuit was filed on August 10, 2021 and assigned to Judge Jeremy Kernodle (a 2018 Trump appointee) in federal district court in the eastern district of Texas. PCMA's lawsuit was filed on August 12, 2021 and assigned to Judge John Bates (a 2001 Bush appointee) in federal district court in DC. (Regular readers may recall that Judge Bates invalidated parts of the Trump administration's rule on association health plans in 2019.)

The two lawsuits are similar in scope. The plaintiffs in both argue that they and/or their members will be harmed by parts of the transparency rule and that the provisions that

require the disclosure of machine-readable files and prescription drug pricing data violate the APA and are inconsistent with the ACA. They each ask for the challenged provisions to be declared unlawful and vacated.

Machine-Readable Files

Under Section 1311(e)(3)(A), insurers that want to offer marketplace plans must submit data to the marketplace, HHS, state insurance regulators, and the public. The statute includes a list of the data that must be provided (e.g., data on enrollment and disenrollment, claims denials, cost-sharing, etc.) and a catch-all provision for additional disclosures requested by the Secretary of HHS. Section 1311(e)(3)(B) requires any information submitted under Section 1311(e)(3)(A) to be provided in "plain language," which is defined as "language that the intended audience, including individuals with limited English proficiency, can readily understand and use because that language is concise, well-organized, and follows other best practices of plain language writing." Section 2715A generally extends this disclosure requirement to group health plans and health insurers.

The plaintiffs argue that these statutes do not authorize the disclosure of information in "machine-readable files" because these files are inconsistent with the "plain language" requirement. This argument applies to all three machine-readable files: the in-network rate file, the allowed amount file, and the prescription drug file. Machine-readable files, they argue, are read by a computer (not a person) and will necessarily include complicated pricing data and jargon that cannot be used and understood by the average consumer. These files are "the opposite of a simple, plain-language disclosure requirement" that Congress did not authorize under Section 1311. This is true, the plaintiffs argue, even if the information is ultimately translated into consumer-friendly tools by third parties such as app developers.

The plaintiffs also claim that machine-readable file requirement is arbitrary and capricious. The connection between machine-readable files and user-friendly consumer tools that enable cost-conscious decisions is "anything but direct," since consumers will not be able to use the raw data included in the machine-readable files. Even if this information could be made usable by consumers via third-party app developers, other parts of the rule require the development of cost-sharing self-service tools that would better accomplish this goal. They further take issue with the rule's cost-benefit analysis and decision not to delay the rule's effective date, despite comments urging the agencies to do so.

It is not clear if these arguments will win the day. But, even if they do, the Chamber and PCMA appear to object to the form of the disclosure under the rule, rather than the substance. It raises the question of whether the agencies would cure this alleged defect by requiring plans and insurers to go beyond the disclosure of machine-readable files

and incorporate this information into a more public-facing tool that could be used by consumers even more directly.

Historical Net Price Requirement

The Chamber and PCMA also focus on the prescription drug file, arguing that federal officials cannot require the disclosure of "historical net price" information (i.e., the price paid for prescription drugs after deducting any drug manufacturer price concessions). On this point, they raise procedural and substantive concerns under the APA and hint at constitutional questions about the rule.

First, they argue that the Departments exceed their statutory authority in requesting this information. The cited authority for this requirement is Section 1311(e)(3)(A)(ix), which is a catch-all provision that allows the collection and disclosure of "[o]ther information as determined appropriate by the Secretary [of HHS]." The disclosure of historical net price information on prescription drugs, they argue, is too dissimilar to the other types of information that Congress explicitly said must be disclosed under Section 1311(e)(3)(A)(i)-(viii). That information—such as data on enrollment and disenrollment—involves "comparatively simple, coverage-related information" that may already be disclosed to patients. In contrast, the disclosure of historical net prices will require the release of "complex commercially sensitive pricing information that is confidential, is not publicly available, and has no relevance to a patient's cost-sharing obligations." PCMA takes an even harder line, asserting that HHS's authority to require disclosures extends only to consumer-facing information relevant to an enrollee's rights or benefits under a plan to help a consumer select among different plan options.

These arguments notwithstanding, the Departments point out, the statute clearly gives HHS broad authority to require the disclosure of additional information "as determined appropriate by the Secretary." The Departments recognize that the Secretary could only require disclosures "of similar character" to the enumerated items, but many of the explicit items outlined in Section 1311(e)(3)(A)(i)-(viii) are not entirely consumer-facing (such as "[p]eriodic financial disclosures" and "rating practices"). Even so, the Chamber and PCMA argue that the Secretary does not have "carte blanche" to impose new disclosure requirements that are unlike those that Congress specifically laid out in statute; they assert that Congress would have been specific if it wanted to grant HHS the authority to require the disclosure of trade secrets and other proprietary information.

PCMA also points to a separate provision under the ACA that already requires pharmacy benefit managers and some insurers to report certain information relevant to the historical net price. This statute, PCMA notes, limits the disclosure of this information to HHS and even then only requires reporting in aggregate (rather than drug-specific data). HHS has also spelled out related prescription drug-related reporting requirements in other contexts, such as through the medical loss ratio formula.

Second, the Chamber and PCMA argue, construing Section 1311(e)(3)(A)(ix) to authorize the disclosure of historical net prices raises constitutional questions. The plaintiffs suggest that this provision would constitute a taking of private property in violation of the Takings Clause of the Fifth Amendment by depriving plans and insurers from "the opportunity to continue to obtain a competitive advantage from trade secrets." They also generally raise federalism concerns because this broad authority for HHS would undermine the role of states as the primary regulators of private health insurance. Finally, they raise concerns about the nondelegation doctrine, suggesting that Congress did not provide a limiting principle for the catch-all provision.

Third, the Chamber and PCMA argue that the rule violates the APA because the separate prescription drug file and historical net price disclosure requirement was not contemplated or mentioned in the proposed rule. Therefore, the Departments did not receive public comment on this requirement. (The PCMA complaint outlines this history in detail and emphasizes that it would have commented differently had it received proper notice of this policy.) This part of the final rule then cannot be considered a "logical outgrowth" of the proposed rule, and the public should have been given the opportunity to comment on this provision in advance of its adoption in the final rule.

Finally, the plaintiffs argue that the historical net price disclosure requirement is arbitrary and capricious: This requirement was not adequately justified, and the disclosure will not achieve its goal of lowering out-of-pocket spending. The Chamber and PCMA question the agencies' reasoning that some consumers may want to base their prescription drug decisions on the amount their plan or insurer pays (rather than the consumer's own out-of-pocket costs). They also think it is a stretch that this disclosure will expose rebates and other price concessions in a way that reduces the use of those concessions. PCMA makes several additional arguments about how the requirement will affect pharmacy benefit managers and reflects a shift from other policies adopted under programs such as Medicare Part D. Overall, the plaintiffs argue that the requirement is unjustified, illogical, and inadequately explained.

Three Steps To Achieving More Affordable Health Insurance In The Individual Market

Peter J. Nelson

In the ongoing debate over the Affordable Care Act (ACA), consensus seems to have formed on one major point: The law failed to deliver affordable coverage through the individual health insurance market for people who don't qualify for premium subsidies. Republicans have long argued that the ACA led to higher, often unaffordable premiums for millions of Americans. In March of this year, Democrats in Congress took action to temporarily address this affordability problem during the pandemic by including a provision to expand premium tax credits through 2022 in the American Rescue Plan Act (ARPA). President Joe Biden's American Families Plan now proposes to make this policy permanent.

Supporters of expanding the ACA's premium subsidies maintain that this will be an efficient way to cover more people. Yet, the ACA—in particular the ACA's premium subsidy structure—has resulted in costlier health insurance premiums. Instead of building on ACA policies that led to costlier health insurance premiums, as Biden proposes, we need to find a better way to ensure a stable insurance market that extends affordability to all income levels. In this post, I explain how ACA policies inflated premiums while failing to provide an efficient way to expand coverage, and I propose three steps to create a more affordable, competitive, and efficient individual market for people of all incomes.

ACA Policies Made Individual Market Premiums Unaffordable

Immediately after the ACA's main regulations took effect in 2014, the price of individual market insurance premiums began to grow out of reach for many middle-income people who do not qualify for federal subsidies. In 2013, people paid an average of $242 a month for a plan on the individual health insurance market. The average monthly premium then rose to $352 in 2014—a 45 percent increase. By 2018, premiums had jumped to $588—a 143 percent increase from 2013.

Older, moderate-income consumers who make slightly too much to qualify for premium subsidies were hit hardest by these premium spikes. According to a Centers for Medicare and Medicaid Services (CMS) report examining affordability issues, in 2020 the annual premium for the lowest-cost silver plan in counties located in states (except Alaska and Hawaii) using HealthCare.gov on average equaled 25.8 percent of income

($12,886) for a 60-year-old making $50,000 and reached 35.3 percent of income ($17,651) in the highest-cost quintile of counties. This is well above the maximum contribution amount—9.83 percent of household income—for people who qualified for ACA subsidies last year, and it clearly is not affordable.

As the CMS report on affordability explains, "[t]his increase in premiums is primarily due to the implementation of the ACA's insurance reforms in 2014, including decisions on how to implement these requirements." The report highlights the major ACA regulations that caused higher premiums, including the closure of state high-risk pools, premium rating requirements, health benefit mandates, health insurance taxes, and the exchange user fee. Implementation decisions leading to higher premiums include the allowance of "transitional" policies (also known as grandmothered plans) that don't meet ACA requirements, the lack of eligibility verifications for exchange special enrollment periods, and decisions that led to initial failures and glitches on the exchanges. In addition, the report notes how "the structure of the premium tax credit also encourages premium inflation."

The ACA's Subsidy Structure Inflates Premiums

The inflationary nature of the ACA's premium subsidy structure may be one of the most overlooked problems with the law. Basic economics holds that government subsidies inflate prices, but the ACA's subsidy structure aggravates this already inflationary posture. This is because the value of the ACA's premium tax credit is tightly linked to the price of insurance premiums and, therefore, the subsidy tends to rise lock-step with the increase in premiums.

More specifically, the premium subsidy is linked to the price of the second lowest-cost silver plan—also called the benchmark plan—and covers the portion of the benchmark plan premium that exceeds a certain percentage of income. This percentage is set on a sliding scale of income to provide more generous subsidies to people with lower incomes and creates a maximum amount of household income any eligible individual must contribute toward a benchmark premium. Thus, the federal subsidy generally pays the full portion of a benchmark premium above this maximum contribution amount. As the maximum contribution amount is largely fixed from year to year, any annual increase in premium is fully funded by an increase in the premium subsidy.

Because the government generally pays the full cost of any premium increase, there's little pressure on insurance companies to keep premiums down for subsidized people. The main pressure for insurers to keep premiums down comes from unsubsidized people in the market who pay the full freight, but this pressure is dropping as the unsubsidized portion of the market shrinks. Between 2016 and 2019, the unsubsidized portion of the individual market dropped by 2.8 million people—reducing the proportion of the unsubsidized in the market from 43 percent to 29 percent.

Despite the obvious inflationary nature of the ACA subsidy structure, there is scant research on this topic. A recent paper by Sonia Jaffe and Mark Shepard may be the first to estimate the inflationary impact of price-linked subsidies in the context of the ACA. Using pre-ACA data from the 2011 Massachusetts health insurance market, they estimate that price-linked subsidies increase premiums by 6 percent. They also show the price distortion is larger when fewer insurers are competing in the market, with the distortion ranging up to 12 percent in various simulations.

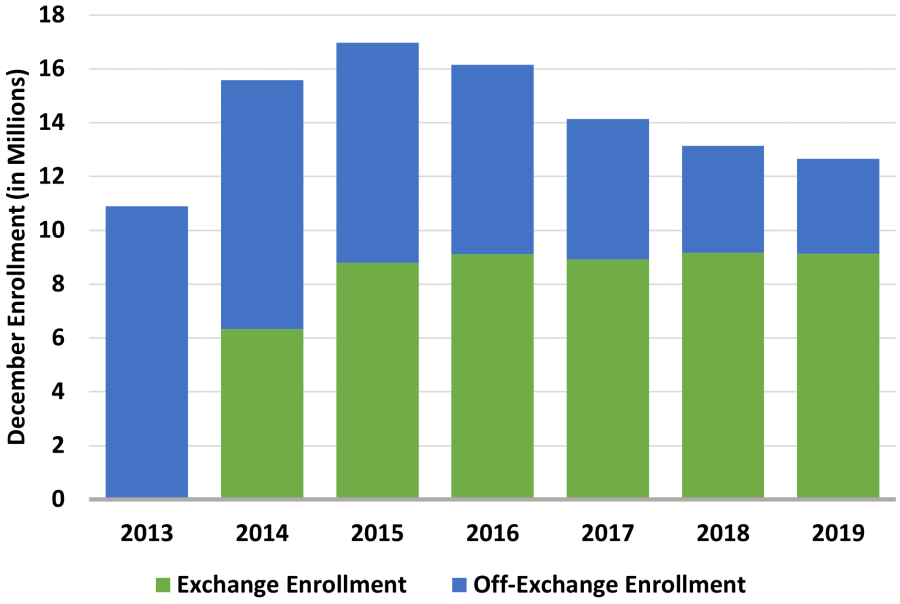
The inflationary impact of the ACA's price-linked subsidy is likely higher nationally than the 6 percent increase estimated for Massachusetts. First, compared to most states currently, the Massachusetts individual insurance Marketplace in 2011 was more competitive, with five insurers compared to an average of 3.5 available to HealthCare.gov enrollees in 2020. Second, the proportion of price-sensitive unsubsidized enrollees was also higher, as the state's income cutoff for premium subsidies was lower than that established under the ACA—300 percent versus 400 percent of the federal poverty level—and due to the unique merger of the state's individual and small-group markets (as people with small-group coverage did not qualify for subsidies). Third, given that trends in provider consolidation have continued and the Boston hospital market is among the least concentrated among US metros, the Massachusetts provider market in 2011 was likely less concentrated than most markets today. As Jaffe and Shepard note, providers with monopoly power can take advantage of price-linked subsidies and charge higher prices, leading to even higher premiums.

ACA Premium Subsidies Failed To Efficiently Cover More People
Enrollment and federal funding trends reveal the ACA's failure to efficiently cover more people through the individual market. Efficiency generally means maximizing the amount of output from the amount of inputs. In the case of the ACA's individual market subsidies, efficiency can be measured by dividing the additional federal spending on subsidies by the net increase in individual market enrollment.

When the law initially passed in 2010, the Congressional Budget Office (CBO) projected the individual market would, on net, cover 19 million more people in 2019 and federal spending on premium and cost-sharing subsidies would amount to $88 billion. That equates to about $4,600 per additional person covered. Those projections have proven to be substantially off the mark.

As shown in exhibit 1, enrollment in the individual market never came close to reaching the levels projected by the CBO. Exchange enrollment quickly reached 8.8 million in 2015 and has remained remarkably level at around 9.0 million ever since. Off-exchange enrollment has steadily declined, and this decline has reduced total individual market enrollment each year since its peak in 2015.

Exhibit 1: Individual market enrollment, 2013 to 2019



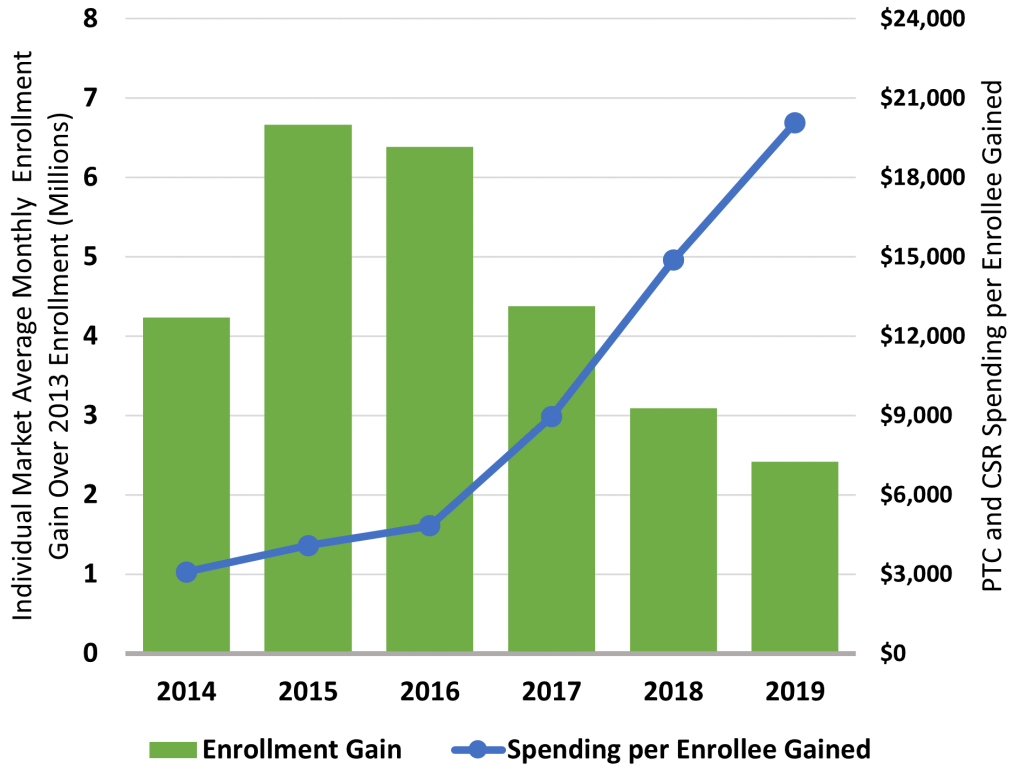
Source: Author's analysis of individual market enrollment based on CMS medical loss ratio (MLR) data, 2013–19, and effectuated enrollment data, 2014–19. MLR data reflect total covered lives as of December 31 each year.

The analysis covers the entire individual market, including grandfathered and transitional/grandmothered plans. Exchange enrollment is sourced from CMS effectuated enrollment data (2014 to 2015 and 2016 to 2019) and reflects average monthly enrollment for the month of December each year. Off-exchange enrollment reflects the difference between individual market enrollment and exchange enrollment. Note: This analysis relies on enrollment reported in December of each year because it is the only reliable data source to compare national trends in on- and off-exchange enrollment dating back to the start of the ACA. However, due to enrollment attrition that tends to occur through the year, December enrollment does not fully reflect the annual enrollment experience.

Exhibit 2 shows enrollment gains based on average monthly enrollment to compare the cost of annual federal spending on premium and cost-sharing subsidies to annual enrollment gains after the ACA's main regulations took effect in 2014. By 2019, the gain in total individual market enrollment over 2013 had shrunk to 2.4 million from a peak of 6.7 million in 2015—far less than the 19 million additional enrollees the CBO had projected. This steady enrollment decline, combined with higher spending on premium subsidies, contributed to the trend of substantially higher spending per additional individual market enrollee gained. By 2019, spending per enrollee gained rose to more

than $20,000. This clearly does not represent efficient federal spending for the outcome achieved.

Exhibit 2: Individual market enrollment gains compared to federal ACA spending on premium tax credits and cost-sharing reduction subsidies



Sources: Author's analysis of CMS Medical Loss Ratio data and Office of Management and Budget, Budget of the US Government, Fiscal Year 2022, Historical Table 8.5.
Note: Data reflect average monthly enrollment gains for entire year.

Impact Of The American Families Plan
In the American Families Plan, President Biden proposes to make the ARPA's two-year expansion of premium subsidies permanent. This would mean the permanent expansion of enhanced subsidies for people with incomes between 100 percent and 400 percent of poverty—including access to fully subsidized premiums for people up to 150 percent of poverty—and the permanent extension of subsidies to people above 400 percent of poverty to cover the full cost of premiums above 8.5 percent of income. The Henry J. Kaiser Family Foundation estimates that under this proposal, the "vast majority (92%)" of people in the individual market would qualify for federal subsidies aimed at keeping premiums affordable.

This expansion of premium subsidies would make the personal share of the premium far more affordable for a large portion of people above 400 percent of poverty, which

will likely increase individual market enrollment. However, these enrollment gains will come at a substantial cost. Without any other policy changes, the Biden proposal addresses the affordability problem by simply increasing federal spending. In effect, this policy decision accepts the dysfunctional state of the current individual market as a given that either politically can't be fixed or isn't worth fixing. Therefore, the present high cost of the ACA's regulatory and financing structure is baked into the proposal. Moreover, extending subsidies to more people would further inflate costs in the individual market by substantially reducing the small but still meaningful amount of price sensitive, unsubsidized people in the individual market.

Extending subsidies also could influence employer decisions—especially those of small employers not subject to the ACA's employer mandate—to offer health insurance, which may further aggravate cost problems. To the extent that the American Families Plan leads to enrollment shifts from the group to the individual market to take advantage of higher subsidies, these policies could further reduce the price-sensitive portion of the insurance market and push premiums even higher. In a worst-case scenario, small-group markets in certain states may become unsustainable and certain large groups may opt to drop coverage and pay the employer mandate penalty to dump expensive, sick employees into the individual market. Unlike small groups, large groups can be rated based on the health status of their employees, and therefore may be subject to very high premiums that may incentivize them to drop coverage despite the mandate.

A More Efficient Way To Fix The Individual Market

While there is no easy fix to affordability problems in the individual market, I propose three policies that can help build a more functional, competitive market—a market offering individual health coverage that middle-income people can afford without direct subsidies. Importantly, these policies would address the root causes behind the high cost of health care rather than papering it over with taxpayer-funded subsidies that lead to higher federal deficits. These policies thus can help improve the entire health care system, not just the individual market.

Fixed premium subsidies. A first step to improving the individual health insurance market is to shift from the current price-linked premium subsidy structure to a fixed subsidy. As Jaffe and Shepard explain, price-linked subsidies involve an inherent tradeoff—they sacrifice stronger price competition that keeps premiums lower for protection against price shocks that might make premiums less affordable if the subsidy were fixed. Yet, because ACA premiums are now rather predictable from year to year, there is little advantage to a price-linked subsidy. A well-designed fixed subsidy could adjust to predictable changes from year to year, including adjustments for inflation, to ensure affordability without weakening price competition among insurers. A fixed subsidy could be structured in various ways with adjustments for age or income or no

demographic adjustment, as the late John McCain proposed when he ran for president in 2008.

A federal reinsurance program. As a second step, the federal government should fund a reinsurance program to pay a portion of individual market claims that are disproportionately higher than claims in the group market. Due to the ACA's regulatory and subsidy structure—in particular the law's guaranteed availability and community rating regulations—the individual market now attracts people with relatively higher health risks than the group market and, as a result, costs more than it otherwise would. Many states have introduced reinsurance programs through state innovation waivers under the ACA that have successfully lowered premiums without undermining competition or efficiency. Unlike the ACA's premium subsidy structure, which funds the full cost of premium increases, these state reinsurance programs subsidize a portion of claims—most ranging from 50 percent to 80 percent—thus helping to maintain insurers' incentives to control costs. A nationwide reinsurance program structured to help equalize the cost of claims between the individual and group markets would likewise lower premiums and keep insurers motivated to control costs.

Codification of individual coverage health reimbursement arrangements. Finally, federal law should explicitly authorize individual coverage health reimbursement arrangements (HRAs) in which employers can fund individual market premiums for employees with pre-tax dollars. If more employers offer individual coverage HRAs, the individual market will grow. This growth will draw more insurers to participate and result in a more competitive and affordable insurance market. Moreover, the risk pool will likely improve because enrollment growth would be tied to employment rather than health status, thus improving affordability even more. An improving risk pool more in line with the group market would eventually lessen the need for the reinsurance program. At some point, the proliferation of individual coverage HRAs could eliminate the need for reinsurance altogether if the individual market claims experience comes to mirror that of the group market.

The Internal Revenue Service has long recognized that individual premiums can be funded by employers with pre-tax dollars under the tax code, but there have also been questions and controversies over whether federal insurance requirements limit this practice. A change in federal regulation made individual coverage HRAs available on January 1, 2020. Explicitly codifying this policy in statute would provide helpful clarity and confidence to employers considering this option.

Summing Up

The vision behind these steps is a more competitive individual market with lower premiums that middle-income Americans can afford on their own without subsidies. The combination of fixed subsidies, a federal reinsurance program, and codification of individual-coverage HRAs will increase the proportion of unsubsidized people in the individual market. This change will help create a more functional, competitive market and, in turn, drive down the overall cost of care.

A transition to fixed subsidies under the first step will likely require more generous subsidies to account for the current affordability problems in the market. These subsidies will be built on a new foundation of active, price-sensitive consumers who drive insurer competition in the individual market, thus leading to lower premiums and better health coverage. As time goes by, lower premiums will reduce the need for subsidies. Instead of being yet another factor driving up the cost of care, the individual market will become a key part of the solution to bring down health costs for all Americans.

Hospitals and Insurers Didn't Want You to See These Prices. Here's Why.
Sarah Kliff and Josh Katz

This year, the federal government ordered hospitals to begin publishing a prized secret: a complete list of the prices they negotiate with private insurers.

The insurers' trade association had called the rule unconstitutional and said it would "undermine competitive negotiations." Four hospital associations jointly sued the government to block it, and appealed when they lost.

They lost again, and seven months later, many hospitals are simply ignoring the requirement and posting nothing.

But data from the hospitals that have complied hints at why the powerful industries wanted this information to remain hidden.

It shows hospitals are charging patients wildly different amounts for the same basic services: procedures as simple as an X-ray or a pregnancy test.

And it provides numerous examples of major health insurers — some of the world's largest companies, with billions in annual profits — negotiating surprisingly unfavorable rates for their customers. In many cases, insured patients are getting prices that are higher than they would if they pretended to have no coverage at all.

At the University of Mississippi Medical Center, a colonoscopy costs ...

- $1,463 with a Cigna plan.

- $2,144 with an Aetna plan.

- $782 with no insurance at all.

Until now, consumers had no way to know before they got the bill what prices they and their insurers would be paying. Some insurance companies have refused to provide the information when asked by patients and the employers that hired the companies to provide coverage.

This secrecy has allowed hospitals to tell patients that they are getting “steep” discounts, while still charging them many times what a public program like Medicare is willing to pay.

And it has left insurers with little incentive to negotiate well.

The peculiar economics of health insurance also help keep prices high.

How to look up prices at your hospital (if they’re there) ›

Customers judge insurance plans based on whether their preferred doctors and hospitals are covered, making it hard for an insurer to walk away from a bad deal. The insurer also may not have a strong motivation to, given that the more that is spent on care, the more an insurance company can earn.

Federal regulations limit insurers’ profits to a percentage of the amount they spend on care. And in some plans involving large employers, insurers are not even using their own money. The employers pay the medical bills, and give insurers a cut of the costs in exchange for administering the plan.

A growing number of patients have reason to care when their insurer negotiates a bad deal. More Americans than ever are enrolled in high-deductible plans that leave them responsible for thousands of dollars in costs before coverage kicks in.

Patients often struggle to afford those bills. Sixteen percent of insured families currently have medical debt, with a median amount of $2,000.

Even when workers reach their deductible, they may have to pay a percentage of the cost. And in the long run, the high prices trickle down in the form of higher premiums, which across the nation are rising every year.

At the Hospital of the University of Pennsylvania, a pregnancy test costs ...

- $18 for Blue Cross patients in Pennsylvania.
- $58 for Blue Cross HMO patients in New Jersey.
- $93 for Blue Cross PPO patients in New Jersey.
- $10 with no insurance at all.

Insurers and hospitals say that looking at a handful of services doesn't provide a full picture of their negotiations, and that the published data files don't account for important aspects of their contracts, like bonuses for providing high-quality care.

" These rate sheets are not helpful to anyone," said Molly Smith, vice president for public policy at the American Hospital Association. "It's really hard to say that when a lot of hospitals are putting in a lot of effort to comply with the rule, but I would set them aside and avoid them."

The trade association for insurers said it was "an anomaly" that some insured patients got worse prices than those paying cash.

" Insurers want to make sure they are negotiating the best deals they can for their members, to make sure their products have competitive premiums," said Matt Eyles, chief executive of America's Health Insurance Plans.

The five largest insurers — Aetna, Cigna, Humana, United and the Blue Cross Blue Shield Association — all declined requests for on-the-record interviews. Cigna, Humana and Blue Cross provided statements that said they support price transparency.

The requirement to publish prices is a rare bipartisan effort: a Trump-era initiative that the Biden administration supports. But the data has been difficult to draw meaning from, especially for consumers.

The New York Times partnered with two University of Maryland-Baltimore County researchers, Morgan Henderson and Morgane Mouslim, to turn the files into a database that showed how much basic medical care costs at 60 major hospitals.

The data doesn't yet show any insurer always getting the best or worst prices. Small health plans with seemingly little leverage are sometimes out-negotiating the five insurers that dominate the U.S. market. And a single insurer can have a half-dozen different prices within the same facility, based on which plan was chosen at open enrollment, and whether it was bought as an individual or through work.

But the disclosures already upend the basic math that employers and customers have been using when they try to get a good deal.

People carefully weighing two plans — choosing a higher monthly cost or a larger deductible — have no idea that they may also be picking a much worse price when they later need care.

Even for simple procedures, the difference can be thousands of dollars, enough to erase any potential savings.

At Aurora St. Luke's in Milwaukee, an M.R.I. costs United enrollees ...

- $1,093 if they have United's HMO plan.
- $4,029 if they have United's PPO plan.

It's not as if employers can share that information at open enrollment: They generally don't know either.

" It's not just individual patients who are in the dark," said Martin Gaynor, a Carnegie Mellon economist who studies health pricing. "Employers are in the dark. Governments are in the dark. It's just astonishing how deeply ignorant we are about these prices."

A vital drug, a secret price
Take the problem Caroline Eichelberger faced after a stray dog bit her son Nathan at a Utah campsite last July.

Nathan's pediatrician examined the wound and found it wasn't serious. But within a week, Nathan needed a shot to prevent rabies that was available only in emergency rooms.

Ms. Eichelberger took Nathan to Layton Hospital in Layton, Utah, near her house. It hasn't published price data for an emergency rabies vaccine, but the largest hospital in the same health system, Intermountain Medical Center, has.

Nathan, then 7 years old, received a child's dose of two drugs to prevent rabies. The bill also included two drug administration fees and a charge for using the emergency room.

Intermountain owns a regional insurer called SelectHealth. It is currently paying the lowest price for those services: $1,284.

In the same emergency room, Regence BlueCross BlueShield pays $3,457.

Ms. Eichelberger's insurer, Cigna, pays the most: $4,198.

For patients who pay cash, the charge is $3,704. Half of the insurers at Intermountain are paying rates higher than the "cash price" paid by people who either don't have or aren't using insurance.

This pattern occurs at other hospitals, sometimes with more drastic consequences for adults, who require a higher dosage.

Prices were still secret when Brian Daugherty went to an emergency room near Orlando, Fla., for a rabies shot after a cat bite last summer.

" I tried to get some pricing information, but they made it seem like such a rare thing they couldn't figure out for me," he said.

He went to AdventHealth Orlando because it was close to his house. That was an expensive decision: It has the highest price for rabies shots among 24 hospitals that included the service in their newly released data sets.

The price there for an adult dose of the drug that prevents rabies varies from $16,953 to $37,214 — not including the emergency-room fee that typically goes with it.

Mr. Daugherty's total bill was $18,357. After his insurer's contribution, he owed $6,351.

" It was a total shock when I saw they wanted me to pay that much," said Mr. Daugherty, who ultimately negotiated the bill down to $1,692.

In a statement, AdventHealth said it was working to make "consumer charges more consistent and predictable."

If Mr. Daugherty had driven two hours to the University of Florida's flagship hospital, the total price — between him and his insurer — would have been about half as much.

Similar disparities show up across all sorts of basic care.

One way to look at the costs is to compare them with rates paid by Medicare, the government program that covers older people. In general, Medicare covers 87 percent of the cost of care, according to hospital association estimates.

At multiple hospitals, major health plans pay more than four times the Medicare rate for a routine colonoscopy.

Health economists think of insurers as essentially buying in bulk, using their large membership to get better deals. Some were startled to see numerous instances in which insurers pay more than the cash rate.

Whether those cash rates are available to insured patients varies from hospital to hospital, and even when they are, those payments wouldn't count toward a patient's deductible. But the fact that insurers are paying more than them raises questions about how well they're negotiating, experts said.

" The worrying thing is that the third party you're paying to negotiate on your behalf isn't doing as well as you would on your own," said Zack Cooper, an economist at Yale who studies health care pricing.

' They don't want their secrets out there'
Employers are the largest purchasers of health insurance and would benefit the most from lower prices. But most select plans without knowing what they and their workers will pay.

To find out what the prices are, they would need to solicit bids for a new plan, which can frustrate employees who don't want to switch providers.

It also requires the employers to hire lawyers and consultants, at a cost of about $50,000, estimated Nathan Cooper, who manages health benefits for a union chapter that represents Colorado sheet metal and air-conditioning workers.

" If you want the prices, you have to spend to get them," he said.

At hospitals in the Erlanger Health System in Tennessee, administration of a flu vaccine costs ...

- $104 with a Blue Cross plan.

Employers who do sometimes come up empty-handed.

Larimer County, in Colorado, covers 3,500 workers and their families in its health plan. In 2018, county officials asked their insurer to share its negotiated rates. It refused.

" We pushed the issue all the way to the C.E.O. level," said Jennifer Whitener, the county's human resources director. "They said it was confidential."

Ms. Whitener, who previously managed employer insurance contracts for a major health insurer, decided to rebid the contract. She put out a request for new proposals that included a question about insurers' rates at local hospitals.

A half dozen insurers placed bids on the contract. All but one skipped the question entirely.

" They don't want their secrets out there," Ms. Whitener said. "They want to be able to tout that they've got the best deal in town, even if they don't."

Hospitals and insurers can also hide behind the contracts they've signed, which often prohibit them from revealing their rates.

" We had gag orders in all our contracts," said Richard Stephenson, who worked for the Blue Cross Blue Shield Association from 2006 until 2017 and now runs a medical price transparency start-up, Redu Health. (The association says those clauses have become less common.)

At Memorial Regional Hospital, in Florida, an M.R.I. costs ...

- $1,827 with a Cigna plan.
- $2,148 with a Humana plan.
- $2,455 with a Blue Cross plan.
- $262 with a Medicare plan.

Mr. Stephenson oversaw a team that made sure the gag orders were being followed. He said he thought insurers were "scared to death" that if the data came out, angry hospitals or doctors might leave their networks.

Warnings, but no fines

The Eichelberger family at home. Last summer Nathan, second from right, was bitten by a stray dog and needed a rabies shot. The family originally received an estimate that it would cost about $800 paying cash, but later received a surprise bill for over $2,000 more.Lindsay D'Addato for The New York Times

Ms. Eichelberger's plan had a $3,500 deductible, so she worked hard to find the best price for her son's care.

But neither the hospitals she called nor her insurer would give her answers.

She made her decision based on the little information she could get: a hospital, Layton, that said it would charge her $787 if she paid cash. The price for paying with insurance wouldn’t be available for another week or two, she was told.

But even the cash price didn’t turn out to be right: A few weeks after the visit, the hospital billed her an additional $2,260.

Itemized costs

It turns out that the original estimate left out a drug her son would need.

“ It was the most convoluted, useless process,” said Ms. Eichelberger, who was able to get the bill waived after five months of negotiations with the hospital.

Daron Cowley, a spokesman for Layton’s health system, Intermountain, said Ms. Eichelberger received the additional bill because “a new employee provided incomplete information with a price estimate that was not accurate.”

The health system declined to comment on prices at its hospitals, saying its contracts with insurers forbid discussing negotiations.

It’s not clear how much better the Eichelbergers would do today.

The new price data is often published in hard-to-use formats designed for data scientists and professional researchers. Many are larger than the full text of the Encyclopaedia Britannica.

And most hospitals haven’t posted all of it. The potential penalty from the federal government is minimal, with a maximum of $109,500 per year. Big hospitals make tens of thousands of times as much as that; N.Y.U. Langone, a system of five inpatient hospitals that have not complied, reported $5 billion in revenue in 2019, according to its tax forms.

As of July, the Centers for Medicare and Medicaid Services had sent nearly 170 warning letters to noncompliant hospitals but had not yet levied any fines.

Catherine Howden, a spokeswoman for the agency, said it expected “hospitals to comply with these legal requirements, and will enforce these rules.”

She added that hospitals that do not post prices within 90 days of a warning letter “may be sent a second warning letter.”

The agency plans to increase the fines next year to as much as $2 million annually for large hospitals, it announced in July.

The hospital that treated Ms. Eichelberger’s son has begun posting some information. But it has spread its prices across 269 web pages. To look for rabies, you have to check them all. It isn’t there.

At the Biggest U.S. Hospitals, Few Prices Are Available
Six months after the new rules took effect, The Times reached out to the highest-revenue hospitals that had posted little or no data about their negotiated rates or cash prices. Here’s what they had to say:
“We will not be providing a statement or comment.”

N.Y.U. Langone has not published its negotiated rates or cash prices.

“Services that do not have a fixed payer-specific rate are shown as variable.”

Stanford Health Care has not published its cash prices. Of more than 300,000 possible combinations of insurance and medical treatment in its data file, it includes prices for 479.

“We do not post standard cash rates, which typically will not reflect the price of care for uninsured patients.”

Cedars-Sinai Medical Center, in Los Angeles, has not published its cash prices. The hospital initially posted a 2.5 GB data file composed almost entirely of more than one million lines that contained no data. After The Times inquired about the large file size, the hospital reduced it to a 1.4 MB file.

“We have listed the fixed rates where possible and, where that is not possible, have listed them as ‘variable.’”

U.C.S.F. Medical Center has not published its cash prices. Of more than eight million possible combinations of insurance and medical treatment in its data file, U.C.S.F. includes negotiated rates for 346. (U.C. Davis, which is part of the same system and has also not published its cash prices, sent an identical statement.)

“Penn Medicine is committed to transparency about potential costs.”

The Hospital of the University of Pennsylvania added cash prices to its price transparency file after The Times inquired about why that data was missing.

“The resources we provide ensure that our patients know what kind of assistance is available to them and, ultimately, what a procedure will cost them — not us.”

Montefiore Medical Center, in the Bronx, has not published its negotiated rates or cash prices.

“V.U.M.C. offers a toll-free number which consumers can call if they have questions about what they may be charged for services.”

Vanderbilt University Medical Center, in Nashville, has not published its negotiated rates or cash prices.

“Orlando Health has worked hard over the past several years to deliver helpful pricing information to its patients.”

Orlando Health has not published its negotiated rates or cash prices.

“We are continuing to work on the machine-readable file that includes payer-negotiated rates. … It involves analyzing a daunting number of data points.”

Long Island Jewish Medical Center has not published its negotiated rates or cash prices.

The largest hospitals were chosen based on gross revenue reported to the Centers for Medicare and Medicaid Services in 2018, the most recent year with full data available.

FIERCE Healthcare

ACA navigators expected to quadruple in 2022 after $80M increase in funding
Robert King

The number of navigator organizations that assist consumers with finding Affordable Care Act (ACA) coverage is expected to quadruple to 1,500 navigators in the 2022 coverage year, the Biden administration reported.

The Department of Health and Human Services (HHS) announced Friday it will provide $80 million in grant awards to 60 navigator organizations, which will be able to hire more than 1,500 navigators to aid consumers. The announcement comes as the Biden administration has made moves to bolster the ACA, including holding a special open enrollment period for those affected by the pandemic through Aug. 15.

“Our local partners are crucial in helping people get covered,” HHS Secretary Xavier Becerra said in a statement Friday. “By expanding our pool of Navigators, we will reach more underserved communities, and grow our network of trusted experts who can help people across the country navigate their health care options.”

The $80 million in awards to navigators are for a 36-month performance period and the organizations get funding every 12 months. This is a change from the previous method that paid navigators every year and is designed to provide more stability for the organizations.

“This multi-year funding structure is designed to provide greater consistency for Navigator awardee organizations, reducing yearly start-up time and allowing more efficient use of grant funds,” HHS said in a release on the funding.

RELATED: Cigna to expand ACA exchange footprint to 3 new states, 93 counties

Navigators were also asked to detail how they will reach out to underserved or vulnerable populations, with a particular focus on how to identify and enroll racial and ethnic minorities, people in rural communities and other underserved groups.

The commitment is part of a larger effort by the Biden administration to close disparities in healthcare.

“With this additional grant funding, even more Navigators will be able to provide comprehensive assistance through customized educational and outreach activities, especially to underserved communities,” said Centers for Medicare & Medicaid Services Administrator Chiquita Brooks-LaSure in a statement.

The commitment to the navigator program is a major turnaround compared to the Trump administration, which cut funding for the program to $10 million. Trump administration officials had complained that navigators did not contribute to enough

ACA signups, but navigators have countered that they help consumers not just with ACA coverage but also if they are eligible for Medicaid and other government programs.

The 60 navigator organizations that got funding is an increase from the 30 grantees that got funding in 2020.

ACA Round-Up: Navigator Grantees, GAO Investigation, Contraceptive Mandate, And More
Katie Keith

As we await potential new health care legislation from Capitol Hill and the release of several major new federal rules, the Biden administration continues to advance its priorities under the Affordable Care Act (ACA). This post summarizes navigator grantees for 2022, updates to HealthCare.gov operations for those receiving unemployment compensation, a new investigation of agents and brokers on HealthCare.gov, planned rulemaking for the contraceptive mandate, and additional guidance on direct enforcement (DE) entities, risk adjustment, and more.

CMS Announces New Navigator Grantees
On August 27, 2021 CMS announced $80 million in grants to 60 organizations to serve as navigator grantees beginning with the 2022 plan year. The 60 navigator grantee organizations will be able to train and certify more than 1,500 navigators to help uninsured consumers in the 30 states that use the federal marketplace. The history of the navigator program, funding, and implementing regulations are described in detail in prior posts.

This is the largest-ever funding allocation for navigators and a significant increase from the $10 million in annual funding in recent years. It also doubles the number of navigator entities from 30 organizations for 2021 to 60 organizations for 2022. These gains notwithstanding, this number remains below 2018 when more than 80 organizations served as navigators (and below CMS's expectation of issuing 85 to 120 awards). Entities may not have had enough time to apply given a short application window.

Navigator grants are awarded from August 27, 2021 to August 26, 2024, with the expectation of $80 million in funding per year. However, funding for subsequent years (i.e., beyond the initial budget period that extends to August 26, 2022) is contingent on

the availability of funds and compliance with the award. Funding varies by state and ranges from a minimum of about $245,000 in Hawaii to $14.4 million in Florida. Several states will have more than one navigator entity for the first time in several years, and all 30 states with the federal marketplace will have at least one navigator entity.

Consistent with the Biden administration's navigator funding announcement, grantees will focus on outreach to underserved or vulnerable communities. This includes people of color, people in rural communities, LGBTQ people, American Indians and Alaska Natives, refugee and immigrant communities, low-income families, pregnant women and new mothers, people with transportation or language barriers, people who lack internet access, veterans, and small business owners.

HealthCare.gov Enrollment For Those With Unemployment Compensation
The American Rescue Plan Act (ARPA) extended marketplace subsidies to those who have received or been approved to receive unemployment compensation at any time during 2021. For those who qualify, their income will be treated as no higher than 133 percent of the federal poverty level, meaning they can receive the maximum amount of premium and cost-sharing subsidies; they can enroll in a $0 or very low-cost silver plan and receive platinum-equivalent marketplace coverage.

In new materials, CMS clarifies that these enhanced subsidies are available to all qualifying members of a household if the eligible taxpayer qualifies. Said another way, if a taxpayer currently or previously received or was approved to receive unemployment compensation during 2021, they and other members of their household who qualify can receive the maximal marketplace subsidies. There are some limits if only a tax dependent (rather than a taxpayer) received or was approved to receive unemployment compensation. CMS also confirms that those whose household income is below 100 percent of the federal poverty level—i.e., those in the Medicaid coverage gap or who are otherwise ineligible for Medicaid—who receive or are approved to receive unemployment compensation in 2021 can receive maximal ACA subsidies for their entire household. Additional details, including what counts as unemployment compensation, are included in these materials.

CMS also highlights some operational changes. The subsidy enhancement became available through HealthCare.gov on July 1. As a result, many people who qualified were able to enroll during the Biden administration's broad COVID-19 special enrollment period, which extended through August 15. However, now that this broad enrollment opportunity has ended, CMS confirms that individuals who qualify for this ARPA subsidy can still enroll in marketplace coverage for 2021.

To help CMS identify those who qualify, the marketplace application includes a new question that asks whether the applicant has received or was approved to receive for unemployment compensation during 2021. Individuals who are uninsured but agree to the attestation can enroll in marketplace coverage via a separate special enrollment period. This is true even if the individual does not otherwise qualify for a special enrollment period (such as losing job-based coverage).

CMS will not, however, build this into an individual's eligibility results, meaning a consumer may not be aware of this option to enroll when completing the marketplace application. Instead, CMS will review HealthCare.gov applications on a weekly basis and identify those who qualify. The marketplace will then email or call the applicant to inform them that they are eligible for this special enrollment period; this notification will also appear in their HealthCare.gov account. From there, eligible consumers can select a plan and enroll in coverage. CMS encourages consumers to contact an enrollment assister or the marketplace call center with any questions. Those who attest to currently receiving unemployment compensation will complete their application as normal and not be asked to attest to prior receipt of unemployment compensation.

New GAO Report On Agents And Brokers Listed On HealthCare.gov
On August 10, the U.S. Government Accountability Office (GAO) issued a new report summarizing its covert testing of sales representatives listed on HealthCare.gov from five states. The GAO was asked to conduct this covert testing to assess the degree to which sales representatives listed on HealthCare.gov provided accurate information to a consumer with a preexisting condition or tried to sell a consumer a non-ACA-compliant product (that may not cover preexisting conditions).

GAO investigators conducted 31 undercover phone calls to sales representatives listed on HealthCare.gov under the "Find Local Help" link. The investigator posed as an individual with diabetes or heart disease in need of health insurance and requested coverage for those conditions to see if the sales representative would refer them to an ACA-compliant plan or a different plan option. The calls were placed from November 5, 2020 to February 3, 2021 to sales representatives in Alabama, Florida, Kansas, Texas, and Wyoming. Half of the study was conducted during the 2021 open enrollment period; half was conducted outside of that period while making clear that the individual would qualify for a special enrollment period under the ACA. (Investigators called a total of 39 sales representatives, but eight sold only ACA-compliant plans and were thus excluded from the study results.)

Of the 31 calls with sales representatives, none engaged in deceptive marketing practices, and all referred the caller to an appropriate plan that covered preexisting conditions. Most sales representatives also explained that non-ACA plans would not cover preexisting conditions. And no sales representative engaged in potentially

deceptive marketing practices that misrepresented or omitted information about the products they were selling. CMS has removed 362 of its 59,000 registered sales representatives from the HealthCare.gov website for invalid licenses or misconduct since 2016. Of those removed, 288 had a revoked or invalid license while 74 engaged in enrollment misconduct.

This GAO investigation follows a 2020 investigation that revealed far more troubling marketing practices by sales representatives selling non-ACA products such as short-term plans, limited benefit plans, health care sharing ministries, and association health plans. In that investigation, the GAO identified sales representatives through web searches (as opposed to contacting sales representatives listed on HealthCare.gov). In the prior study, 26 percent of calls included potentially deceptive practices and another 6 percent of calls were not deceptive but provided unclear or inconsistent information. The remaining 68 percent of calls were appropriate and accurate.

Both GAO investigations were conducted in response to requests from Sens. Robert P. Casey (D-PA) and Debbie Stabenow (D-MI). Sen. Casey previously issued an investigative report on misleading online ads for non-ACA plans and the challenges consumers face when shopping for health insurance.

New Rulemaking On The Contraceptive Mandate
There is a long history of rulemaking and litigation over the ACA's contraceptive mandate, which stems from Section 2713 of the Public Health Service Act. To date, there have been three major Supreme Court decisions on the scope of the contraceptive mandate and whether it applies to entities that object to providing contraceptive coverage for religious or moral reasons: Hobby Lobby v. Burwell in 2014, Zubik v. Burwell in 2016, and Little Sisters of the Poor v. Pennsylvania in 2020.

(Litigation continued even after the most recent decision in Little Sisters. Lawsuits from California and Pennsylvania were remanded and separate litigation in Massachusetts continued, as did a class action lawsuit over the Obama-era rules on the contraceptive mandate and a lawsuit in Indiana over the Trump-era rules and a settlement agreement between the Trump administration and objecting organizations. Other litigation over Section 2713 itself is pending in Texas. These lawsuits are not described in detail here.)

The Biden administration issued new guidance documents on the contraceptive mandate and women's preventive services. On August 6, CMS issued a new notice soliciting public comment on materials associated with the contraceptive mandate. These include a model notice that can be used as part of the accommodations process, a notice to enrollees, a revocation notice, and a self-certification form. These documents are unchanged from the currently approved information collection request, and any comments on these materials must be received by October 5.

These materials are related to the accommodation process adopted by the Obama administration. This process enabled employees and students of objecting entities to access contraceptives without cost-sharing directly from an insurer. However, the Trump-era rules made this process optional. In their accompanying analysis, federal officials estimate that nine entities will seek an accommodation from the contraceptive mandate for the first time while 100 entities will continue a voluntary accommodation.

On August 16, the tri-agencies—the Department of Health and Human Services (HHS), Labor, and the Treasury—released a new, one-page frequently asked questions document indicating their intent to "initiate rulemaking within six months to amend the 2018 final regulations" on the contraceptive mandate. Federal officials intend to solicit public input and are considering "how to best address" the prior rules' religious and moral exemptions "in light of recent litigation."

While not related to the contraceptive mandate, HHS and the Health Resources and Services Administration (HRSA) separately asked for public comment on recent draft preventive service recommendations that would update HRSA's women's preventive services guidelines. Under Section 2713, insurers and plans must cover these evidence-based recommended preventive services.

The draft recommendations update existing recommended preventive services related to well woman preventive visits; counseling for sexually transmitted infections (STIs); and breastfeeding services and supplies. The updated recommendation for well woman preventive visits, for instance, would newly include pre-pregnancy, prenatal, and interpregnancy visits, among other changes. The recommendation on STI counseling would be broadened to include a review of the person's sexual history and to be more inclusive of other risk factors beyond age, condom use, and number of partners. And the recommendation on breastfeeding services and supplies would include consultation to optimize successful initiation and maintenance of breastfeeding. Comments are due on September 20.

Additional Guidance: DE Entities, Risk Adjustment, And More
CMS has issued additional guidance and information related to COVID-19 and ahead of the upcoming 2022 plan year.

Updates On DE Entities
CMS continues to approve new third-party entities to use the enhanced DE (EDE) pathway. The EDE pathway allows a consumer to complete the entire marketplace enrollment process on the website of a third party, such as a web-broker or insurer. Consumers can thus apply for coverage, be determined eligible for financial help, and

enroll in a marketplace plan on a single third-party website without ever visiting or creating an account with HealthCare.gov.

As of August 30, CMS had approved 11 entities to host an EDE platform (meaning these entities can lease their approved EDE platform to other EDE entities) and 35 entities to use the EDE process. Of the host entities, all but one is a web-broker or DE technology provider. The EDE users are primarily insurers with two web-brokers. The number of entities in both categories has increased over time.

Separately, on August 3, CMS issued a new bulletin regarding its enforcement of certain qualified health plan display requirements for DE entities. For instance, web-brokers must disclose and display all qualified health plan information provided by the marketplace or directly by insurers. If not all plan information is displayed, these entities must prominently display a standardized disclaimer that identifies those qualified health plans and refers consumers to the marketplace. These requirements extend to the display of quality rating information; DE entities are expected to integrate quality rating information in a way that is consistent with the quality rating information bulletin for 2022.

Citing the COVID-19 public health emergency, CMS had relaxed enforcement of these requirements in August 2020. The new guidance informs DE entities that enforcement will resume in 90 days and compliance is expected by November 1.

Risk Adjustment And More
In mid-July, CMS issued updated 2022 final risk adjustment model coefficients. While final risk adjustment models were included in the final 2022 payment rule, CMS identified some errors that impacted the adult models and needed to be corrected. The overall impact of the update is, CMS notes, minimal. In early August, CMS issued revised risk adjustment software for 2021, including instructions, technical details, and the software itself.

In mid-August, CMS issued an updated toolkit on the COVID-19 vaccine for insurers and Medicare Advantage plans. The updates focused on operational considerations and discussed the availability of booster shots for immunocompromised individuals.

Finally, HHS released a list, updated as of early July 2021, of self-funded non-federal governmental plans that have opted out of certain federal health insurance requirements. The list includes more than 160 plans across 29 states and identifies the reforms that these plans waived. Every single plan sponsor and plan on the list opted to exempt those plans from (at least) federal mental health parity standards.

Forbes

UnitedHealth Group To Expand Obamacare To Seven New States In 2022
Bruce Japsen

UnitedHealth Group is expanding its health insurance products into seven new states to sell coverage for individuals and families in 2022.

The UnitedHealthcare health insurance unit of UnitedHealth has been among several companies already benefitting from a special enrollment period implemented by the Biden administration that ended Aug. 15 for Americans to sign up for individual coverage under the Affordable Care Act also known as Obamacare.

More than 2.5 million Americans had signed up for such coverage as of last month. A UnitedHealthcare spokesman wouldn't disclose the insurer's individual membership.

Now, UnitedHealthcare is poised to capitalize by growing in even more markets for next year, filing for approval from state regulators to participate on insurance exchanges to offer coverage in Alabama, Florida, Georgia, Illinois, Louisiana, Michigan and Texas.

"We are excited to have the opportunity to serve more people with affordable coverage options and the consumer-centric benefits we know that people want," said UnitedHealthcare chief growth and experience officer Krista Nelson.

For this year's 2021 coverage, UnitedHealthcare made a big return of sorts to the Obamacare business offering health insurance plans in seven states from just four states prior to the 2021 coverage year expansion. UnitedHealth Group is expanding its health insurance products into seven new states to sell coverage for individuals and families in 2022.

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Several health insurers including UnitedHealthcare see a more stable market and are now expanding or re-entering markets they left a few years ago. UnitedHealthcare announced it was leaving the ACA’s exchanges at the end of 2015 and withdrew in 2016.

Health insurers now see a more improved regulatory climate and a need amid the pandemic for more coverage options.

As Americans have lost their jobs or health benefits from employers that has helped health plans including UnitedHealthcare that sell individual coverage. The idea behind the Biden administration’s special enrollment period was to help those Americans who have lost their jobs along with their health insurance coverage during the Covid-19 pandemic. The special enrollment period, which began February 15, was originally supposed to end May 15, but the Biden administration extended it to Aug. 15.

Health insurers are expected to continue to benefit from an influx of new members thanks to new regulations and support to the companies and Americans looking for coverage from the Biden administration. That contrasts with the Trump administration, which unsuccessfully tried to get Congress to repeal the Affordable Care Act while Trump’s appointees curtailed the Obamacare sign-up periods.

For the 2022 coverage year, the annual fall open enrollment period begins Nov. 1 and runs to December 15, according to the government’s healthcare.gov web site.

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Study: 2.7M people in U.S. lost health insurance in spring, summer 2020
Brian P. Dunleavy

Sept. 3 (UPI) -- Some 2.7 million people in the United States lost health insurance in spring and summer 2020 during the height of the COVID-19 pandemic, an analysis published Friday by JAMA Health Forum found.

The percentage of adults age 18 to 64 nationally who had health insurance declined by steadily each week between April 1 and July 1, the data showed.

Most of those who became uninsured last year had been relying on employer-sponsored health plans and lost their jobs, the researchers said.

Over the 12-week period that the study focused on, the ranks of those with employer-sponsored insurance declined by about 0.2% per week, according to the researchers.

"The health insurance safety net is complicated. While it works well for many, it doesn't protect everyone," study co-author Kate Bundorf told UPI in an email.

"Policy should be designed to address those gaps," said Bundorf, a professor of health policy and management at Duke University in Durham, N.C.

Nearly 33 million people in the United States under age 65 -- the time at which Medicare coverage kicks in -- lack health insurance, according to the Centers for Disease Control and Prevention.

Although this figure has generally declined since the implementation of the Affordable Care Act, up to half of adults diagnosed with COVID-19 nationally reported medical debt becasue they lost their jobs and their health insurance, a survey released in July by the Commonwealth Fund found.

For this study, Bundorf and her colleagues analyzed health insurance trends data for more than 1.2 million adults age 18 to 64 in the United States in 2020.

Between April 1 and July 1, the height of the first wave of the COVID-19 across the country, the percentage of adults in the study with health insurance dropped by 1.4%, the data showed.

These declines continued throughout the rest of the year, but at a slower rate, the researchers said.

When applied to the entire national population, the percentage of study participants who became uninsured last year translates to 2.7 million people losing their healthcare coverage in that 12-week period, mostly due to loss of employer-sponsored plans.

"There are alternatives to employer-sponsored coverage and, since the enactment of the Affordable Care Act, those options have expanded," Bundorf said.

"If people lose coverage through a job, they should check to see what is available in their state and from their former employer," she said.