Media Clips

COVERED CALIFORNIA BOARD CLIPS
Mar. 10, 2021 – April 7, 2021

Since the March board meeting, Covered California celebrated President Joe Biden and Congress passing the American Rescue Plan, which will bolster the Patient Protection and Affordable Care Act and it will enact a new Special Enrollment Period on April 12 with new savings available to consumers beginning May 1.

PRESS RELEASES

PRINT

Articles of Significance

COVERED CALIFORNIA **News Release**

Mar. 12, 2021

Covered California Hails the Signing of the American Rescue Plan Which Will Benefit Millions

SACRAMENTO, Calif. — Covered California's executive director, Peter V. Lee, issued this statement following President Joe Biden's signing of the American Rescue Plan. The landmark legislation provides new financial help to people who receive their health insurance through Affordable Care Act marketplaces like Covered California. The measure will lower health care costs by providing new and expanded subsidies to more Americans than ever before.

> *"The American Rescue Plan charts the course for the future for millions of Americans and Californians who will benefit in real and substantial ways. As we continue to battle the COVID-19 pandemic and its recession, this will help more people get covered, lower health care costs and put money back into people's pockets when they sign up for health insurance through the Affordable Care Act.*
>
> *Millions of Californians stand to benefit, including those who do not have any insurance in the midst of this health crisis, those who are struggling to pay their premiums, and those who currently do not receive any financial help.*
>
> *You do not want to be uninsured right now and this law will help Californians get covered and stay covered."*

Consumers who are currently enrolled in Covered California will not need to take any action in order to receive the new benefits. The agency is preparing a new marketing campaign and is updating its Shop and Compare tool so consumers can see how they will benefit. Covered California will hold a press event on Monday to provide additional information.

COVERED CALIFORNIA

News Release

Mar. 18, 2021

Covered California, Community Leaders and Health Plans Highlight Key American Rescue Plan Provisions and Lay Out a Roadmap to Lower Premiums and Help Millions Get Covered

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- *The American Rescue Plan provides new financial assistance to help millions of people get economic relief and health insurance coverage, through Covered California and other marketplaces nationwide.*
- *An estimated 3 million Californians are among the 25 million Americans who stand to benefit from the new and expanded subsidies, which will lower premium costs and make health care coverage more affordable than ever.*
- *Covered California will open a new special-enrollment period on April 12, for May 1, coverage for the estimated 1.2 million uninsured Californians who are eligible as well as the 430,000 people currently insured off-exchange who will qualify for the new financial help.*
- *In addition, most of Covered California's currently enrolled consumers will see an average of $119 per household in monthly premium savings that will automatically start in May.*
- *Covered California has detailed a roadmap with three strategies that includes a major marketing campaign and having its contracted health insurance companies take an active role in helping all eligible Californians get lower cost coverage.*

SACRAMENTO, Calif. — Covered California released new data and announced new partnerships to highlight how the American Rescue Plan can benefit 25 million Americans, including 3 million in California.

"The new and expanded financial help provided by the American Rescue Plan is a very big deal for millions of Americans," said Peter V. Lee, executive director of Covered California. "These new subsidies will help more people get covered, lower premium costs and put money back into people's pockets when they sign up for health insurance through the Affordable Care Act."

Who benefits from the American Rescue Plan?

The American Rescue Plan lowers health care premium costs for people who get coverage through Covered California, or through other Affordable Care Act marketplaces across the nation, by providing new and expanded subsidies to make health insurance more affordable than ever before. A Covered California analysis finds that an estimated 25 million Americans could potentially benefit from the new law (see Table 1: Americans Eligible for Assistance From the American Rescue), including:

- **Covering the uninsured** - An estimated 1.2 million Californians, and more than 13 million people nationwide, are uninsured and eligible for marketplace coverage under the Affordable Care Act with even lower costs because of the American Rescue Plan.

  Under the American Rescue Plan, these uninsured can get coverage that is more affordable than ever before. In California, for consumers who earn less than $32,000 a year for an individual, they will be able to either get a benchmark Silver plan for between $50 and $60 a month and virtually all would be able to get Bronze plan for a $1 a month.

  "The American Rescue Plan provides the first significant boost to the Affordable Care Act in more than 10 years," Lee said. "The new money that is available means that many people who are currently going without coverage will be able to get a high-quality plan for about the price of a few bus rides."

- **People who are insured directly through a health insurance company** – An estimated 430,000 Californians, and 1.5 million people nationally, are insured directly through a health insurance company and not now getting subsidies. The new law ensures that everyone eligible will pay no more than 8.5 percent of their income on their health premiums.

  An individual with an income of more than $51,000 per year currently pays an average of $1,100 a month for their coverage. Under the new and expanded subsidies provided by the American Rescue Plan, their monthly premium drops to an average of $507 – a savings of nearly $600 per month and a total of nearly $12,000 between this May and the end of 2022.

  "For some Californians this means they will finally be able to afford health care coverage and get the protection and peace of mind they need in the middle of a health crisis," Lee said. "For others it means hundreds or even thousands of dollars back in their pockets to help them afford their housing, keep their business running, or put money away for retirement."

Table 1: Americans Eligible for Assistance From the American Rescue Plan[1]

[1] Table only shows those estimated to be eligible for subsidies based on maximum required contribution percentage of household income using available administrative data (on income, age, and benchmark premiums) from California's marketplace: the actual

Landscape of the 25 Million Americans Eligible for New Assistance*			US	California
ACTION NEEDED BY CONSUMER	Currently Uninsured	Covered CA Eligible, below 400% FPL	11.2M	990,000
		Covered CA Eligible, above 400% FPL	2.1M	230,000
		SUBTOTAL	***13.3M***	***1,220,000***
	Currently Insured	Off-Exchange, below 400% FPL	.8M	220,000
		Off-Exchange, above 400% FPL	.7M	210,000
		SUBTOTAL	***1.5M***	***430,000***
NO ACTION NEEDED BY CONSUMER	Currently Insured	Covered CA, below 400% FPL	9.1M	1,270,000
		Covered CA, above 400% FPL	.9M	140,000
		SUBTOTAL: No Action Needed	***10.0M***	***1,410,000***
TOTAL		**Total Eligible to Benefit from Subsidies**	**24.9M**	**3,060,000**
ACTION NEEDED	Currently Uninsured	Uninsured Medicaid Eligible	7.3M	950,000
TOTAL		**Total Eligible to Benefit from Affordable Coverage**	32.2M	4,010,000

- **Current Covered California enrollees –** The law will also help about 10 million Americans, including 1.4 million in California, who are already enrolled through Covered California or other marketplaces and getting financial help. The analysis shows that for those in California they will see their net premiums decrease by an average of $119 per household per month. Existing consumers in California do not need to take any action since Covered California will automatically apply the savings to their accounts. They will see lower bills starting in May.

Syd Winlock is a small-business owner in Elk Grove and a Covered California enrollee. The new financial help available through the American Rescue Plan will lower his family's $1,100 premium by $450 a month.

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eligibility may differ to the extent that there are differences in the age, income, and premium costs for other states and the off-exchange from what is observed in Covered California's data. **Not shown are the estimated 1.4 million consumers who may receive higher subsidies because they are receiving unemployment insurance income.** Additionally, off-exchange estimates do not include consumers who may be enrolled in coverage that is not ACA compliant (e.g. "grandfathered" plans), who may also benefit from new subsidies.

“One of the things I was looking at doing was expanding some services that we provide, and I can direct the money that we were paying for health care to that,” Winlock said. “As you guys put money back into my pocket, I’m going to put money back into the economy.”

Effectively Implementing the American Rescue Plan

In addition to its analysis, Covered California also laid out the steps it will be taking – including working with its contracted health insurance companies, agents and navigators, and community leaders – to effectively implement the American Rescue Plan.

While the law will potentially benefit 25 million Americans, many of them will need to act, requiring the need for a coordinated and targeted outreach efforts. The Congressional Budget Office estimates that only 10 percent of those uninsured and eligible for new subsidies will enroll, and only 20 percent of those currently insured but unsubsidized will sign up for the new benefits.

The main reasons cited for the projections are that many uninsured still believe they cannot afford coverage, off-exchange consumers are less likely to switch to a marketplace in mid-year, and that program is temporary.

“The challenges are real, and this will not be easy, but we can do better – not only for Californians, but for Americans across the country,” Lee said. “Covered California and our partners are ready to lean-in, to spread the word that new money is available that can help lower premium costs for millions.”

Covered California released a roadmap describing *Covered California’s Approach to Promoting the American Rescue Plan: Target Groups and Strategic Approaches* and detailed analysis of those eligible for American Rescue Plan benefits in each state, that includes an analysis of potential marketing investments for the federal marketplace and other states that would be on par with those California has historically made.

Covered California’s approach describes three strategic approaches it will undertake to reach out to and enroll as many Californians as possible:

- **Launching a new special-enrollment period** – Covered California will open a new special-enrollment period – which will start on Monday, April 12 and run through the end of the year – to give uninsured and unsubsidized Californians time to sign up for coverage that starts as soon as May 1 and continue the outreach and enrollment effort to have marketing pay-off over time.

  “Time is of the essence, because every month that goes by is a month that someone could be covered or be saving hundreds of dollars on health insurance,” Lee said.

- **Maintaining consumer commitment –** Covered California will continue to focus on the consumer-centered tactics and strategies that it has used since launching in 2014. The focus will include new investments in marketing and outreach – totaling between $20 million and $30 million on television, radio, print and digital ads over the next few months. The statewide campaign will reach every community, with an emphasis on Hispanic, Asian and African American media outlets which represent the groups hit hardest by the pandemic and recession. In addition, Covered California will engage with key partners – insurance agents, navigators, state agencies and others at the state and local level – to reach every eligible consumer.

“While virtually everyone in Covered California will get a significant reduction in their next premium bill, we need a major effort to ensure that hundreds of thousands more eligible Californians get this help of hundreds or even thousands of dollars,” said Anthony Wright, executive director of Health Access California, the statewide health care advocacy coalition. "The more Californians are covered and who can access quality care, the sooner we can end this pandemic, and get closer to a universal and affordable system that can better handle the next public health crisis.”

“The Latino community has been hit hard over the last year. They disproportionately work in the roles we refer to as essential, and the rate at which COVID-19 has affected them has raised the importance of ensuring access to quality health care coverage – not only in Los Angeles, but across California and the nation,” said Cástulo de la Rocha, President and CEO of AltaMed Health Services. “The funds provided by this legislation will help close gaps in coverage by making it more affordable, enabling our communities to get covered and stay covered.”

- **Holding health carriers accountable** – Covered California is also encouraging its 11 health carriers to invest in marketing and outreach to identify “off-exchange” consumers, and those who have been recently priced-out of coverage, to let them know that they are now eligible for new financial help. Covered California was joined at its announcement of its approach by three of the CEOs of its contracted health plans who committed to lean-in to foster the broadest enrollment possible.

  “This is the right action at the right time. The American Rescue Plan will provide needed resources to those communities most impacted by COVID-19, including communities of color and low-income families,” said Greg Adams, Chair and CEO of Kaiser Permanente. “This is the biggest step to making health care coverage real for all Americans since the Affordable Care Act was passed. Kaiser Permanente will do our part to ensure cost is not a barrier to coverage that all Americans deserve.”

  “An effort like this requires coordination and teamwork, and Anthem is proud to be working with all of our states to make this successful,” said Gail Boudreaux, President and CEO of Anthem, Inc. “We’re committed to the successful implementation of this effort and we will be working with our partners to ensure all eligible Americans take full advantage of the new financial help available to them.”

  “Blue Shield of California is committed to this effort because it is core to our non-profit mission to achieve universal health care coverage and it is the right thing to do at a time when so many Californians need that protection,” said Blue Shield of

California President and CEO Paul Markovich. “We’re excited to work with Covered California to reach out to people in every region of the state who need coverage and those who could save money by switching to a similar plan on the Covered California exchange.”

“Covered California has deployed these tactics and strategies over the past seven years, and they are critical to making things work,” Lee said. “We stand ready to do everything we can to make the American Rescue Plan successful for as many Californians as possible, and we hope and expect the federal administration and other states will do the same.”

Californians Can Easily Find Out Their Benefits

Covered California will launch a new “Shop and Compare” tool on April 12 that will allow consumers to easily see exactly how they will benefit from the new law. People will be able to see how much new financial help they are eligible for in just a few minutes by entering their ZIP code, household income and the ages of the people in the household.

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.

Exhibits

- Attachment 1 - Covered California’s Approach to Promoting the American Rescue Plan: Target Groups and Strategic Approaches (Word)
- Attachment 2 – Covered California Announces American Rescue Plan Roadmap to Lower Premiums and Help Millions Get Covered (PPT)
- Attachment 3 - Landscape of the 25 Million Americans Eligible for New Assistance (Excel)

COVERED CALIFORNIA

News Release

Mar. 23, 2021

Covered California Celebrates the 11th Anniversary of the Affordable Care Act

SACRAMENTO, Calif. — Covered California's executive director, Peter V. Lee, issued this statement to mark the 11th anniversary of the signing of the Patient Protection and Affordable Care Act:

> *"President Barack Obama signed the Affordable Care Act into law 11 years ago, and since then it has transformed our health care system.*
>
> *While the Affordable Care Act has been repeatedly challenged in the courts and the subject of much political debate, it has endured and continues to serve its primary function: opening the doors of health care to those who had been turned away because of pre-existing conditions and bringing high-quality health care coverage within reach for millions of Americans.*
>
> *Now, under President Joe Biden's American Rescue Plan, millions more Americans stand to benefit from the Affordable Care Act, with more financial help for existing consumers and new subsidies for Americans who didn't previously qualify.*
>
> *This new chapter for the Affordable Care Act will feature more Americans with health insurance who will be paying lower premium costs, a true cause for celebration on this historic anniversary."*

News Release

April 7, 2021

Covered California Says Farewell to Its Last Founding Board Member and Welcomes New Assembly Speaker Appointee to the Board

- *Jarrett Tomás Barrios, a former lawmaker and longtime state and national health leader, is the newest member of Covered California's Board of Directors.*
- *Barrios was appointed by Assembly Speaker Anthony Rendon, and will replace Paul Fearer, the last of Covered California's founding board members.*

SACRAMENTO, Calif. — Jarrett Tomás Barrios, a longtime leader in health and advocacy from Los Angeles, has been appointed the newest member of the Covered California Board of Directors. Barrios replaces the departing Paul Fearer, the last of Covered California's founding board members.

"Jarrett is committed to what we do, and his expertise and background in public health will provide vital leadership to further our mission to bring affordable coverage and quality health care to millions of Californians," said Peter V. Lee, executive director of Covered California. "He joins us at an especially exciting time as we prepare to implement new provisions contained in President Joe Biden's American Rescue Plan, which will expand coverage to more people than ever before while lowering health care premiums for millions of Californians."

"A year of COVID-19 has raised the importance of quality health care and put a spotlight on issues of cost, access and equity," said Barrios. "I am honored to be joining an organization that's committed to help Californians, in every community and every corner of the state, enroll in quality health care coverage."

Barrios will replace Paul Fearer, who was appointed in 2011 by then-Speaker of the Assembly John A. Pérez. Fearer is the last of the original five-member Covered California Board of Directors.

“We say farewell and thanks to Paul Fearer, who has been with us since Covered California’s inception in 2011,” Lee said. “Covered California would not be where it is today without the wisdom, guidance and foresight of Paul and our original board members. Paul’s passion for helping others, and his dedication to Covered California, have helped millions of people in our state. He has left an indelible mark on Covered California, and we thank him tremendously for his leadership and service.”

Barrios (pictured at right) currently serves as the senior vice president of Strategic Community and Programmatic Initiatives for the California Community Foundation. Among his prior roles, he has served as the CEO of the American Red Cross of Los Angeles and president of the Blue Cross Blue Shield of Massachusetts Foundation. He is also a former state senator and representative of Massachusetts.

Barrios was appointed by California State Assembly Speaker Anthony Rendon (D-Lakewood) to a four-year term, beginning March 19, 2021, and ending Jan. 1, 2025. There is no compensation, but Barrios may receive a per diem and reimbursement for travel and other necessary expenses.

Precinct Reporter Group
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Serving Southern California's African American Communities Since 1965

CoveredCA Special Enrollment Now Through May 15
Staff

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

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

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

Covered California set up this new special-enrollment period which allows anyone, who is uninsured and eligible to enroll in health care coverage, to sign up for health care coverage through May 15. The move comes following President Joe Biden's recent executive order strengthening provisions of the Affordable Care Act, also known as Obamacare, and opening health plan enrollment on the federal health care exchanges from Feb. 15 through May 15 — as COVID-19 continues to surge throughout the U.S. "Every Covered California plan is comprehensive, covering everything from preventive care to mental health," Lee said. "It's safe, it's secure, and in just minutes you can find out if you are eligible for financial help and the options available in your area."

An estimated 2.7 million Californians still don't have health insurance, including 1.2 million people who are eligible for financial help through Covered California to greatly reduce their monthly health care costs, or qualify for no-cost or low-cost Medi-Cal plans. The largest portion of these uninsured who are eligible for financial help through

Covered California are in Southern California, with an estimated 718,000 people living in the Los Angeles, Inland Empire, Orange and San Diego metro areas.

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

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

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

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

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

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

ThinkAdvisor

New Premium Subsidy Boost to Test ACA Exchange System: Covered California Chief
Allison Bell

President Biden today signed a bill, H.R. 1319, that brings two big new American Rescue Plan Act (ARPA) health insurance premium subsidy increases to life.

Peter Lee, executive director of Covered California — California's Affordable Care Act (ACA) public health insurance exchange — told health insurance company executives Wednesday that they could persuade Congress to make the temporary ARPA subsidy increases permanent, if they do a great job of using the subsidies to sell more people health insurance.

"If we sit on our hands and don't enroll people, and show the value of the ACA, this is not going to be permanent," Lee said, at an America's Health Insurance Plans National Health Policy Conference that was presented live on the web. Lee appeared on a panel with Heather Korbulic, the executive director of Nevada's Silver State Health Insurance Exchange; Kevin Patterson, the CEO of Health Connect for Colorado, and Kelley Schultz, AHIP's executive director for commercial policy.

One key to enrolling enough people to impress Congress will be outreach, and one critical way to improve outreach is to talk to people who know how to sell insurance, Lee said.

"You gotta work with your agents," Lee said. "For many of you, that's how you get a lot of your business."

The ARPA Premium Tax Credit Subsidy Changes
The Affordable Care Act public health insurance exchange system is supposed to be like Amazon for health insurance.

Many states and the District of Columbia have their own, locally run exchanges.

The U.S. Department of Health and Human Services runs a national exchange program, HealthCare.gov, for states that have been unwilling or unable to set up their own exchange programs.

Under the ordinary Affordable Care Act rules, consumers with income up to 400% of the federal poverty level can use premium tax credit subsidies to pay for coverage.

ARPA Title IX Section 7 will increase the generosity of the premium tax credit subsidies at every level and make subsidies available to anyone, at any income level, who would be paying more than 8.5% of income for health coverage, until the end of 2022. That means that some people earning $200,000 or more per year could get some help with paying their premiums.

Here's how the Title IX Section 7 would affect the maximum amount an ACA exchange expects an individual or family at a given income level to pay for exchange plan coverage, with income given in terms of household income as a percentage of the federal poverty level:

- 100% to 133%: 0% (down from 2.07%)
- 133% to 150%: 0% (down from 3.1% to 4.14%)
- 150% to 200%: 0 to 2% (down from 4.14% to 6.52%)
- 200% to 250%: 2% to 4% (down from 6.52% to 8.33%)
- 250% to 300%: 4% to 6% (down from 8.33% to 9.83%)
- 300% to 400%: 6% to 8.5% (down from 9.83%)
- Over 400%: 8.5% (down from having no limit)

The Congressional Budget Office predicted in February that health insurers will use the Affordable Care Act public exchange programs to sell individual and family health coverage to only about 10% of the 15 million uninsured and underinsured people who will be eligible for the expanded subsidies.

"I think they're wrong," Peter Lee said. "If we do a decent job."

Marketing the Exchange Plan Subsidy Increases

Health insurers have tried to prod young, healthy people into paying ACA exchange plan premiums when they feel fine by letting them buy individual coverage only during a limited open enrollment period, to raise the possibility that, if they try to go without coverage, they might get sick or hurt at a time when they have no way to get insured.

Bloomberg
LAW

Obamacare Directors Press Insurers to Promote New Subsidies
Sara Hansard

Obamacare exchange directors want insurers to spend a lot to get people enrolled in health plans now that the American Rescue Plan Act is signed into law.

The $1.9 trillion Covid relief package (H.R. 1319) includes premium subsidies for the first time for people earning over 400% of the federal poverty level. Those households won't have to pay more than 8.5% of their income on Affordable Care Act policies.

A vigorous advertising and marketing campaign by insurers could be key to reaching millions of consumers who lack health coverage and may be unaware of the enhanced financial aid—and it's seen as crucial to exchange directors' hopes of making those subsidies permanent. The Biden administration recently reopened widespread enrollment in the federal Obamacare exchange until May 15.

An estimated 13 million uninsured Americans will become eligible for "big subsidies" worth about $800 a month per household, according to Peter Lee, executive director of Covered California, the largest state ACA exchange. "Many will get coverage that is virtually free," he said.

Lee was among the exchange directors at a recent conference urging the health insurance industry to ramp up its marketing of ACA plans.

"Health plans, open your checkbooks. Start spending marketing dollars because it's well spent," Lee said.

Lost Customers
Many states have lost 70% of their unsubsidized individual market enrollees in the past four years, Lee said. He urged insurers at the America's Health Insurance Plans National Health Policy Conference to start by going after those former customers.

Nationally 25 million Americans can benefit "a lot" from the American Rescue Plan—9 million people already in the marketplaces who will receive greater subsidies, as well as 15 million people not in the marketplaces, Lee said.

There are also about 2.5 million people who have insurance who will be able to get financial help, he said.

While the relief package offers a big opportunity, Lee said there are also challenges. Only about 10% of the 15 million eligible for subsidies are likely to be enrolled, he said, citing Congressional Budget Office estimates. “People think they can’t afford health care” because the bill only provides enhanced subsidies for two years, he said.

Making Changes Permanent
With the American Rescue Plan Act signed into law, the focus now is on whether the increased subsidies it includes will be made permanent. The exchange directors made it clear that they will be pushing hard for that to happen.

Congress will likely consider whether to make the changes permanent when it takes up additional relief legislation this summer, Lee said. “If we sit on our hands and don’t enroll people and show the value of the ACA, this is not going to be permanent,” he said.

The marketplaces and the health insurance industry need to promote the subsidies so that people sign up, Lee said. “If you and we don’t do a good job, these American Rescue Plan changes will be temporary, and not made permanent,” he told insurers at the conference.

Giving people additional time to sign up for coverage will be crucial to getting more people enrolled, Lee said.

Covered California will announce March 15 that it is “having a very long special enrollment period,” opening early in April, he said.

He said the federal government should spend more than $100 million on marketing for special enrollment sign-ups this year, as well as “another hundred or 200” in open enrollment this fall.

He encouraged health plans to spend 0.6% of premiums on marketing. That would be about $80 million in California, he said.

Transition to Exchange Plans
In addition, the industry should convert people who have plans outside of the exchanges to exchange plans, he said. People are only eligible for subsidies if they purchase plans through the marketplaces.

Heather Korbulic, executive director of Nevada's Silver State Health Insurance Exchange, said she is "anxious" about implementing new rules for the American Rescue Plan, figuring out the cost of implementation, and trying to determine how federal dollars have been allocated to states, and when they can expect the money. The Nevada exchange started in 2020.

"I agree with Peter in terms of needing to get our carriers to really lean in," as well as getting insurers to transition people who have individual coverage outside of the exchange into plans sold in the exchanges, Korbulic said.

Kevin Patterson, CEO of Connect for Health Colorado, said he is considering spending "more than we have on TV than we ever spent before" to promote new sign-ups.

Agents and brokers will be crucial to help "walk people through" the process of getting enrolled, he said.

Forbes

Obamacare Directors Press Insurers to Promote New Subsidies
Deb Gordon

When President Biden signed the American Rescue Plan Act of 2021 into law on Thursday, $1,400 direct stimulus checks and extended unemployment benefits got most of the attention.

But the American Rescue Plan contains many other provisions, including several that have the potential to substantially improve health insurance affordability for millions of lower- and moderate-income Americans.

At least temporarily, the Act expands Affordable Care Act (ACA) subsidies, introduces COBRA subsidies, and improves Medicaid coverage. Taken together, these measures could reduce the number of Americans without insurance and ease the healthcare-related financial strain exacerbated by the Covid-19 pandemic.

"This is a big deal," said Dr. Alice Chen, chief medical officer at Covered California, the state's health insurance Marketplace. "Not only as the first opportunity in four years to make a dent in the uninsured, but also to provide economic relief to middle-class Americans in the context of rising healthcare costs."

Nearly 15 million uninsured Americans could now qualify for subsidies if they enroll through Healthcare.gov, but the impact on coverage expansion may be broader.

According to Chen, 25 million Americans could benefit from the new law, including 13.2 million Americans who can now access heavily subsidized insurance through the Marketplace; 1.5 million who could save money by switching their individual insurance for coverage from the Marketplace; and 10 million who are already in a Marketplace plan but will save money through more generous subsidies.

“Through a number of different measures, including additional subsidies and expanded eligibility for insurance purchased through federal and state exchanges, the legislation provides for the biggest expansion in healthcare coverage since passage of the ACA,” said Rima Cohen, a former U.S. Department of Health and Human Services official in the Obama Administration.

Expanded Subsidies
Premium tax credits (PTCs), one form of ACA subsidy, have only been available to people earning between 100% and 400% of the federal poverty level (between $12,880 and $51,520 for an individual in 2021). Many people earning more than 400% of FPL earned too much to get assistance but not enough to afford full-price premiums.

The new law removes this “subsidy cliff” so there will no longer be an upper bound on income to qualify for subsidies in 2021 and 2022.

Now, anyone who would have to pay more than 8.5% of their income for individual or family coverage can qualify for subsidies, regardless of their income, according to Joel Ario, managing director of Manatt Health and formerly the first director of the U.S. Department of Health and Human Services Office of Health Insurance Exchanges.

“It is the first real expansion of the ACA Marketplaces since the law passed a decade ago,” Ario said.

The American Rescue Plan doesn’t just expand who can get subsidies, it increases the amount of subsidies for people who already qualify. For example, people who earn between 100% and 150% of FPL are eligible for zero-premium coverage; this group used to pay 2% or more of their income toward premiums.

People who qualify for unemployment benefits during 2021 will get the maximum subsidy level and zero-premium Marketplace coverage.

One challenge of the ACA subsidies has been the form: premium tax credits are based on estimated income and reconciled via income tax filing. People who end the year having earned more than they expected need to repay all or part of that premium reduction. The new legislation waives repayment for people who received more subsidies than they should have due to underestimating their 2020 income.

Another feature of the Act is a 100% COBRA subsidy for people who lose their health insurance because of involuntary job loss or reduction in hours between April 1 and September 30, 2021. COBRA allows people to stay on an employer's health insurance plan for 18 months after losing a job or their health benefits. But, it requires individuals to pay the entire premium themselves, which can make COBRA prohibitively expensive. The new subsidy will make COBRA a viable coverage option for many more Americans.

Expanding Medicaid To Support The Most Vulnerable Americans

The American Rescue Plan includes dramatic Medicaid reforms which will benefit the lowest-income and most vulnerable populations who get free or heavily subsidized insurance coverage.

The legislation expands funding for home- and community-based services; allows states to provide 12 months of postpartum coverage for low-income new mothers; expands coverage for Covid-19 testing, treatment, and vaccination; and creates incentives for states that have not yet expanded Medicaid under the ACA to do so.

Medicaid expansion is critical to vulnerable populations disproportionately impacted by Covid-19 and related unemployment, according to Dr. Jay Bhatt, internal medicine physician based in Chicago and chief clinical product officer at Medical Home Network.

The health benefits of Medicaid expansion may also be tremendous, said Dr. SreyRam Kuy, former chief medical officer for Louisiana Medicaid.

“From a public health perspective, Medicaid expansion works,” said Kuy.

Since Louisiana expanded Medicaid in 2016, state data show that more than 56,000 thousands adults have gotten colon cancer screening and 17,000 of them have had colon polyps removed.

“On a personal level, as a surgeon who does colon cancer surgeries, that's immensely gratifying,” Kuy said. “That's 17,000 people who aren't going to show up down the road in the operating room for a colon cancer surgery.”

Not A Total Fix

“The legislation includes many of the proposals Biden put forward in his campaign,” Cohen said.

Yet despite fulfilling many campaign promises, the American Rescue Plan does not solve all of America's healthcare woes.

Chen noted that many people will need to take action in order to receive federal financial assistance and said that the Congressional Budget Office estimates that only 10% of people newly eligible for subsidies and 20% of people who currently buy individual insurance off the Marketplace will enroll through the Marketplace by the end of 2022.

Part of the challenge, according to Chen, is that the federal government avoided promoting Marketplace insurance during the last administration.

“Covered California is going to be leaning in heavily, but is facing an uphill battle in terms of getting the word out and getting eligible people enrolled,” she said.

Bhatt and Ario agree that there are important improvements that did not make it into this bill.

“The American Rescue Act does not, for instance fund state initiatives, bolster outreach and enrollment funding, or adopt a public option,” Bhatt said.

Nor does it address out-of-pocket costs Americans face when trying to access healthcare.

“The biggest affordability problem still to be addressed is reducing cost-sharing burdens,” said Ario.

Despite the Act's shortcomings, it's most dire limitation may be its duration.

Ario said, “The changes are temporary for 2021 and 2022 but will create enormous pressure to make them permanent.”

Covered California's American Rescue Plan provisions
Staff

SAN DIEGO (KUSI) – Covered California hosted national and community leaders to describe in detail how the landmark American Rescue Plan can help millions of people across California and the nation Thursday.

An estimated 3 million Californians stand to benefit from the law's new and expanded subsidies, who are among the 25 million people across the nation.

Covered California also discussed a roadmap for the effective implementation of the American Rescue Plan, detailing target populations, strategies and tactics.

The roadmap will cover what Covered California – the largest state-based marketplace in the nation – will undertake, as well as how those efforts will complement and foster actions by health insurance companies, insurance agents, Navigators and other community groups and advocates.

The goal of these efforts is to help as many Californians as possible benefit from this new lower health care premium, which for millions could mean money in their pockets in the coming months.

The American Rescue Plan lowers health care costs for people who enroll in an Affordable Care Act marketplace – such as Covered California.

The law increases the amount of financial help currently available to consumers who earn less than 400 percent of the federal poverty level (FPL). In addition, for the first time, the measure extends federal financial help to consumers who earn more than 400 percent FPL and caps their costs at 8.5 percent of income.

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

California: @CoveredCA announces expanded subsidies will start automatically in May; new calculator tool available April 12th; much, much more!
Staff

This just in via Covered California:

> *Covered California, Community Leaders and Health Plans Highlight Key American Rescue Plan Provisions and Lay Out a Roadmap to Lower Premiums and Help Millions Get Covered*
>
> *The American Rescue Plan provides new financial assistance to help millions of people get economic relief and health insurance coverage, through Covered California and other marketplaces nationwide.*
>
> *An estimated 3 million Californians are among the 25 million Americans who stand to benefit from the new and expanded subsidies, which will lower premium costs and make health care coverage more affordable than ever.*
>
> *Covered California will open a new special-enrollment period on April 12, for May 1, coverage for the estimated 1.2 million uninsured Californians who are eligible as well as the 430,000 people currently insured off-exchange who will qualify for the new financial help.*
>
> *In addition, most of Covered California's currently enrolled consumers will see an average of $119 per household in monthly premium savings that will automatically start in May.*
>
> *Covered California has detailed a roadmap with three strategies that includes a major marketing campaign and having its contracted health insurance companies take an active role in helping all eligible Californians get lower cost coverage.*
>
> *SACRAMENTO, Calif. — Covered California released new data and announced new partnerships to highlight how the American Rescue Plan can benefit 25 million Americans, including 3 million in California.*
>
> *"The new and expanded financial help provided by the American Rescue Plan is a very big deal for millions of Americans," said Peter V. Lee, executive director of Covered California. "These new subsidies will help more people get covered, lower premium costs and put money back into people's pockets when they sign up for health insurance through the Affordable Care Act."*

Who benefits from the American Rescue Plan?

The American Rescue Plan lowers health care premium costs for people who get coverage through Covered California, or through other Affordable Care Act marketplaces across the nation, by providing new and expanded subsidies to make health insurance more affordable than ever before. A Covered California analysis finds that an estimated 25 million Americans could potentially benefit from the new law (see Table 1: Americans Eligible for Assistance From the American Rescue), including:

Covering the uninsured - An estimated 1.2 million Californians, and more than 13 million people nationwide, are uninsured and eligible for marketplace coverage under the Affordable Care Act with even lower costs because of the American Rescue Plan.

Under the American Rescue Plan, these uninsured can get coverage that is more affordable than ever before. In California, for consumers who earn less than $32,000 a year for an individual, they will be able to either get a benchmark Silver plan for between $50 and $60 a month and virtually all would be able to get a Bronze plan for $1 a month.

“The American Rescue Plan provides the first significant boost to the Affordable Care Act in more than 10 years,” Lee said. “The new money that is available means that many people who are currently going without coverage will be able to get a high-quality plan for about the price of a few bus rides.”

That "$1/month Bronze plan" is actually more significant than it may sound.

Technically, anyone earning less than 150% FPL under the newly-enhanced ACA subsidy formula will qualify for $0 premium Silver plans. $32K/year is 250% FPL, not 150%, but even at that they only have to pay 4% of their income for the benchmark Silver plan, or $107/month. The lowest-cost Bronze plans in CA average around that much less than the benchmark Silver plan...which means a lot of people would normally be eligible for $0 Bronze plans.

Covered CA is touting $1 Bronze...and I'm pretty sure this is because of the absurd workaround baked into the ACA which requires a separate, $1/month premium from the rest of any policy which includes abortion coverage. Since "federal dollars can't be used to pay for abortion", this means that federal ACA subsidies can't go towards that $1/month even if the enrollee would normally be eligible for 100% of their premiums to be subsidized. California is one of several states (the others are New York, Oregon and Massachusetts, I believe) which legally require all ACA plans to cover abortion, so the least anyone will ever pay is $1/month no matter what.

People who are insured directly through a health insurance company – An estimated 430,000 Californians, and 1.5 million people nationally, are insured directly through a health insurance company and not now getting subsidies. The

> *new law ensures that everyone eligible will pay no more than 8.5 percent of their income on their health premiums.*
>
> *An individual with an income of more than $51,000 per year currently pays an average of $1,100 a month for their coverage. Under the new and expanded subsidies provided by the American Rescue Plan, their monthly premium drops to an average of $507 – a savings of nearly $600 per month and a total of nearly $12,000 between this May and the end of 2022.*
>
> *"For some Californians this means they will finally be able to afford health care coverage and get the protection and peace of mind they need in the middle of a health crisis," Lee said. "For others it means hundreds or even thousands of dollars back in their pockets to help them afford their housing, keep their business running, or put money away for retirement."*
>
> This is the most recent estimate I've seen of the off-exchange ACA market...and it looks like it's continued to shrink over the past year or so, if it's down to just 1.5 million people. It's worth noting that this estimate does not include people still enrolled in Grandfathered or Transitional plans nationally; I suspect those have dropped below 1 million combined.

Besides the items I noted above, there's some other interesting items in this table. For instance, Covered CA estimates that California has 29% of all off-exchange ACA enrollees even though the state only has 12% of the total U.S. population.

I'm assuming that the main reason for this is that undocumented immigrants aren't legally allowed to enroll in on-exchange ACA plans even if they're willing to pay full price, which is pretty stupid. This may also helps explain why, according to CoveredCA's analysis, over half of the remaining off-exchange ACA market earns LESS than 400% FPL.

On the other hand...the table above claims that all of the people listed are eligible for on-exchange plans/subsidies, so I'm guessing they aren't including undocumented immigrants after all? I'd have to inquire further to be sure.

In any event, the vast majority of the off-exchange plans are identical to the on-exchange plans, so there's very little reason for someone earning less than 400% FPL to go off-exchange since there's a good chance they were leaving hundreds or thousands of dollars in subsidies on the table, even before the subsidy cliff was killed by the ARP...unless they're an undocumented immigrant who can't enroll on-exchange. Again, even at full price, which is absurd.

In other cases, I'm assuming they have no idea they're even eligible. Going forward there's no reason at all for any U.S. citizen or other documented U.S. resident to enroll off-exchange, as the vast majority of these folks just became subsidy-eligible.

Current Covered California enrollees – The law will also help about 10 million Americans, including 1.4 million in California, who are already enrolled through Covered California or other marketplaces and getting financial help. The analysis shows that for those in California they will see their net premiums decrease by an average of $119 per household per month. Existing consumers in California do not need to take any action since Covered California will automatically apply the savings to their accounts. They will see lower bills starting in May.

That's two vital pieces of information for Californians:

The expanded subsidies will kick in starting in May (I'm not sure how they'll handle the retroactive amounts for January - April)

Unlike HealthCare.Gov, which is requiring enrollees to log back in and update their info in order to get their upgraded monthly subsidies, CoveredCA says current enrollees won't have to do anything at all.

Syd Winlock is a small-business owner in Elk Grove and a Covered California enrollee. The new financial help available through the American Rescue Plan will lower his family's $1,100 premium by $450 a month.

"One of the things I was looking at doing was expanding some services that we provide, and I can direct the money that we were paying for health care to that," Winlock said. "As you guys put money back into my pocket, I'm going to put money back into the economy."

Effectively Implementing the American Rescue Plan

In addition to its analysis, Covered California also laid out the steps it will be taking – including working with its contracted health insurance companies, agents and navigators, and community leaders – to effectively implement the American Rescue Plan.

While the law will potentially benefit 25 million Americans, many of them will need to act, requiring the need for a coordinated and targeted outreach efforts. The Congressional Budget Office estimates that only 10 percent of those uninsured and eligible for new subsidies will enroll, and only 20 percent of those currently insured but unsubsidized will sign up for the new benefits.

The main reasons cited for the projections are that many uninsured still believe they cannot afford coverage, off-exchange consumers are less likely to switch to a marketplace in mid-year, and that the program is temporary.

"The challenges are real, and this will not be easy, but we can do better – not only for Californians, but for Americans across the country," Lee said. "Covered California and our partners are ready to lean-in, to spread the word that new money is available that can help lower premium costs for millions."

Covered California released a roadmap describing Covered California's Approach to Promoting the American Rescue Plan: Target Groups and Strategic Approaches and detailed analysis of those eligible for American Rescue Plan benefits in each state, that includes an analysis of potential marketing investments for the federal marketplace and other states that would be on par with those California has historically made.

Covered California's approach describes three strategic approaches it will undertake to reach out to and enroll as many Californians as possible:

Launching a new special-enrollment period – Covered California will open a new special-enrollment period – which will start on Monday, April 12 and run through the end of the year – to give uninsured and unsubsidized Californians time to sign up for coverage that starts as soon as May 1 and continue the outreach and enrollment effort to have marketing pay-off over time.

"Time is of the essence, because every month that goes by is a month that someone could be covered or be saving hundreds of dollars on health insurance," Lee said.

Whoa. California has already joined most other states in establishing a COVID Special Enrollment Period through May 15th...but now they're saying that they're opening up enrollment to uninsured and "unsubsidized" residents for the entire rest of 2021.

It sounds to me like the only way this will differ from the current COVID SEP is that existing, subsidized CoveredCA enrollees won't be able to switch plans between 5/16 - 12/31...but really, why would you want to at that point anyway? They can do so now, and switching plans mid-year means your deductible and maximum out-of-pocket ceiling get reset anyway.

Covered California has effectively just done what Maryland and the District of Columbia did last year in allowing ACA enrollment year-round for 2021 (with the caveat noted above). Huh.

Maintaining consumer commitment – Covered California will continue to focus on the consumer-centered tactics and strategies that it has used since launching in 2014. The focus will include new investments in marketing and outreach – totaling between $20 million and $30 million on television, radio, print and digital ads over the next few months. The statewide campaign will reach every community, with an emphasis on Hispanic, Asian and African American media outlets which represent the groups hit hardest by the pandemic and recession. In addition, Covered California will engage with key partners – insurance agents, navigators, state agencies and others at the state and local level – to reach every eligible consumer.

"While virtually everyone in Covered California will get a significant reduction in their next premium bill, we need a major effort to ensure that hundreds of

thousands more eligible Californians get this help of hundreds or even thousands of dollars," said Anthony Wright, executive director of Health Access California, the statewide health care advocacy coalition. "The more Californians are covered and who can access quality care, the sooner we can end this pandemic, and get closer to a universal and affordable system that can better handle the next public health crisis."

"The Latino community has been hit hard over the last year. They disproportionately work in the roles we refer to as essential, and the rate at which COVID-19 has affected them has raised the importance of ensuring access to quality health care coverage – not only in Los Angeles, but across California and the nation," said Cástulo de la Rocha, President and CEO of AltaMed Health Services. "The funds provided by this legislation will help close gaps in coverage by making it more affordable, enabling our communities to get covered and stay covered."

Holding health carriers accountable – Covered California is also encouraging its 11 health carriers to invest in marketing and outreach to identify "off-exchange" consumers, and those who have been recently priced-out of coverage, to let them know that they are now eligible for new financial help. Covered California was joined at its announcement of its approach by three of the CEOs of its contracted health plans who committed to lean-in to foster the broadest enrollment possible:

"This is the right action at the right time. The American Rescue Plan will provide needed resources to those communities most impacted by COVID-19, including communities of color and low-income families," said Greg Adams, Chair and CEO of Kaiser Permanente. "This is the biggest step to making health care coverage real for all Americans since the Affordable Care Act was passed. Kaiser Permanente will do our part to ensure cost is not a barrier to coverage that all Americans deserve."

"An effort like this requires coordination and teamwork, and Anthem is proud to be working with all of our states to make this successful," said Gail Boudreaux, President and CEO of Anthem, Inc. "We're committed to the successful implementation of this effort and we will be working with our partners to ensure all eligible Americans take full advantage of the new financial help available to them."

"Blue Shield of California is committed to this effort because it is core to our non-profit mission to achieve universal health care coverage and it is the right thing to do at a time when so many Californians need that protection," said Blue Shield of California President and CEO Paul Markovich. "We're excited to work with Covered California to reach out to people in every region of the state who need coverage and those who could save money by switching to a similar plan on the Covered California exchange."

"Covered California has deployed these tactics and strategies over the past seven years, and they are critical to making things work," Lee said. "We stand ready to do everything we can to make the American Rescue Plan successful for as many Californians as possible, and we hope and expect the federal administration and other states will do the same."

Californians Can Easily Find Out Their Benefits

Covered California will launch a new "Shop and Compare" tool on April 12 that will allow consumers to easily see exactly how they will benefit from the new law. People will be able to see how much new financial help they are eligible for in just a few minutes by entering their ZIP code, household income and the ages of the people in the household.

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

Visit CoveredCA.com.

Get free and confidential assistance over the phone, in a variety of languages, from a certified enroller.

Have a certified enroller call them and help them for free.

Call Covered California at (800) 300-1506.

The New York Times

Remember the Healthcare.gov Debacle? Its Legacy Haunts the Biden Plan.
Margot Sanger-Katz and Sarah Kliff

The new stimulus bill made tens of millions of Americans eligible for new health insurance subsidies. But many will have to wait to get help: It will probably take a year for the full emergency aid to reach people, because of website complications and other logistical problems.

President Biden has promoted the subsidies as fulfilling his campaign promise to shore up the Affordable Care Act. And for many uninsured Americans, the new program will offer free or inexpensive health plans that were previously unaffordable.

But the health law's complex structure makes it hard to retool insurance subsidies, let alone create a new program for the unemployed. The systems that distribute the benefits depend on government coders who update websites, and marketers who help people understand the new programs and jump through various administrative hoops to collect them.

“I don’t think there is enough Xanax out there for this,” said Jodi Ray, project director at Florida Covering Kids and Families, which manages the state’s health law outreach efforts.

Memories of Healthcare.gov’s notoriously bumpy 2013 rollout still linger in the minds of those overseeing the new update. The debacle quickly became a punchline for late-night television hosts, and a political liability for an already divisive law.

Now, it’s a cautionary tale of a federal government website unprepared for a deluge of shoppers.

“Technology is not self-executing — it takes work,” said Joel Ario, a managing director at the health consulting firm Manatt and a former official in the Obama administration before Healthcare.gov’s launch. “That’s unfortunate when you’re trying to deal with a large program like this.”

The first step of the federal upgrade should be ready by April 1: Healthcare.gov, where people sign up for insurance in 36 states, will start showing prices that reflect the new policy. For more than five million Americans with lower incomes, health plans will be available for no monthly premium. For others who earn more, new discounts could be worth hundreds of dollars a month.

But getting those lower prices will require work: Americans who already have Obamacare insurance will have to go back to the website where they bought their insurance; make sure they don’t want to switch plans; and certify that they want the new, expanded tax credits. Those who fail to do this will keep paying their current price. They should eventually receive the additional funds as a large refund with their 2021 taxes next spring.

People who have bought their own insurance elsewhere will need to cancel their current plan and switch to an eligible one.

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“The main thing we’ve been telling people is: Go back onto Healthcare.gov, work with your navigator, and get your application updated,” said Adam VanSpankeren, program director with Covering Wisconsin.

Another key part of the stimulus provides free health plans with a generous set of benefits to Americans who received unemployment insurance this year. Even though the coverage will be retroactive to Jan. 1, the new benefit will take months to set up, and won't appear on Healthcare.gov until this summer. That timeline may require people to visit Healthcare.gov as many as three times: once to sign up for a plan, then to get the new income-based subsidies, and again to get the special unemployment benefit once it's ready.

"We're going to miss a lot of consumers by making them circle back," said Ms. Ray, the project director in Florida. "We don't have enough resources, and we don't have a lot of time."

The Biden administration is at work expanding a network of professionals like Ms. Ray to help people navigate the process, after substantial budget cuts in the Trump years. And officials have already promised $50 million in spending to advertise Obamacare insurance options to those who may not realize they're eligible.

Marketing will focus on the availability of big discounts and free health plans for many Americans. But advocates outside the administration are pushing for even more such spending to reach and enroll people.

The slow rollout of government aid is partly the result of the technological challenge of updating Healthcare.gov, which is connected to a maze of federal systems to verify people's residency, income and insurance choices.

"It's a stable platform now, so these aren't hard changes," said Andy Slavitt, a White House health adviser who was recruited by the Obama administration in 2013 to help rescue the original Healthcare.gov.

But even relatively easy changes to such systems take weeks or months of coding and testing. Peter Lee, the C.E.O. of Covered California, which runs that state's insurance marketplace, said his website team initially told him the updates would take until August. He pushed back, and now automatic subsidy updates will start April 12 — with the unemployment benefits following this summer.

"I've been running Covered California for 10 years," he said. "One of my biggest 'Ahas' is that big tech is not nimble."

The slowness also reflects a policy debate within the administration about how automatic the new benefits should become. Because the subsidies for health insurance are structured as tax credits, anyone who gets too little help this year will eventually get a refund at tax time.

If the Biden administration automatically increases people’s tax credits, some people could face a higher risk of a large tax bill. About 2.6 million Americans had to repay excess Obamacare subsidies in 2019, according to Internal Revenue Service data compiled by Charles Gaba.

Frequently Asked Questions About the New Stimulus Package
The stimulus payments would be $1,400 for most recipients. Those who are eligible would also receive an identical payment for each of their children. To qualify for the full $1,400, a single person would need an adjusted gross income of $75,000 or below. For heads of household, adjusted gross income would need to be $112,500 or below, and for married couples filing jointly that number would need to be $150,000 or below. To be eligible for a payment, a person must have a Social Security number. Read more.

Buying insurance through the government program known as COBRA would temporarily become a lot cheaper. COBRA, for the Consolidated Omnibus Budget Reconciliation Act, generally lets someone who loses a job buy coverage via the former employer. But it’s expensive: Under normal circumstances, a person may have to pay at least 102 percent of the cost of the premium. Under the relief bill, the government would pay the entire COBRA premium from April 1 through Sept. 30. A person who qualified for new, employer-based health insurance someplace else before Sept. 30 would lose eligibility for the no-cost coverage. And someone who left a job voluntarily would not be eligible, either. Read more

This credit, which helps working families offset the cost of care for children under 13 and other dependents, would be significantly expanded for a single year. More people would be eligible, and many recipients would get a bigger break. The bill would also make the credit fully refundable, which means you could collect the money as a refund even if your tax bill was zero. “That will be helpful to people at the lower end” of the income scale, said Mark Luscombe, principal federal tax analyst at Wolters Kluwer Tax & Accounting. Read more.

There would be a big one for people who already have debt. You wouldn’t have to pay income taxes on forgiven debt if you qualify for loan forgiveness or cancellation — for example, if you’ve been in an income-driven repayment plan for the requisite number of years, if your school defrauded you or if Congress or the president wipes away $10,000 of debt for large numbers of people. This would be the case for debt forgiven between Jan. 1, 2021, and the end of 2025. Read more.

The bill would provide billions of dollars in rental and utility assistance to people who are struggling and in danger of being evicted from their homes. About $27 billion would go toward emergency rental assistance. The vast majority of it would replenish the so-called Coronavirus Relief Fund, created by the CARES Act and distributed through state, local and tribal governments, according to the National Low Income Housing Coalition. That's on top of the $25 billion in assistance provided by the relief package passed in December. To receive financial assistance — which could be used for rent, utilities and other housing expenses — households would have to meet several conditions. Household income could not exceed 80 percent of the area median income, at least one household member must be at risk of homelessness or housing instability, and individuals would have to qualify for unemployment benefits or have experienced financial hardship (directly or indirectly) because of the pandemic. Assistance could be provided for up to 18 months, according to the National Low Income Housing Coalition. Lower-income families that have been unemployed for three months or more would be given priority for assistance. Read more.

Extra subsidies "are like a loan from the federal government," said Sabrina Corlette, a co-director of the Center on Health Insurance Reforms at Georgetown, who says she understands why some people are reluctant to let the subsidies reset automatically. "You could potentially end up owing a lot to Uncle Sam."

Many states that manage their own marketplaces have made the opposite decision: They are applying the new subsidies automatically to provide economic aid faster during the pandemic. California, Massachusetts, Washington and the District of Columbia will roll out the benefit this way.

"We want to make it as easy as possible for people to get this benefit," said Mila Kofman, executive director of DC Health Link. "Right now, the impact of Covid has been so economically devastating. That's why I'm most concerned about getting this out quickly."

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Research suggests that the more complex social welfare programs are to access, the more likely it is that eligible people will fall through the cracks.

"They could have just automatically done this, and instead they are requiring people to go through the process, and I think politically it's a huge miscalculation," said Pamela Herd, a professor of public policy at Georgetown, who studies the costs of administrative burdens. Ms. Herd said a simpler process would probably increase enrollment and also build more political support for continuing the programs, which are temporary (the new subsidies will expire at the end of 2022). People tend to dislike programs that are unpleasant to use, even if they are generous, she said.

Although the stimulus bill passed with overwhelming Democratic support in Congress, a substantial share of Democratic lawmakers would prefer a simpler, more universal path to wider health coverage. This month a majority of House Democrats co-sponsored a bill to create a “Medicare for all” system, which would automatically provide government health insurance to all Americans, without the current system of subsidies and signups.

Some state officials that use Healthcare.gov said they understood why the federal government was taking the more cautious approach, but would prefer a faster rollout of benefits.

“It’s a tough call, but I go with less burden on the consumer,” said Mandy Cohen, North Carolina’s secretary of health and human services.

Still, many policymakers say the changes are powerful, even if there are short-term hiccups. Mr. Lee said this moment was nearly as important as the launch of Obamacare’s major provisions in 2014. The Congressional Budget Office has estimated the policies will reduce the number of uninsured Americans by 1.3 million; he thinks there is potential to get many more Americans insured this year. “We are optimistic in a big way,” he said.

American Rescue Plan Provides Big Savings if You Have Covered California Health Plans
Staff

More money for more people equals more and better health insurance coverage for millions of Californians and consumers nationwide — especially vital during this age of COVID-19.

"3 Million People Can Benefit"

More money for more people equals more and better health insurance coverage for millions of Californians and consumers nationwide — especially vital during this age of COVID-19.

That's the upshot of President Joe Biden's recently passed $1.9 trillion American Rescue Plan, with health care provisions containing new and expanded financial help to benefit an estimated 3 million Californians, among the 25 million Americans who qualify.

The new financial help will greatly reduce monthly health care costs, making health care coverage more affordable and generating savings of hundreds of dollars each month.

Covered California is poised to take a leadership role in ensuring that consumers take full advantage of this unique opportunity that expands the federal Affordable Care Act, also known as Obamacare, and reap the benefits of these new health care funds.

“The new and expanded financial help provided by the American Rescue Plan is a very big deal for millions of Americans,” said Peter V. Lee, executive director of Covered California. “These new subsidies will help more people get covered, lower health care premium costs and put money back into people’s pockets when they sign up for health coverage through the Affordable Care Act.”

Additionally, Covered California announced that it’s opening its doors to enroll as many uninsured people as possible into health plans between April and the end of December 2021, because of these American Rescue Plan’s health care provisions. Major efforts will also launch to recruit consumers who now have expensive health coverage outside of Covered California and haven’t been able to get financial help in the past. https://youtu.be/WwKVucMr5yA Answers to some common questions about the new health care provisions in the American Rescue Plan are below.

Q. Who benefits from the American Rescue Plan’s health care provisions?

A. There are three key categories of Californians who can benefit from the new health care provisions in the American Rescue Plan. They are:

Individuals who are currently uninsured and are eligible for the new financial help through Covered California, with many qualifying for $1 dollar health plans.

Individuals who are currently have health coverage directly through an insurer outside of Covered California and are now eligible for financial help for the first time. These consumers may be able to save hundreds or even thousands of dollars by switching to the same or similar health coverage through Covered California.

Individuals who are currently insured in Covered California health plans and are now eligible for more financial help.

An estimated 1.2 million currently uninsured Californians can get health coverage that is more affordable than ever before. The American Rescue Plan reduces consumers' monthly health coverage costs so that no one will have to pay more than 8.5 percent of their household income on health care premiums.

The deals don't stop there. About 1.4 million consumers who are already enrolled through Covered California will get even more financial assistance. These consumers will see their monthly premiums decrease by an average of $119 per household per month.

Another 430,000 Californians who are insured directly through a health insurance company and are not now getting financial help can see dramatic savings if they switch to Covered California health plans.

Q. When will the new financial help and savings be available?

A. Covered California is opening a new special-enrollment period on April 12 that runs through December 31, 2021, and consumers can see savings reflected on their monthly health care bills as soon as May 1 if they enroll by April 30.

Q. What do I need to do to get these savings?

A. Existing consumers in California do not need to take any action since Covered California will automatically apply the savings to their accounts. They will see lower health care bills starting in May.

Those who currently don't have health coverage through Covered California can enroll through December 31, 2021 to benefit from this round of new financial help. This includes those consumers who currently are insured through an insurer outside of Covered California and are now eligible to get financial assistance for the first time and switch to more affordable plans.

Q. How long will my health care premium costs stay this low?

A. The reduced health care premiums under the American Rescue Plan will remain in place for all of 2021 and all of 2022, unless Congress extends or makes these provisions permanent.

Q. What are some other benefits of having Covered California health plans?

A. Covered California health plans cover all COVID-19 vaccinations and testing, as well as any medical treatment necessary due to COVID-19 at no charge or minimal co-payments.

In addition, all Covered California health plans must offer essential benefits under the Affordable Care Act that range from maternity care and hospitalizations to preventive and mental health care. Free preventive health care includes annual check ups with your doctor and screenings for diabetes, cancer, and high blood pressure.

Q. If you have low household income or no income at all, can you still get health coverage?

A. Yes, you can enroll in quality health plans at no cost or very low cost through California's Medi-Cal program, if you have lower incomes. Medi-Cal enrollment is year-round.

Q. How do you enroll in Covered California or Medi-Cal?

A. Covered California will launch a new "Shop and Compare" tool on April 12 on CoveredCA.com that will allow consumers to easily see exactly how they will benefit from the new law. People will be able to see how much new financial help they are eligible for in just a few minutes by entering their ZIP code, household income and the ages of the people in the household.

Those interested in learning more about their health coverage options can also: · Visit www.CoveredCA.com. · Get local help with free and confidential assistance, in a variety of languages, from a certified enroller. · Have a certified enroller call them and help them for free.

Call Covered California at (800) 300-1506.

THE SACRAMENTO BEE

Medi-Cal: California has a rare opportunity to improve health care equity
Sandra R. Hernández

Wealthy Californians come from affluent enclaves to take vaccine shots meant for at-risk frontline workers. In the same state but a world away, Californians haven't heard that a safe, effective COVID-19 vaccine exists because the news hasn't yet reached them in their language.

Unequal access to quality health care allowed the virus to cut a path of devastation through communities of color over the past year. Like the murder of George Floyd and acts of violence that sparked a national reckoning on race last year, inequalities in health care are rooted in a set of rules stacked against Black and brown communities.

To heal, we must rewrite the rules. One big place to start is Medi-Cal.

Medi-Cal is a crucial pillar of the state's health care system and its importance is widely recognized by a strong majority of Californians. Two-thirds of the children, adults, workers, people with disabilities and seniors enrolled in the program are people of color. Most enrollees — about 10 million Californians to be exact — get their health care through a Medi-Cal managed care plan. But the contracts between the state and these health plans fail to ensure that these Californians get the high-quality care they deserve. The rules simply aren't strong enough.

This year the Newsom administration has an extraordinary opportunity to fix the problem when the state opens the bidding process for commercial health plans to participate in Medi-Cal. This process only comes around once a decade. The decisions that are made will determine whether millions of Californians receive equitable care for years to come.

CONSEQUENCES OF WEAK CONTRACTS

Right now, Medi-Cal managed care plans are paid regardless of the quality of care they deliver. As a result, plans consistently lag on several key measures of health care performance. Too many children are going without proper vaccinations and well-child visits; too many women are not receiving timely prenatal care or breast and cervical cancer screenings and too many people with conditions like diabetes are left without adequate care to manage diseases that put them at a higher risk of severe illness from COVID-19.

The California Health Care Foundation recently partnered with the California Pan-Ethnic Health Network to interview Medi-Cal enrollees across the state and to hear their real-life experiences. We heard that they experience discrimination in the system because of their race, disability, sexual orientation, language or cultural background. These experiences make them leery of seeking care and ultimately lead to preventable illness. For that to change, Medi-Cal managed care plans — and the providers, hospitals and clinics in their network — have to be a much bigger part of the solution.

The best opportunity to induce improvement is when Medi-Cal managed care contracts are written. With the right set of rules and incentives, California can use its purchasing power to help eliminate widespread inequities.

If they want to be part of the Medi-Cal program, health plans should have to meet higher standards for access, quality and health equity. Plans that demonstrate progress and meet specific goals should be rewarded financially for their performance. Plans that miss the mark should not receive full payment. Other states have effectively used this “carrot and stick” approach to improve the quality of care and expand health equity.

California should also use these contracts to remove language and cultural barriers and expand access to care. Contracts should be written to encourage plans to hire a more diverse health workforce and to use tools like telehealth to make specialty and mental health care more available in places where there are provider shortages.

The rules California sets for Medi-Cal managed care plan will shape how care is delivered for millions of families for many years. We can’t miss this once-in-a-decade opportunity to make our health care system more just.

New stimulus Obamacare subsidies start April 1
Tami Luhby

Current enrollees and those seeking Obamacare coverage can access the additional help for two years as part of the $1.9 trillion relief package that President Joe Biden signed in early March.

However, those who are out of work likely won't be able to sign up for the $0 premium coverage called for in the stimulus plan until July, according to the Department of Health and Human Services, though they may qualify now for zero- or low-cost policies based on their income. This provision is taking longer to implement because it is new.

The agency is also still looking into whether it can automatically apply the new subsidies to existing enrollees who don't take action. If not, they will receive the enhancement when they file their taxes next spring.

Meanwhile, the 14 states that run their own exchanges have their own timetables for when the larger subsidies will become available.

More help to buy health coverage

The boost in aid is part of Biden's effort to get more Americans covered by health insurance. The relief package makes two changes to the subsidies to address long-standing complaints that Obamacare plans are not affordable for many people, particularly the middle class.

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

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

The President launched a special enrollment period on February 15 so the uninsured can sign up for coverage. He recently extended the deadline to August 15 to give consumers more time to take advantage of the beefier subsidies.

State-run exchanges, meanwhile, have somewhat different timelines.

In New York, for instance, current enrollees earning below 400% of poverty can access the larger subsides now. They will receive a letter with the new amount in coming days and can log into the marketplace to update their information. If they take no action, they will automatically start receiving the increased aid in June.

But those who made too much to qualify previously and residents who are not currently enrolled have to wait until June to benefit from the heftier help. The Empire State has extended the special enrollment period through the end of the year.

Californians, meanwhile, will start seeing the enhanced subsidies on April 12 and existing enrollees will automatically begin receiving them on May 1. Current consumers will save an average of $119 a month in premiums, according to Covered California, the state exchange, which has also extended sign ups through December.

More people qualify for help now

An additional 3.7 million people now have access to subsidized Obamacare coverage, according to a recent Kaiser Family Foundation analysis. The relief bill broadened availability to 21.8 million people, including both the insured and uninsured.

The average savings for current enrollees will be $70 a month, or 25% of what they pay now, Kaiser found. But it varies widely by income, with those between 400% and 600% of the poverty level saving an average of $213 a month, or 39% of their current premiums. Those earning below 150% of poverty will pay nothing, saving $33 a month, on average.

About half of the remaining 29 million uninsured Americans are now eligible for coverage through Medicaid or a zero-premium Obamacare plan, according to Kaiser. That does not count the jobless, who will also be able to access a no-cost policy.

Many people, however, don't know that financial assistance is available, so it's unclear how many uninsured folks will actually sign up for coverage. Just over 200,000 selected policies during the special enrollment period in the last two weeks of February, before the enhanced subsidies were available.

To raise awareness, the Biden administration is doubling its advertising budget to $100 million and launched a new ad highlighting the availability of no-cost or low-cost plans, thanks to the Democrats' stimulus package. Four out of five consumers will now be able to purchase a plan for $10 or less with the enhanced subsidies, the ad says.

"The Department of Health and Human Services is doubling down on our efforts to ensure consumers, especially those hurting most, are aware that health care coverage is more affordable than ever on healthcare.gov," said HHS Secretary Xavier Becerra.

To tackle inequity, health care leaders must understand the populations they are serving
Gabriel Perna

Editor’s note: The tragic incidents in Atlanta put in stark relief escalating racism and attacks against Asian Americans, as well as calling further attention to our nation’s gun violence and mental health crises. In addition to expressing our horror, sympathies, and “we stand with” sentiments, we will leverage our unique platform (as with other such societal concerns) to draw linkages to the health care ecosystem, convening and inspiring our community of health care leaders to play a constructive role for positive change.

The increased attention to and dialogue about racism against Asian-Americans is welcome, says Alice Hm Chen, MD, MPH, CMO of Covered California. The implicit biases Asian Americans face on a regular basis are often not recognized and named.

“A lot of people use the terms Asian and Asian American interchangeably. When people do that it reinforces a stereotype of Asian Americans being perpetual foreigners. In the current context that translates to people feeling as if Asian Americans are less than human, and don’t belong in this country.” Chen says.

Over the past year, hate crimes against Asian Americans in major U.S. cities surged by nearly 150 percent. About 40 percent of Americans say it is more common for people to express racist views against Asian Americans than before COVID-19, according to one poll.

Moreover, there is little understanding of the complexity and diversity of Asian American subgroups, she says. In a sense, Asian Americans are a study in contrast, she says. On almost every societal parameter measured, there are Asian American subgroups doing extremely well and those that are doing extremely poorly.

One study in California shows the wide gap between Japanese and Taiwanese Americans and Cambodian and Hmong Americans. Moreover, Pew looked at the contrasting rates of education and income for Asian American subgroups and found huge gaps.

Especially true in health care

This kind of contrast is especially pertinent in health care. Chen says there are groups of Asian Americans with either the highest or lowest rates of insurance and access to care. Unfortunately, data collection around race and ethnicity is nowhere near where it needs to be, she notes, which is a contributing factor that not only impedes addressing racial and ethnic disparities in health overall, but also makes the Asian American community an “invisible population” when people talk about health inequity in the U.S.

During the COVID-19 pandemic, these kinds of gaps have reared their ugly head. For instance, while Filipinos make up only 4 percent of the nursing population, they have accounted for 30 percent of the deaths in this group, according to one study. While attention and resources have been rightfully focused on Blacks, Latinx, Native Americans and Pacific Islanders who have been hit hardest by the pandemic both in terms of cases and deaths, Chen notes that “the disproportionate impact among Filipinx health care workers hasn’t had much attention and there haven’t been many interventions targeted towards the Filipinx community.”

In California, where 15 percent of the population is Asian American, subgroup diversity has been recognized for some time. That’s why Covered California has a multipronged approach to engaging Asian American communities, including outreach ads in Cantonese, Mandarin, Korean and Vietnamese, identifying which insurance agents and navigator organizations target these populations, partnering with culturally congruent community organizations, and offering in-language enrollment assistance.

“It’s important for health care organizations to understand who they are serving. It’s important to look beyond the general category of Asian Americans, to understand your patients’ socioeconomic status, literacy and language abilities, and tailor your services and interventions to those needs,” Chen says. “From Covered California’s inception, we’ve had improving health equity and addressing disparities in our mission statement.”

An investment of time and resources

The ability to disaggregate this data is fairly straightforward, Chen says, but it takes some effort and the investment of time and resources. It’s not rocket science but it must be prioritized by leadership. Covered California has used survey data to understand who is eligible for insurance and then reaching out to and servicing those people in languages they understand through venues that are familiar to them.

“For health plans and health systems that serve diverse populations I would look at what your website looks like. Is it English only? Hopefully, especially in California, you’d have it Spanish too, but if you are servicing significant Asian American sub-populations making sure all your content is accessible is important,” Chen says. “And it requires ongoing attention, because this isn’t a one-time investment.”

Chen says it's also important for health care organizations to have a set of diverse perspectives at the leadership table in order to reflect both the company's workforce and the overall community it serves. One stereotype that has hurt the Asian American community is that they are seen as hardworking, studious, and good for getting the work done, but not necessarily individuals with leadership attributes. "There's an assumption that there isn't a desire and interest, but there are studies that have shown that's not actually the case. It's about implicit bias," she says.

Going forward, Chen says she hopes that given the current focus on equity, diversity, inclusion and belonging is long overdue, society maintains a wide lens on these issues and ensures Asian Americans are included in the equation in those discussions. "I am hopeful this moment will be sustained," she says.

The New York Times

New Stimulus Package Brings Big Benefits to the Middle Class
Alan Rappeport

WASHINGTON — The economic relief plan that is headed to President Biden's desk has been billed as the United States' most ambitious antipoverty initiative in a generation. But inside the $1.9 trillion package, there are plenty of perks for the middle class, too.

Whether they are direct stimulus payments, an array of tax benefits or an expansion of the Affordable Care Act, the bill will bring a big economic lift to middle-income families. In some cases, those households will have weathered the pandemic relatively unscathed, and those who are concerned about the cost of the legislation have suggested that the definition of middle class has expanded to include families who are actually well-off.

An analysis by the Tax Policy Center published this week estimated that middle-income families, those making $51,000 to $91,000 per year, will see their after-tax income rise by 5.5 percent as a result of the tax changes and stimulus payments in the legislation. The increase for that income group is about twice as generous as what it received after the 2017 Tax Cuts and Jobs Act.

Targeting a relief package more narrowly to help those solidly in the middle class has been challenging, given the cost of living varies widely in different parts of the United States.

“For a lot of the country, $160,000 buys you the house on the hill,” said Howard Gleckman, a senior fellow at the Urban-Brookings Tax Policy Center, who pointed out that a couple making that level of income in New York City, for example, would be stretched.

Marc Goldwein, the senior policy director for the Committee for a Responsible Federal Budget, estimated that a family of five with household income of $150,000 could receive about $10,000 from the federal government this year, suggesting that the stimulus package would do much more than alleviate poverty.

Many economists argue that directing aid to the poorest will have the biggest benefit because they are most likely to quickly turn around and spend the money on groceries, rent and other necessities, stimulating the economy. However, after a year of avoiding travel and dining, middle-class families are also likely to splurge as the pandemic subsides.

The Biden administration and Democrats in Congress are betting that by flooding the economy with cash they can kick-start a faster recovery.

Here are some of the ways that bill will help the middle class.

Direct Checks

This time around, Americans will receive stimulus checks of up to $1,400 per person, including dependents.

The size of the payments are scaled down for individuals making more than $75,000 and married couples earning more than $150,000. And they are cut off for individuals making $80,000 or more and couples earning more than $160,000.

Those thresholds are lower than in the previous relief bills, to better ensure that those who need the checks the most receive them. But they will still be one of the biggest benefits enjoyed by those who are solidly in the middle class.

Tax Credits for Parents.

The relief package, known as the American Rescue Plan, includes some important changes to existing tax policy to help families with children who have been struggling to care for them as the pandemic closed schools.

The most significant change is to the child tax credit, which will be increased to up to $3,600 (for children under 6) for 2021 from $2,000 per child. The credit, which is refundable for people with low tax bills, is $3,000 per child for children ages 6 to 17.

The existing credit tops out for individuals earning more than $200,000 and couples earning more than $400,000. As with the stimulus payments, the expanded credit will phase out for individuals making more than $75,000 and married couples earning more than $150,000.

Frequently Asked Questions About the New Stimulus Package

The stimulus payments would be $1,400 for most recipients. Those who are eligible would also receive an identical payment for each of their children. To qualify for the full $1,400, a single person would need an adjusted gross income of $75,000 or below. For heads of household, adjusted gross income would need to be $112,500 or below, and for married couples filing jointly that number would need to be $150,000 or below. To be eligible for a payment, a person must have a Social Security number. Read more.

Buying insurance through the government program known as COBRA would temporarily become a lot cheaper. COBRA, for the Consolidated Omnibus Budget Reconciliation Act, generally lets someone who loses a job buy coverage via the former employer. But it’s expensive: Under normal circumstances, a person may have to pay at least 102 percent of the cost of the premium. Under the relief bill, the government would pay the entire COBRA premium from April 1 through Sept. 30. A person who qualified for new, employer-based health insurance someplace else before Sept. 30 would lose eligibility for the no-cost coverage. And someone who left a job voluntarily would not be eligible, either. Read more

This credit, which helps working families offset the cost of care for children under 13 and other dependents, would be significantly expanded for a single year. More people would be eligible, and many recipients would get a bigger break. The bill would also make the credit fully refundable, which means you could collect the money as a refund even if your tax bill was zero. “That will be helpful to people at the lower end” of the income scale, said Mark Luscombe, principal federal tax analyst at Wolters Kluwer Tax & Accounting. Read more.

There would be a big one for people who already have debt. You wouldn’t have to pay income taxes on forgiven debt if you qualify for loan forgiveness or cancellation — for example, if you’ve been in an income-driven repayment plan for the requisite number of years, if your school defrauded you or if Congress or the president wipes away $10,000 of debt for large numbers of people. This would be the case for debt forgiven between Jan. 1, 2021, and the end of 2025. Read more.

The bill would provide billions of dollars in rental and utility assistance to people who are struggling and in danger of being evicted from their homes. About $27 billion would go toward emergency rental assistance. The vast majority of it would replenish the so-called Coronavirus Relief Fund, created by the CARES Act and distributed through state, local and tribal governments, according to the National Low Income Housing Coalition. That’s on top of the $25 billion in assistance provided by the relief package passed in December. To receive financial assistance — which could be used for rent, utilities and other housing expenses — households would have to meet several conditions. Household income could not exceed 80 percent of the area median income, at least one household member must be at risk of homelessness or housing instability, and individuals would have to qualify for unemployment benefits or have experienced financial hardship (directly or indirectly) because of the pandemic. Assistance could be provided for up to 18 months, according to the National Low Income Housing Coalition. Lower-income families that have been unemployed for three months or more would be given priority for assistance. Read more.

The legislation also bolsters the tax credits that parents receive to subsidize the cost of child care this year. The current credit is worth 20 percent to 35 percent of eligible expenses with a maximum value of $2,100 for two or more qualifying individuals. The stimulus bill increases that amount to $4,000 for one qualifying individual or $8,000 for two or more.

The value of the credit will be calculated by taking up to 50 percent of the value of eligible expenses, up to certain limits, depending on household income. The law would begin to reduce the credit below 20 percent for households with income of more than $400,000.

Cheaper Health Insurance

After four years of being on life support, the Affordable Care Act is expanding, a development that will largely reward middle-income individuals and families, since those on the lower end of the income spectrum generally qualify for Medicaid. The relief legislation expands the subsidies for buying health insurance. As a result, a 64-year-old earning $58,000 would see monthly payments decline to $412 from $1,075 under current law, according to the Congressional Budget Office.

The legislation will now make upper-middle-income Americans eligible for aid to buy plans on the government exchanges, and premiums for those plans will cost no more than 8.5 percent of an individual's modified adjusted gross income.

Another benefit to the middle class is that the stimulus package makes it easier for newly unemployed workers to get insurance through a federal program called COBRA, which allows people to buy their former employers' health benefits. COBRA premiums will be fully paid for through September.

A Rescue for Pensioners

One of the more controversial provisions in the legislation is the $86 billion allotted to fixing failing multiemployer pensions.

The money is a taxpayer bailout for about 185 union pension plans that are so close to collapse that without the rescue, more than a million retired truck drivers, retail clerks, builders and others could be forced to forgo retirement income. The plans cover about 10.7 million active and retired workers, many of whom are middle class and work in fields like construction or entertainment where the workers move from job to job.

The legislation gives the weakest plans enough money to pay hundreds of thousands of retirees — a number that will grow in the future — their full pensions for the next 30 years.

But the measure has drawn criticism because the pensions were failing well before the pandemic.

yahoo! finance

Obamacare will soon help more middle-class families
Rick Newman

Most of the headlines regarding the American Rescue Plan Congress passed on March 10 focus on $1,400 stimulus checks and a 4-month extension of federal unemployment benefits. Less noticed are a set of changes to Obamacare, aka the Affordable Care Act, that are the biggest revamp of health care policy in more than a decade.

The American Rescue Plan, as it's known, will address one of the main flaws in the ACA by expanding health care subsidies to several million middle-income families that haven't been eligible for assistance up till now. Originally, the ACA offered subsidies that covered some or all of the cost of health insurance for lower-income Americans. The benefit declined as income rose, and phased out completely for incomes at 400% of the poverty line. For a family of four, that would be $106,000 in income, which meant above that level they'd get no help purchasing insurance.

Many people above that income level get coverage through an employer, which is generally affordable. But those who have to buy it on their own can easily spend $20,000 or more on insurance premiums alone. Costs are highest for those in their 50s or early 60s who aren't yet eligible for Medicare. Some people stuck in this category simply forego insurance because it's too expensive.

The new law eliminates the income cap and limits the amount any family pays for health insurance to 8.5% of household income. That means families that previously earned too much for subsidies can now enroll through an ACA marketplace, and the government will cover any amount paid for insurance above 8.5% of annual income.

The change covers calendar years 2021 and 2022, but the catch for this year is that it only covers plans offered through an ACA exchange. Families on a non-exchange plan can't ask for a rebate—but they can switch plans. The Biden administration has opened a special ACA enrollment period that lasts until May 15, which would allow people to cancel an unsubsidized plan and get a cheaper plan through an exchange.

The savings could make it well worth the hassle. A family earning $150,000 got no ACA subsidies up till now. But the change in the law means if that family joins an ACA plan, the most it will have to pay for premiums is 8.5% of its income, or $12,750. Some families now pay considerably more than that. They still have to pay other costs, such as deductibles and co-pays. But more affordable insurance could also allow families to buy more comprehensive plans with better coverage than they've been used to.

There's no upper income limit on the benefit because the cost of insurance available through an exchange has a ceiling. Somebody earning a million dollars couldn't pay $100,000 in premiums for an ACA plan, with the government covering $15,000 of the cost. Such lavish health coverage might exist in the private market, but not in any ACA plan.

A key issue in 2022 midterm elections

The ACA changes would only last for two years, because new federal spending that’s not offset by new revenues must be temporary. Democrats have already said, however, they'd like to make the changes permanent. That will make it a potent issue in the 2022 midterm elections, with Democrats saying they must retain control of Congress in order to lock in a treasured new middle-class benefit. Republicans have opposed any expansion of the ACA, but they've been surprisingly quiet about the latest move. There's no GOP alternative to the ACA so it's not clear how they'll battle the Democrats.

About 23 million Americans get coverage through the ACA, and eliminating the income cap for subsidies could bring a few million more into the program. It would also mark an important redo, dating to President Obama's mistaken claim that anybody who liked their insurance would be able to keep it under Obamacare. That wasn't true, because the law essentially banned inexpensive plans with limited coverage. Some people found they suddenly had to buy more expensive coverage. Over time, the biggest hikes in premiums came in the so-called individual market, where people who didn't get coverage through the ACA or an employer had to pay whatever insurers demanded, or go without.

Expanding the benefit will cost about $24 billion for both years, according to the Congressional Budget Office. Additional cost has been a barrier to expansion in the past, but Congress has authorized $6 trillion in economic relief during the last 12 months, an unprecedented spending blowout. Voters don't seem to mind. Approval of the Biden rescue is well above 60% in several polls, which suggests voters would be fine with a few billion per year to keep the ACA expansion in place after 2022.

There's disappointment among some progressives that this may be the extent of health care reform during Biden's first two years, and perhaps during his entire term. Biden has proposed a "public option," similar to Medicare, that would be available to people who can't get affordable coverage any other way. But opening ACA subsidies to many of those same people will accomplish at least part of the goal, and perhaps do it without the angry opposition that threatened the ACA for nearly a decade after Congress first passed it. American health care is becoming slightly more rational.

The New York Times

Obamacare's About to Get a Lot More Affordable. These Maps Show How.
Kevin Quealy and Margot Sanger-Katz

Under the stimulus bill passed by Congress this week and set to be signed by President Biden on Friday, nearly all those who buy their own insurance are eligible for a discount.

Decrease in monthly insurance price, under the stimulus bill

No change

$100 less

$250 less

$500 less

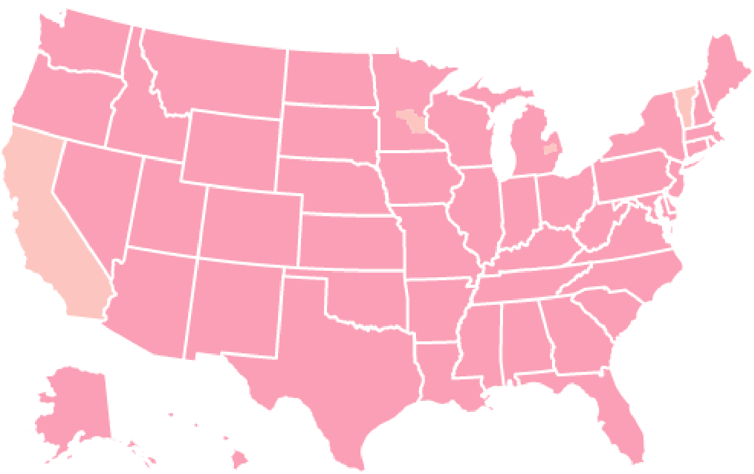
$750 less

$1,000 less

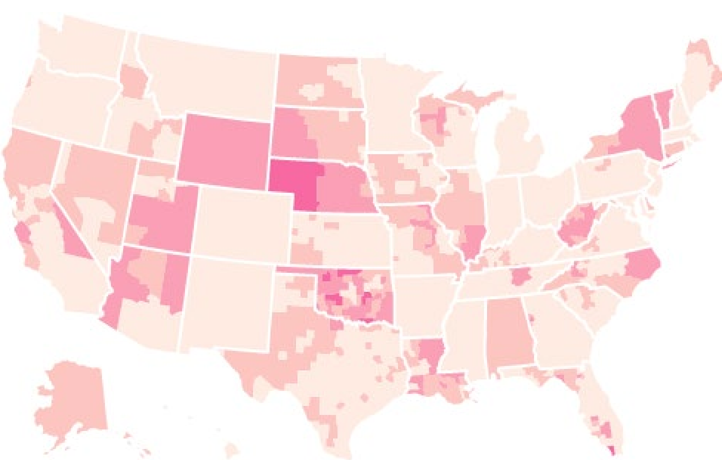
At age 27

$19k per year

$35k

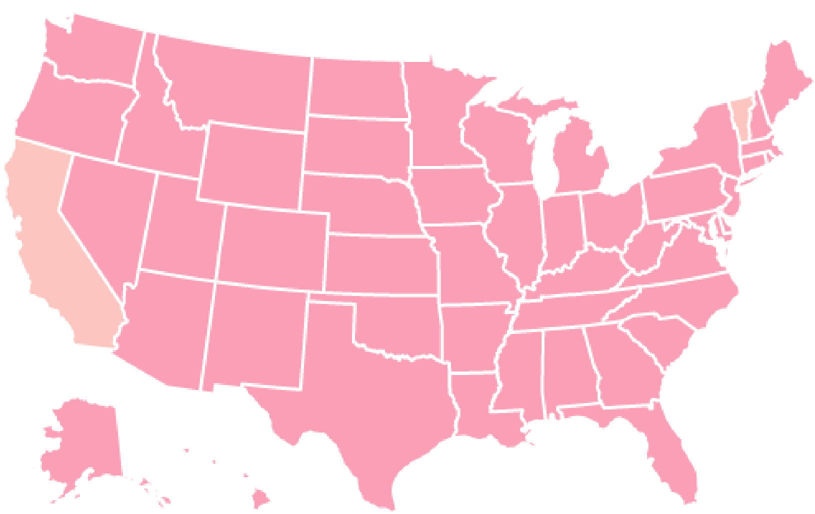


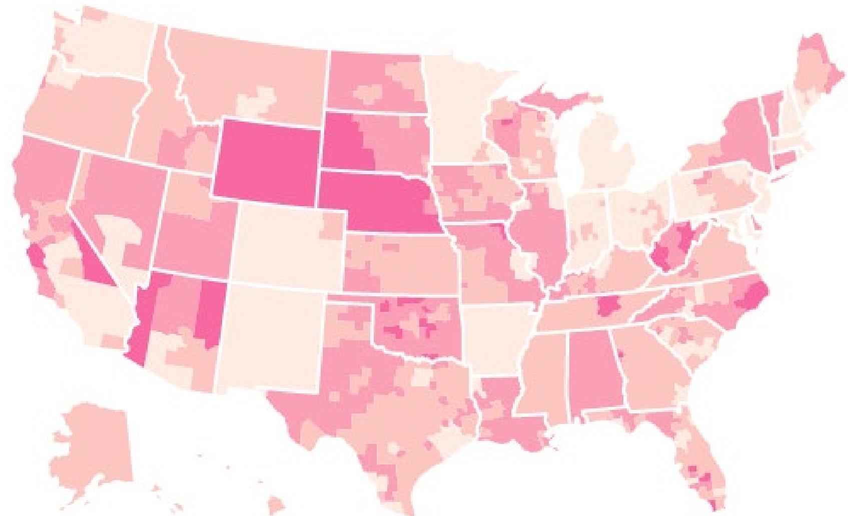
$60k

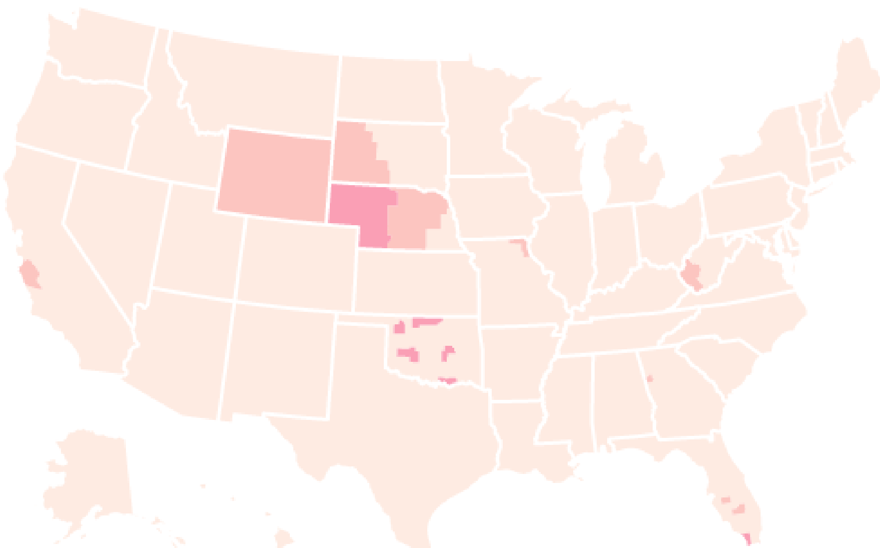


$100k

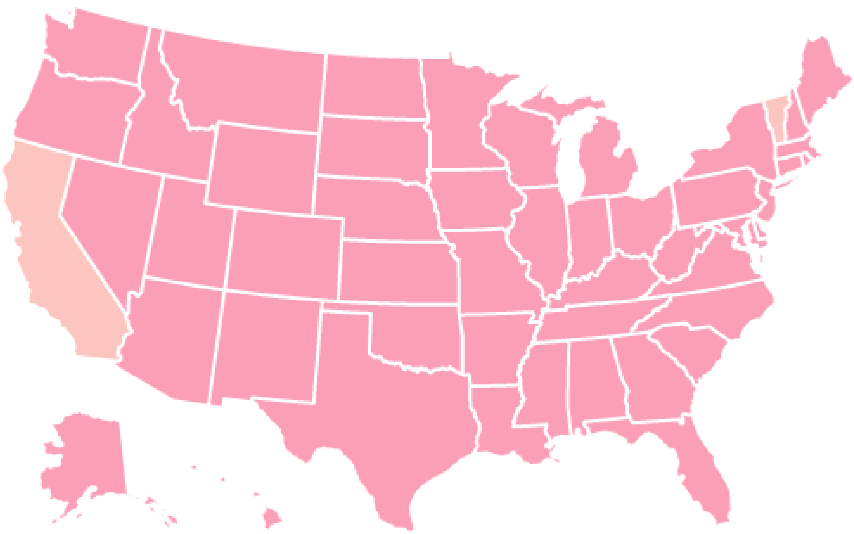
At age 40

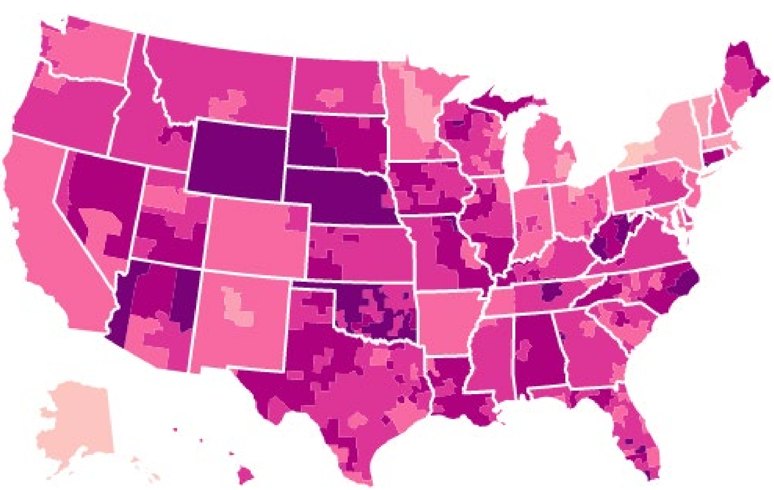


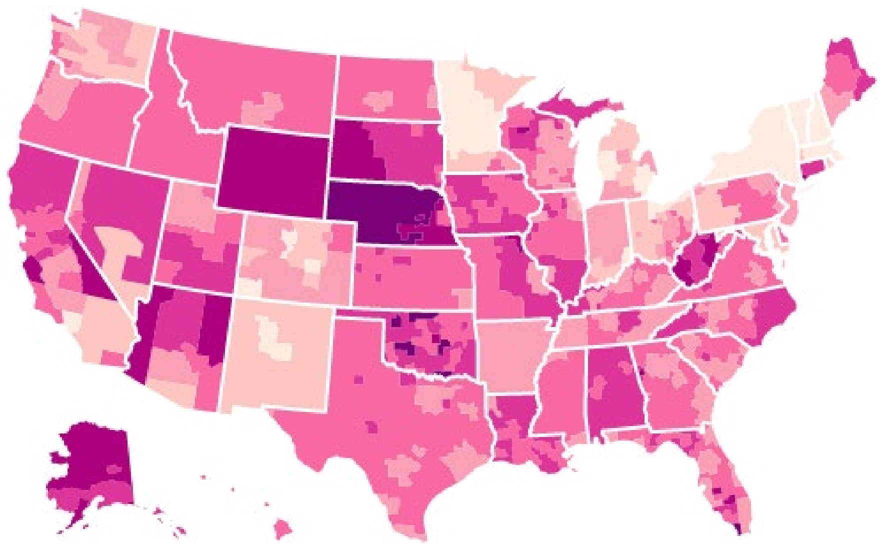




At age 60







Prices shown are premiums after federal subsidy payments. Source: Kaiser Family Foundation

The American Rescue Plan broadens the subsidies available under the Affordable Care Act for comprehensive health insurance — increasing them for people who are already eligible, and providing new assistance for people with incomes previously too high to qualify. The top set of maps, drawn from calculations made by the Kaiser Family Foundation, show how much the changes will reduce what people pay for health insurance around the country, depending on their location and age.

The changes mean small adjustments for some Americans and very substantial ones for others. For anyone earning around $19,000, subsidies will now be generous enough to sign up for a typical plan with no monthly payment. For someone earning over $51,000, new subsidies could lower premiums by as much as $1,000 a month in the country's most expensive markets.

Some groups still won't qualify for help: undocumented immigrants, and poor Americans in states that have not expanded Medicaid under an option provided by the Affordable Care Act. But a large majority of uninsured Americans can now get financial help buying insurance, according to Cynthia Cox, a vice president at Kaiser.

"What this law will do is make it so the majority of uninsured citizens are eligible for free or low-cost coverage," she said. "This won't bring us to universal health care, but it will bring us closer to universal eligibility for subsidized health insurance — for two years."

New monthly price for a typical plan

No cost

$100

$200

$300

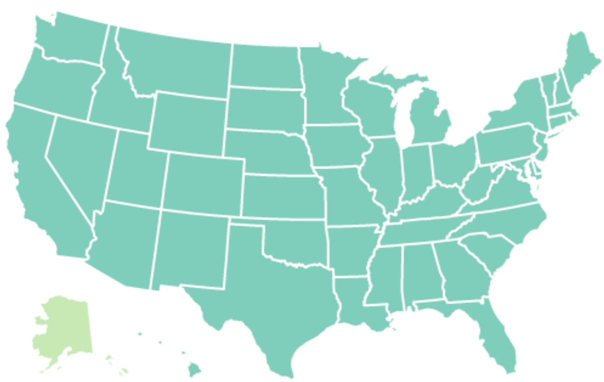
$400

$500

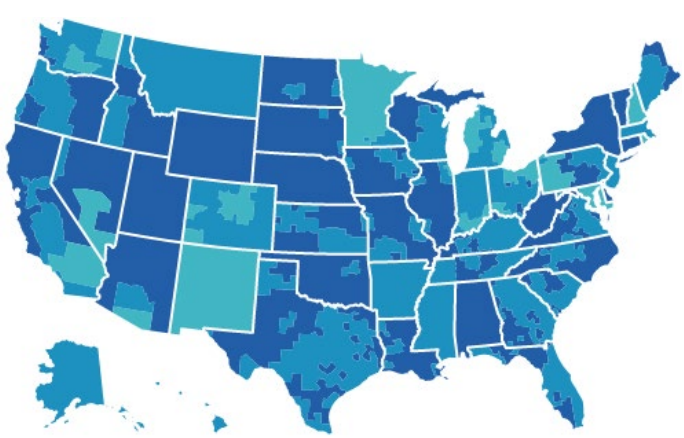
At age 27

$19k per year

$35k



$60k



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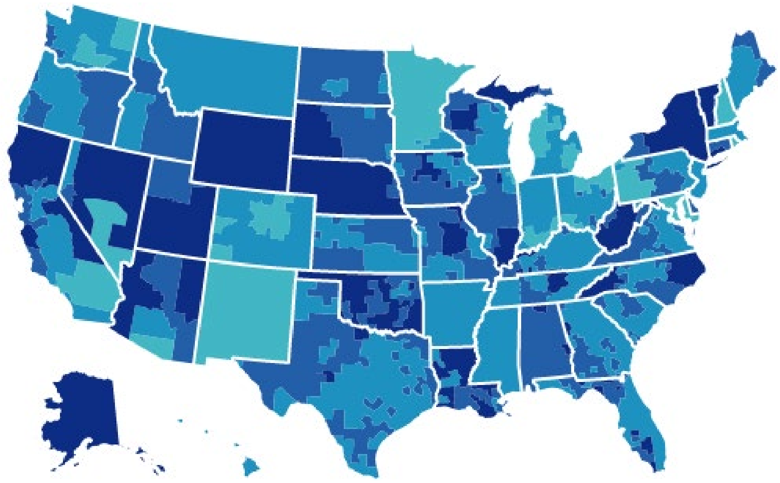
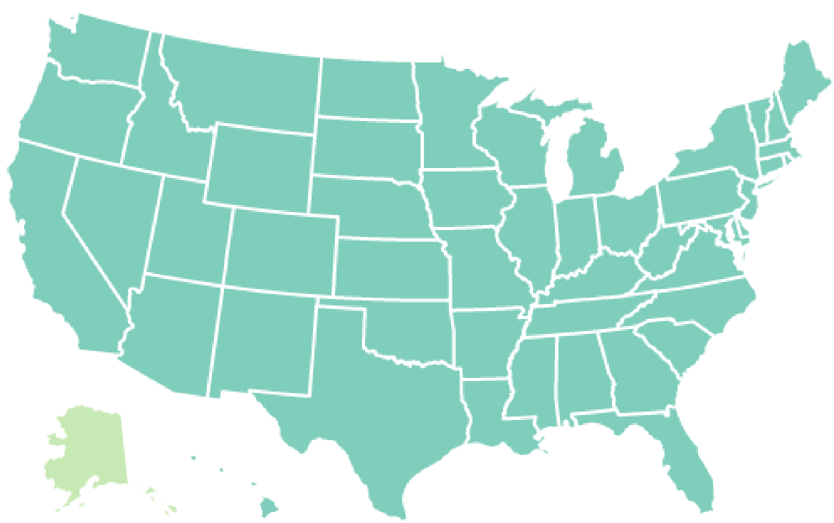
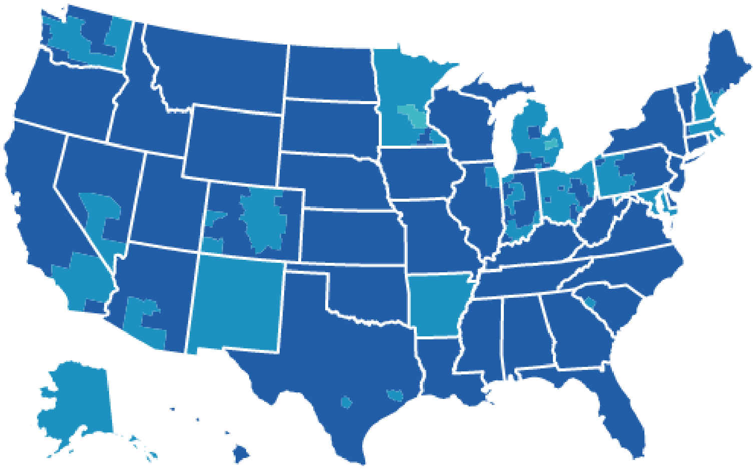
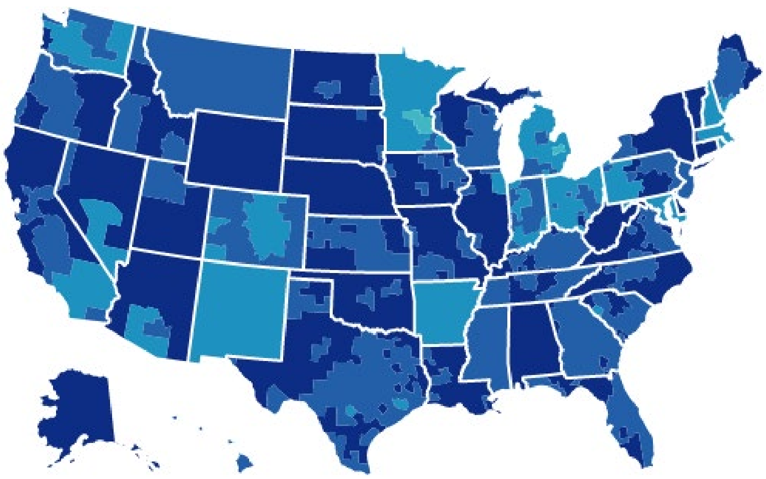


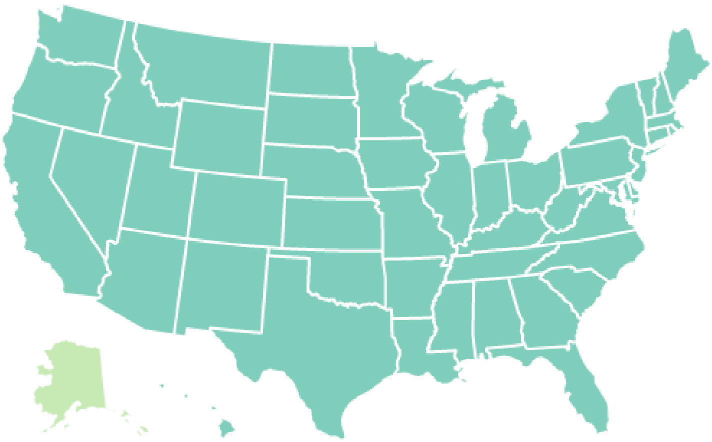
At age 40

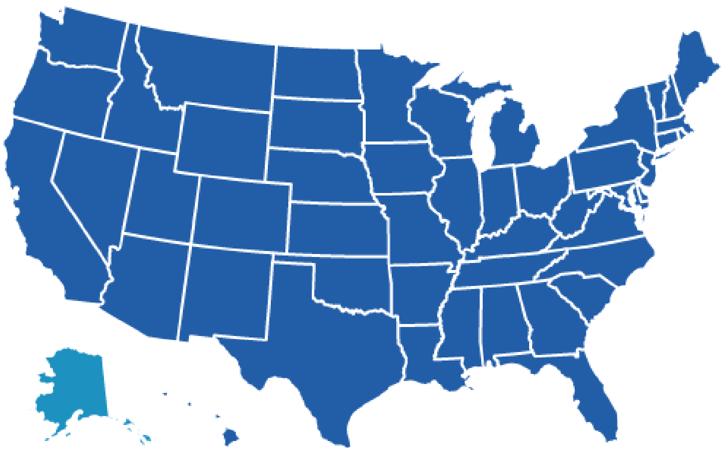


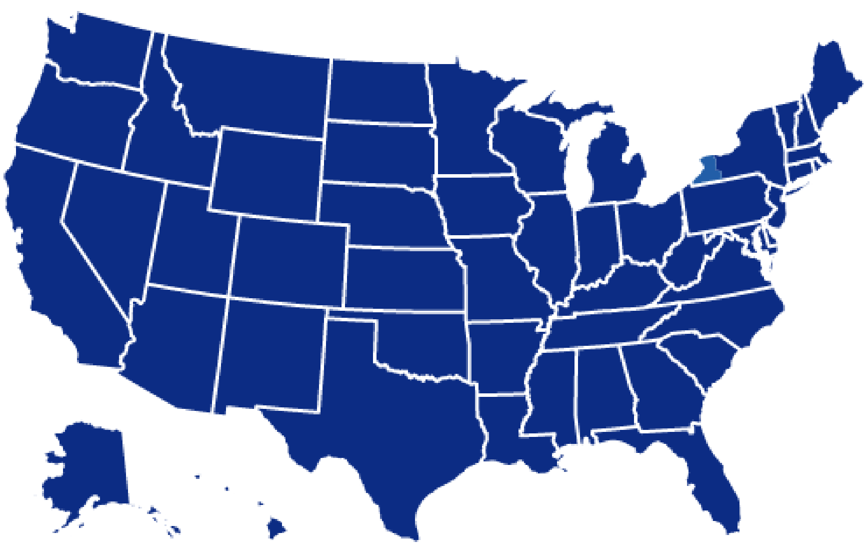




At age 60







Prices shown are premiums after federal subsidy payments. Source: Kaiser Family Foundation

The maps here show roughly how much Americans who buy such plans will need to pay each month under the new rules. All the eligible plans must cover a standard set of comprehensive benefits, including prenatal care, prescription drugs and mental health services — more coverage than is available in the short-term plans or health-sharing ministry plans that some middle-income Americans are currently enrolled in.

To qualify for the new benefits, people need to sign up for plans at Healthcare.gov or a state exchange website. The changes will be retroactive to Jan. 1, meaning that people who already have Obamacare plans will get money back. Anyone who is uninsured now can qualify for new prices as soon as they sign up. But experts say it may take a little while for the subsidy changes to show up on Healthcare.gov. If you sign up right away, you may have to pay the old price for the first month and wait for a refund.

If you are receiving unemployment insurance, the legislation entitles you to a special discount: Regardless of your income, your premiums will look similar to that of the person earning $19,000 on our maps. And if you lost your coverage at work and want to keep it, the bill will also pay the full cost of your premiums for six months under the federal COBRA program.

Justices call off arguments over Medicaid work requirements
AP

WASHINGTON (AP) — The Supreme Court said Thursday it has called off upcoming arguments over a Trump administration plan to remake Medicaid by requiring recipients to work, agreeing to a request from the Biden administration.

The court had been scheduled to take up the issue on March 29. But the Biden administration already has decided preliminarily that work requirements do not fit with Medicaid's goal of providing health care to lower-income people.

It's the fifth time since the November presidential election that the change in administrations has led the court to dismiss or delay cases it had already agreed to hear.

Other cases involved Trump administration immigration policies and a fight over unreleased portions of grand jury documents from special counsel Robert Mueller's investigation of Russian interference in the 2016 elections.

The high court had in December agreed to review lower-court decisions involving Arkansas and New Hampshire that found that the Trump administration's support for work requirements went beyond what's allowed by law. Arkansas had opposed the Biden administration's request that the cases be dropped.

Medicaid is a $600 billion federal-state program that covers about 70 million people, from pregnant women and newborns to disabled people and nursing home residents. Under the Obama-era Affordable Care Act, states gained the option of expanding the program to many low-income adults previously ineligible. More than 12 million people have gained coverage as a result.

Health Affairs

Final Coverage Provisions In The American Rescue Plan And What Comes Next
Katie Keith

On March 10, 2021, Congress passed the American Rescue Plan Act of 2021. The sweeping $1.9 trillion legislative package includes a significant range of policies to provide additional pandemic relief. This includes direct assistance to people in the form of $1,400 checks, funding for the COVID-19 public health response, extended unemployment benefits, extended paid sick leave, funding for states and schools, housing assistance, new child anti-poverty measures, and much more.

The American Rescue Plan also includes historic expansions of the Affordable Care Act (ACA) that will dramatically improve marketplace access and affordability. And the legislation subsidizes COBRA continuation coverage for laid-off workers and includes new incentives for states that have not yet expanded their Medicaid programs.

A version of the American Rescue Plan was previously passed by the House on February 27 by a vote of 219 to 212, was amended and passed by the Senate on March 6 by a vote of 50 to 49, and then passed by the House on March 10 by a vote of 220 to 211. The bill could be passed by narrow majorities in each chamber because of the budget reconciliation process, which allows for expedited procedures and a simple majority.

From here, President Biden is expected to swiftly sign the American Rescue Plan into law—and then his agencies will turn to implementing the legislation as quickly as possible. Speed is important, first, because people are suffering and need relief, but, second, because many of the provisions are only temporary. The ACA subsidy enhancements, for instance, extend only through 2022.

This post summarizes the American Rescue Plan's final provisions related to the ACA, COBRA, and Medicaid, although many of these policies are unchanged from the initial version of the bill passed by the House that was summarized here. This post also includes a first pass at identifying some of the questions that the Biden administration will have to grapple with as it turns to implementing these first-in-a-decade expansions of the ACA.

Building On The ACA Marketplace Subsidies
The American Rescue Plan makes significant changes to bolster the ACA and improve marketplace access and affordability by:

- Extending ACA subsidies to higher-income people who do not currently qualify for 2021 and 2022;
- Increasing ACA subsidies for lower-income people who already qualify for 2021 and 2022;
- Providing maximal ACA subsidies for individuals that receive unemployment benefits in 2021; and
- Preventing taxpayers who misestimated their income in 2020 from having to repay excess premium tax credits at tax time.

It also provides $20 million for marketplace modernization to help state-based marketplaces update their systems to comply with the American Rescue Plan.

As suggested by the time limits, these changes are temporary. Subsidy enhancements will be in place for only two years while the clawback protection and link to unemployment will be in place only for one year. There is an expectation that Congress will make these changes permanent in future legislation. But, for now, these are temporary changes included in the broader response to the COVID-19 crisis.

In addition to including temporary changes, the legislation does not do everything that has been in prior ACA enhancement legislation or in the Biden campaign platform. It does not, for instance, fix the “family glitch,” tie the ACA benchmark plan to a gold plan (as opposed to the current silver plan), fund state initiatives, bolster outreach and enrollment funding, or adopt a public option.

Even so, the American Rescue Plan Act would expand access to coverage for millions of people, improve affordability for current enrollees, and further bolster enrollment during the 3-month special enrollment period (SEP) that runs through mid-May 2021 (assuming the legislation is implemented quickly). The Congressional Budget Office

(CBO) expects these changes alone to extend coverage to about 800,000 uninsured people in 2021, 1.3 million uninsured people in 2022, and 400,000 uninsured people in 2023.

Subsidy Enhancements

The American Rescue Plan will bolster the availability of premium tax credits (PTCs) for both lower- and middle-income people and families, reducing premium contributions significantly for those who purchase individual coverage. This includes many of the nearly 15 million uninsured people who are currently eligible to purchase marketplace coverage and the nearly 14 million existing individual market enrollees. An analysis from the Kaiser Family Foundation shows how these subsidies would impact premiums, and there is an updated calculator so people can assess their eligibility.

The CBO estimates that these changes will extend coverage to about 2.5 million uninsured consumers from 2021 through 2023 by making coverage more affordable for those not already enrolled in health insurance. Most of these gains are expected in 2022 when an estimated 1.7 million more people would enroll in marketplace coverage. Of these, 1.3 million are uninsured, 300,000 are insured in individual coverage outside of the marketplace, and 100,000 are enrolled in job-based coverage. Nearly half of the 1.7 million individuals—about 40 percent—would be newly eligible for premium tax credits because their income is over 400 percent FPL.

Eliminating The Subsidy Cliff

The American Rescue Plan will expand the availability of PTCs to eligible individuals whose income is above 400 percent of the FPL for 2021 and 2022. Currently, PTCs are only available to individuals whose annual income is between 100 and 400 percent FPL (between about $12,760 and $51,040 for one person). PTCs are available on a sliding scale basis, meaning subsidies are more generous at lower income levels.

By ending eligibility at 400 percent FPL, the ACA has created a “subsidy cliff” for those whose income is above this level. Lack of subsidies has resulted in affordability challenges for many middle-income people and led to coverage losses among those who do not receive subsidies. Affordability challenges are particularly acute for older, middle-income consumers in rural areas. For instance, a 60-year-old earning just over the 400 percent cutoff for ACA subsidies would pay an average of $12,886 per year in premiums, or about 25.8 percent of their income.

The American Rescue Plan eliminates the ACA’s subsidy cliff and extends PTCs to those with incomes above 400 percent FPL for 2021 and 2022. There is no upper income limit on PTCs, meaning that all middle- and upper-income individuals who purchase their own coverage can access PTCs if their premiums exceed 8.5 percent of their overall household income. This provision would not subsidize the richest people, whose premium burden would not exceed this threshold. But this change would help ensure that individuals and families, such as the 60-year-old noted above, do not pay more than 8.5 percent of income towards premiums in the individual market.

The CBO's analysis included a chart to illustrate savings based on age and incomes at 150 percent FPL and 450 percent FPL. Those whose income is 150 percent FPL would, regardless of age, pay no premiums, down from $800 under current law. For those whose income is 450 percent FPL, older Americans would see significant savings; the CBO's example shows savings of nearly $8,000 for a 64-year old.

Increasing Existing Subsidies

Subsidies will be more generous for those who are already eligible for PTCs because the American Rescue Plan reduces the level of income that an individual must contribute towards premiums. Currently, an individual whose income is between 100 and 133 percent FPL must contribute about 2 percent of their income towards premiums, while an individual whose income is between 300 and 400 percent FPL pays no more than 9.78 percent of their income towards premiums.

The legislation does not change the sliding scale nature of PTCs. But, for 2021 and 2022, it reduces the premium percentage at all income levels (above 100 percent FPL). Those with incomes from 100 to 150 percent FPL are eligible for no-premium coverage (i.e., they contribute no income towards premiums for a silver benchmark plan). The premium contribution increases as income increases but is ultimately capped at no more than 8.5 percent of income for those with higher incomes (including those with income above 400 percent FPL). Unlike the current ACA, these levels are not indexed to increase annually, meaning the percentages (e.g., 0 percent to 8.5 percent) will remain the same for both 2021 and 2022.

This change significantly increases the generosity of PTCs because the federal government will pay a greater proportion of premiums relative to the ACA. Indeed, two-thirds of the price tag for the enhanced subsidies is driven by the cost of providing larger subsidies to those who already qualify for PTCs.

Extending Subsidy Eligibility To Those Who Receive Unemployment

The American Rescue Plan creates a "special rule" regarding PTC eligibility for those who receive unemployment compensation during 2021. If someone receives (or is approved to receive) unemployment benefits during 2021, their income will be treated as no higher than 133 percent of the FPL. This means that those who receive unemployment benefits can receive maximal subsidies for ACA coverage, including no-premium coverage.

In one change between the version of the legislation that initially passed the House (which only addressed premiums), the final legislation provides maximum subsidies for both premiums and out-of-pocket costs. This means those who qualify for coverage under this provision will receive the maximum amount of PTCs and cost-sharing reductions to lower their out-of-pocket costs. Individuals must attest to receiving or being approved to receive unemployment compensation; this requirement will be better defined by the Biden administration.

This unemployment provision does not affect access to employer-based coverage. It explicitly states that the income cap of 133 percent of the FPL does not apply for purposes of determining whether an employee has access to affordable employer-based coverage. There is thus no bearing on the "family glitch," which will remain a challenge until it is fixed by Congress or the Biden administration. Under the federal government's current interpretation of the family glitch, individuals who receive unemployment will still be barred from accessing ACA subsidies if someone in their household has an offer of affordable employer-based coverage.

The CBO expects about 1.4 million people receiving unemployment benefits to enroll in subsidized marketplace coverage. This includes about 900,000 current marketplace enrollees who would receive an increased subsidy of about $1,040. An additional 500,000 people would newly enroll in marketplace coverage with an average premium tax credit of $7,040.

Protecting Taxpayers From Premium Tax Credit Reconciliation Clawbacks
As discussed in more detail here, the American Rescue Plan will hold consumers who received ACA subsidies harmless from income fluctuations in 2020. This will prevent those who underestimated their income from having to repay any excess subsidies if their income is higher than expected, thereby avoiding additional unexpected financial burdens for consumers.

Most marketplace enrollees opt to receive their PTCs in advance, which lowers the amount they have to pay each month throughout the plan year. The amount of advance PTC is based on an individual's projected income for the year at the time they apply for coverage. Then, at tax time, those individuals must "reconcile" the amount of advance PTC they received (based on estimated income) with their actual income (based on federal income data). If actual income is higher than estimated, they may be required to repay all or part of the advance PTC to the federal government. This "clawback" results in a smaller tax refund or a larger balance owed to the Internal Revenue Service (IRS).

Liability for excess advance PTC is capped for enrollees who earn between 100 and 400 percent of the FPL (and some who earn below the poverty level in certain circumstances). This cap ranges from $650 to $2,700 based on income. These repayment limits help insulate low-income enrollees from being forced to pay back even higher excess advance PTC, but a liability of $650 or $2,700 is still significant for lower-income families.

Repayment limits do not apply at all for those who received advance PTC because they expected their income to be lower but who ultimately earned more than 400 percent of the FPL. These enrollees must repay all advance PTC received in the prior year. This can leave those who earn just over 400 percent of the FPL in debt of many thousands of dollars to the IRS for full APTC, while those who earn just under 400 percent of the FPL are protected by repayment limits.

It can be challenging for taxpayers to estimate their income in a normal year, but doing so was particularly challenging in 2020 as millions faced financial instability and uncertainty from layoffs and unpredictable work schedules. There are also many unusual reasons why a taxpayer may be more likely to be subject to a clawback for 2020. Workers might have seen their income boosted due to, say, unexpected hazard pay for essential workers, extra shifts to cover for coworkers who were out sick or in quarantine, the need to cash out retirement, a second job, or even debt cancellation. And unemployment benefits (including the temporary federal increases in benefits) are treated as income for purposes of PTC eligibility, meaning that these benefits increased income for purposes of PTC eligibility thereby making it more likely that consumers may be subject to the clawback. (This risk is reduced, however, because the American Rescue Plan exempts the first $10,200 in unemployment benefits for 2020 from the federal income tax.)

Recognizing the challenges with predicting income in 2020 and the burden that clawbacks put on strained finances, the American Rescue Plan temporarily waives the requirement for taxpayers to pay back excess advance PTC to the IRS. This will protect people at all income levels—those subject to repayment limits and those whose income is over 400 percent FPL—by not requiring any repayment for the 2020 tax year. This change does not appear to affect the ability of those who overestimated their income for 2020 to receive PTCs they are owed during tax time.

COBRA Subsidies

The American Rescue Plan will subsidize 100 percent of the cost of premiums for COBRA continuation coverage for workers who are laid off or have reduced hours. (The prior House version of the bill included 85 percent subsidies; this was increased in the Senate to 100 percent subsidies.) The subsidy will begin on April 1, 2021 and extend through September 30, 2021. This subsidy will not count towards an individual’s gross income and will be treated as an advance refundable payroll tax credit. COBRA subsidies have been considered in prior COVID-19 packages in the House, and

Congress authorized similar (albeit less generous) subsidies during prior economic crises.

The COBRA subsidy is only available to individuals who are involuntarily terminated or had their hours reduced. These individuals will have an extended period to enroll. Those who have not yet enrolled in COBRA continuation coverage or who previously enrolled but discontinued that coverage can opt into subsidized COBRA continuation coverage from April 1 until 60 days after the group health plan notifies the individual of the extended election period. Coverage will be retroactive to April 1.

With some exceptions, individuals who are currently enrolled in COBRA continuation coverage have up to 90 days to enroll in a different plan with that employer if they want to and the employer allows it; if so, the COBRA subsidies will apply towards that coverage.

COBRA subsidies are not available to those who are eligible to enroll in another group health plan (other than excepted benefits coverage), a flexible spending arrangement, a qualified small employer health reimbursement arrangement, or Medicare. Individuals who fail to notify their health plan that they are no longer eligible for the COBRA subsidy (because, say, they are eligible for one of these other types of coverage) may face financial penalties.

The availability of the COBRA subsidy does not extend the availability of COBRA continuation coverage itself. This means that an individual can apply the COBRA subsidy through September 30, 2021 to COBRA continuation coverage, but only if they would otherwise have been eligible for coverage. For example, if an individual's COBRA continuation coverage is set to expire in July 2021, the American Rescue Plan does not require it to be extended through the end of September simply because the subsidy is available.

Finally, employers and group health plans will be required to provide several new notices to those who become eligible for COBRA continuation coverage. Notices will address the availability of the new subsidies, the option to enroll in different coverage as available, the extended period to enroll in COBRA continuation coverage, and the expiration of the premium assistance. Federal officials are responsible for developing model notices for these purposes within 45 days of enactment. The Department of Labor and other agencies are given implementing authority and $10 million in implementation funds.

The CBO's analysis of the House version of this provision (with subsidies of only 85 percent) estimated that an additional 2.2 million people would enroll in subsidized COBRA continuation coverage on a full-year equivalent basis. Combined with the estimated 800,000 enrollees that would currently be in COBRA continuation coverage, the CBO expected a total of about 3 million full-year equivalent COBRA enrollees for 2021. Given the increased generosity of the final legislation (with subsidies of 100 percent), these estimates are too low: full subsidization of COBRA continuation coverage will mean greater take-up compared to the initial House bill. To my knowledge, the CBO has not yet released an updated analysis of the coverage implications, but the Joint Committee on Taxation released updated cost estimates that reflect increases from the full COBRA subsidy.

Medicaid And CHIP Provisions

The American Rescue Plan also includes sweeping changes to the Medicaid program. The new legislation will, among other changes, provide higher federal matching funds to states to promote home- and community-based services, allow a new state option for 12 months of post-partum coverage for new mothers, require the coverage of COVID-19 vaccines and treatment, and expand a prior Medicaid option for states to cover COVID-19 testing for the uninsured. These changes—from the bill that was passed by the House—have been well summarized by Georgetown University's Center for Children and Families and are not recounted in detail here.

Further, the American Rescue Plan includes substantial new incentives for the 12 states that have not yet expanded their Medicaid program to low-income adults under the ACA. Under the ACA, the federal government permanently covers 90 percent of the costs of coverage for those eligible under the ACA's Medicaid expansion (down from 100 percent of costs in 2014). While some have called for re-increasing this federal match (FMAP) to 100 percent for any new state that expands Medicaid, the American Rescue Plan takes a different approach that would be even more generous to states.

Under the legislation, non-expansion states that opt to expand their programs will receive a temporary increase of 5 percentage points in the FMAP for non-expansion populations (in addition to the 90 percent FMAP for the expansion population). This traditional FMAP covers children, seniors, people with disabilities, and any other non-expansion groups covered by the state and accounts for a significantly higher rate of costs compared to the expansion population. According to the Kaiser Family Foundation, this traditional, non-expansion population accounts for about 79 percent of overall Medicaid spending in expansion states. An FMAP increase of 5 percentage points for a state's entire Medicaid program will thus account for a significant increase in additional federal funds. If all 12 states expanded their Medicaid program, they would receive (collectively) a total of $16.4 billion in federal funds over two years for the cost of about $6.8 billion in expansion.

States that opt in will receive this enhanced FMAP for two years. This includes two states—Missouri and Oklahoma—where Medicaid expansion will be implemented in

July 2021. This means that those two states will receive the increased FMAP for their non-expansion populations in addition to the 90 percent FMAP for the expansion population. If additional states expand their programs this year, they will also benefit from the additional 6.2 percentage point FMAP increase authorized under the Families First legislation that will extend through the end of the COVID-19 public health emergency.

What Comes Next?

Once the American Rescue Plan is signed by President Biden, federal and state officials are expected to kick into high gear to implement the sweeping package. The IRS may bear the brunt of many of these changes, given that many of the policies (including the clawback policy) will affect tax filings for 2020. Some people have already submitted their tax filings, so they may need to file amended tax return, or the IRS may need to take steps to recalculate tax liability. It is unclear whether tax preparer software or other tools can be updated to reflect all the changes before the end of the filing season. The IRS will presumably issue lots of future guidance on many of these issues.

There is also a long list of items that must be addressed to roll out the new benefits and expanded ACA subsidies. One key question is how long it will take for HealthCare.gov and the state-based marketplaces to operationalize the enhanced subsidies. It may be relatively straightforward to eliminate the subsidy cliff and enhance the current subsidies, although that will take some time. It may be more challenging, or at least take some additional time, to implement the subsidies for those who receive unemployment benefits. This may require changes to the eligibility engine. And the Treasury Department must provide guidance on how a taxpayer can attest (and provide documentation if needed) to the fact that they have received, or have been approved to receive, unemployment benefits.

As noted above, the bill includes $20 million for state-based marketplace modernization aimed at helping speed the adoption of these changes. The Secretary of the Department of Health and Human Services must award grants to state-based marketplaces that apply for these funds to help modernize or update current systems or programs. This will help ensure that the state-based marketplaces have some financial support to implement the changes needed to comply with the American Rescue Plan. Funds will be available through September 30, 2022.

If the enhanced subsidies can be operationalized quickly, many people will be able to receive them while taking advantage of the current three-month SEP through HealthCare.gov (and the similar SEPs in many states with state-based marketplaces). During this SEP, individuals can enroll in a new plan or change plans—and many may want to do so given the enhanced subsidies. A consumer in a bronze plan, for instance, might want to newly enroll in a gold plan, which should be more affordable under the

American Rescue Plan. The Biden administration may ultimately want to extend the current SEP or announce a narrower version where anyone newly eligible for subsidies or receiving unemployment benefits can enroll in or change coverage.

There is a question of how to apply the PTCs for current enrollees and whether the marketplace will do so automatically, or how it will otherwise inform enrollees that they qualify for new subsidies. All current enrollees should be encouraged, especially during the current SEP, to return to the marketplace to consider their options. But there are questions about what to do if a consumer does not return. Will the subsidy be applied automatically as advance PTC? That would help with affordability in 2021 but could force higher repayments at tax time next year due to the clawback provision if a consumer's income is ultimately higher than expected. Or will the additional subsidy be held back and only claimed at tax time next year in the form of a premium tax credit (i.e., not received in advance)?

A new SEP will also likely need to be created for individuals who lose their COBRA subsidies at the end of September. Currently, the loss of COBRA continuation coverage is a qualifying event that triggers a special enrollment period, but there is no automatic special enrollment opportunity because of the loss of subsidies alone.

The Department of Labor and other agencies will also have to quickly develop, or require, new notices to help inform consumers of their coverage options. This may be especially important for those who are eligible for the COBRA subsidy. Individuals will need to look long and hard—and may want to rely on the help of a navigator—to understand whether subsidized marketplace coverage, Medicaid, or COBRA is the best option for them financially and health-wise. There are many considerations to account for, including whether someone is currently in treatment (and may not want to lose access to their providers) and whether they have already paid some funds towards their existing deductible.

There is a question of whether states with an approved waiver under Section 1332 will receive federal pass-through funding for enhanced PTCs for 2021. This issue is discussed in more detail here. And it is unclear if the Medicaid expansion incentives will be enough for new states to expand their program. States such as Wyoming appear to be revisiting Medicaid expansion once again while others such as Kansas have been close in prior years. It remains to be seen if these extra federal funds will help push this policy across the finish line in those states. It may also help other states to see how the financial benefits of this option play out in Missouri and Oklahoma. Given anticipated Medicaid expansion ballot initiatives in 2022 in states such as Florida, Mississippi, and South Dakota, states may see this experience and want to take advantage of these federal funds sooner rather than later.

Remember the Obamacare website? Biden admin looks to get it right for vaccines
Kevin Collier

The last time the federal government debuted a high-profile, public-facing health care website, it was a disaster.

The official website of the Affordable Care Act, HealthCare.gov, was infamously slow and prone to crashes, becoming one of the most high-profile mistakes of the Obama White House and the go-to example for the government's struggles with technology and the internet.

President Joe Biden will look to avoid the same mistakes with the coming rollout of a nationwide vaccine availability website announced last week. The website will serve as something of a connective tissue among the many vaccination registration websites from states, pharmacies and other businesses.

And while that means the technical challenges will be limited, a single website meant to serve hundreds of millions in the U.S. is still a challenging proposition.

"We're being incredibly thoughtful about how the system scales," said John Brownstein, the chief innovation officer at Boston Children's Hospital, who oversees the Vaccine Finder site in partnership with the Centers for Disease Control and Prevention.

The website will launch as U.S. vaccine distribution ramps up, with some states saying they will soon dramatically expand who can sign up for shots. But signing up for vaccination slots remains a frustrating and confusing process for many people, with homegrown vaccination websites popping up around the country and others volunteering to help people who have trouble.

The new website, VaccineFinder.gov, is scheduled to be live by May 1 and will immediately become the most visible part of the Biden administration's effort to give the federal government a greater role in the vaccination rollout. President Donald Trump largely left states to decide their own plans.

"We're trying to learn as many lessons as we can so that when that launch happens we're prepared," Brownstein said.

While it won't be a comprehensive repository of users' health information like HealthCare.gov, Vaccine Finder is an ambitious undertaking. The site, which is already live as a beta version, pulls national vaccine supply and appointment scheduling information for every location of every major pharmacy in the country, as well as from seven states so far, each morning.

"We have it for every Walgreens, CVS, Kroger, Walmart, Costco. We have all that data flowing," Brownstein said.

As the site stands now, it doesn't allow users to register directly for a vaccine site but instead directs them to places where they can register, like pharmacy websites. Many Americans who are eligible for vaccinations have had trouble booking appointments online, as pharmacy and state websites have been buggy or prone to overloading and crashing or quickly run out of open slots.

Vaccine Finder went live in late February as an incomplete site, but it has nevertheless had millions of hits already. It was born as an iteration of earlier sites that aimed to connect Americans with other vaccinations, like flu shots, which Brownstein said he hopes means it will be resilient when it fully launches.

The federal website will also have competition. Facebook said Monday that it would launch a place for people to get information about where to get vaccines. In February, NBC News launched Plan Your Vaccine, an effort to create a one-stop destination to point people to where they can get vaccinated.

Daniel Schuman, the policy director at the liberal nonprofit Demand Progress, said the lack of a nationwide vaccine availability site before now is an indictment of the Trump administration's lack of a federal plan to deal with the pandemic, and he cautioned that challenging Vaccine Finder to spin up a nationwide website so quickly may lead to problems.

"If it takes nine months for the vaccines to come, which is really fast, you could have had the website up and tested long before then," Schuman said in a phone call. "You could have tested en masse before you had your vaccines. You could have bugs. Testing things in real time is when things tend to break," he said.

"That was the HealthCare.gov website," Schuman said. "They didn't do enough quality assurance testing on it, and the thing broke."

The COVID-19 Relief Program Comes With A Big Asterisk
Jonathan Cohn

Thanks to the American Rescue Plan, the federal government is now spending $1.9 trillion to fight COVID-19 and to help the public get through the pandemic. A big chunk of that money is going to direct cash payments, upgrades to the Affordable Care Act and a “child allowance” that progressives have been talking up for years.

It’s a remarkable accomplishment, given how difficult launching new government programs has been for the past few decades, and suggests that we may be on the cusp of a new political era friendlier to such initiatives. No less a lefty hero than Sen. Bernie Sanders (I-Vt.) is calling it “the most significant piece of legislation to benefit working families in the modern history of this country.”

But the achievement comes with an asterisk: The relief measures will end in two years. Making them permanent, as Biden and the Democrats hope to do, will require finding some combination of taxes and spending cuts to cover the ongoing costs. This was not something Biden and the Democrats had to do for the American Rescue Plan, because it had no offsets.

As for whether the relief program signals a change in the political environment, that too is unclear.

The American Rescue Plan could be the first in a series of big initiatives that eventually stirs memories of the New Deal and Great Society, touching everything from climate to the cost of college. Or it could be an isolated legislative accomplishment tied to the specific conditions of the pandemic — a flicker of Democratic unity and progressive ambition that will die just as soon as the national emergency ends.

Public Faith In Government Collapsed
The last time Democrats were able to make far-reaching changes to the regulatory and welfare states was in the 1960s, under President Lyndon Johnson. The last two

Democratic presidents, Bill Clinton and Barack Obama, had aspirations to enact similarly sweeping reforms. But the politics of the time wouldn't allow it.

Enacting their agendas inevitably meant creating new programs, raising spending and the taxes to pay for it, and writing new regulations. In other words, their plans required more government. Faith in government had plummeted after the 1960s, when more than three in four Americans said they trusted the government "to do what is right" most or all of the time, according to polling from Pew Research. During both the Clinton and Obama presidencies, the figure hovered around one in four.

Scholars debate exactly why trust in government collapsed, but the list of contributing factors is clear enough. High-profile failures of policy or politicians, from Vietnam to Watergate, played a role. So did a lengthy, patient campaign to discredit the public sector by conservative financiers who wanted to roll back the taxes and regulations that limited corporate activity and used some of their personal wealth to finance government programs.

Race was also part of the story. The loss of faith in government corresponded with a shift of white voters away from the Democratic Party, following the Civil Rights revolution, with many saying they believed government programs helped African Americans at their expense. Ronald Reagan tapped into this sentiment, by using mythical "welfare queens" to justify his agenda of cutting federal programs.

Reagan changed the terms of political debate, by winning two presidential elections (the second one by historic landslide) and doubling down on his anti-government rhetoric, including his famous quote that "The nine most terrifying words in the English language are: 'I'm from the Government, and I'm here to help.'"

Democrats have mostly been on the defensive since then, trying desperately to enact their agenda in a hostile political environment. Clinton's solution was to proclaim himself a "new Democrat" who blended the goals of the left with the means of the right, only to have most of his initiatives die in Congress. He largely retreated, focusing on incremental legislative victories, ultimately declaring that the "era of big government is over."

Obama, sensing a renewed enthusiasm for bold action, vowed to think big again. And he saw more success, most notably with the Affordable Care Act. But Obama's election triggered a new wave of racial panic among white voters, fueling opposition that let Republicans reclaim control of Congress in 2010. Obama spent most of his later presidency on the defensive, unable to pass anything more of similar scale.

Then came Donald Trump's presidency, and two episodes that blew up the conservative narrative about government. The first was the GOP's failed attempt to repeal "Obamacare," which demonstrated public support for the program and provoked a backlash that helped Democrats recapture the House in 2018.

The second episode is still playing out: COVID-19. The pandemic simultaneously revealed the consequences of inadequate or incompetent government, especially during the early months when the Trump administration struggled to guarantee a supply of personal protective gear and other essential equipment.

The pandemic also showed what happens when the government acts, as it did with a series of relief measures while Trump was still president. Although far from perfect, these programs provided critical financial lifelines for Americans who lost their jobs. One estimate of the CARES Act, the March 2020 relief program, found that it likely kept 12 million people from falling into poverty.

Public Faith In Government Could Come Back

The overwhelming popularity of the American Rescue Plan, which polls suggest that even Republican voters support, probably has something to do with the success of the past relief measures — and clear need for something more now. Families and businesses need the income support. State and local governments need funds to carry out mass vaccination and testing plans, to outfit schools for in-person learning and to build up public health infrastructure.

But the politics could change once the crisis and the crisis mentality pass, and Democrats are trying to find the funding to offset the cost of making the relief programs permanent. The 10-year cost, which is what Congress uses for its budgeting purposes, will likely fall somewhere between $1 and $2 trillion, based on estimates from the Center for a Responsible Federal Budget.

And it's not like making those measures permanent is the only item on the Democratic agenda. Biden and his allies are promoting a massive infrastructure program that, hopefully, will include investments in green energy and other efforts to fight climate change. They want to make college more affordable, to create a paid leave program, to guarantee quality child care for any family that wants it and, one way or another, to continue to bolster the health care system.

Biden can finance new initiatives through taxes on corporations and the wealthy, including rollbacks of tax cuts that Trump and the Republicans gave these groups. Biden's campaign plan envisioned more than $3 trillion in new revenue, according to a series of estimates — maybe not enough to cover everything on the Democratic agenda, but enough to cover quite a lot.

The question, as always, is whether Biden and the Democrats can find the votes, especially in the Senate, where they have just 50 members in the caucus. And even 50 votes isn’t enough to overcome a filibuster, which means Democrats either need to modify the filibuster so it can’t be a routine tool of obstruction or to keep using the budget reconciliation process, where a simple majority can pass legislation but complex rules limit what a bill can include.

It’s a more unified Senate caucus than Democrats have had in a long time, with relatively few of the conservative members from conservative states that limited what Clinton and, especially, Obama could do even with their party in control. But with no margin for error, the handful of exceptions, starting with West Virginia Democrat Joe Manchin, have plenty of leverage. They didn’t balk at the price tag of the American Rescue Plan, but that’s no guarantee they’ll be so supportive of other initiatives.

Individual items on the Democratic agenda, from new spending on infrastructure to help with college tuition, all poll well. And the pandemic has, if anything, strengthened support for new programs to help people with child care.

But answers to hypothetical survey questions do not always predict how the public will feel once legislation starts moving through Congress. Voters may not like the tradeoffs that detailed, formal analyses make apparent. And they may respond to conservative arguments, including those focusing on government waste and assistance for people who supposedly don’t deserve it.

There’s no way to know right now how these debates will turn out. There’s also no reason to think the outcome is predetermined. It will depend on a variety of factors, at least one of which is likely to be how well the COVID-19 relief initiatives actually deliver on their promises.

If a fully vaccinated, more financially secure public is close to resuming normal life in a few months, and if voters think the American Rescue Plan had something to do with that, they’re a lot more likely to endorse making its provisions permanent and to support new initiatives for the future.

They will believe in government once again because they’ve seen it work. Which perhaps is how it should be.

THE HILL

Obamacare draws 200K new signups
Alexandra Kelley

Upon the 11-year anniversary of the Affordable Care Act (ACA) being signed into law, more than 200,000 Americans have opted to sign up for health insurance under public health care, according to The Centers for Medicare and Medicaid Services.

That's up from 76,000 and 60,000 seen during the first two weeks of open enrollment in 2020 and 2019, respectively.

Experts attribute this to an expansion in the eligibility terms of the Special Enrollment Period (SEP); during 2021, the Biden-Harris Administration expanded the SEP to all Americans to insure themselves during the COVID-19 pandemic, rather than only allowing special enrollment for those with qualifying life events.

From Feb. 15-28, 206,236 Americans chose to enroll in new plan selections. The jump in prospective beneficiaries is further represented by a total of more than 3.1 million online HealthCare.gov users recorded during this timeframe.

Some of the states that saw a high volume of enrollments in new plan selection include Texas, Illinois, North Carolina, Florida and Georgia, although sharp increases were reported across each of the 36 states that use HealthCare.gov as a platform for the 2021 coverage year. This is part of a broader pattern than has continued since 2019.

The ACA, often referred to as Obamacare, was signed into law 11 years ago. President Biden campaigned extensively on protecting and building upon the ACA by issuing tax credits to lower premiums for lower-income Americans and expanding Medicaid across the country, among other plans.

Public health care open enrollment continues until May 15, 2021.

The New York Times

11 Years On, the Affordable Care Act Defies Opponents and Keeps Expanding
Sheryl Gay Stolberg

WASHINGTON — More than 200,000 Americans flocked to the Affordable Care Act's online marketplace to sign up for health insurance during the first two weeks of an open enrollment period created by President Biden — a sign that those who lost insurance during the pandemic remain in desperate need of coverage.

At the same time, a provision in the president's $1.9 trillion stimulus law to make Medicaid expansion more fiscally appealing has prompted deeply conservative Alabama and Wyoming to consider expanding the government health program to residents who are too rich to qualify now but too poor to afford private health plans.

Eleven years after President Barack Obama signed his signature domestic achievement, and after several near-death experiences, the health law is again expanding.

The Biden White House will celebrate Tuesday's anniversary in a big way. The president will visit Ohio as part of his "Help Is Here" tour to talk up the stimulus law, which greatly expanded subsidies to make insurance affordable for tens of millions of people. And Mr. Biden's newly installed health secretary, Xavier Becerra, whom the Senate confirmed just last week, will travel to Carson City, Nev., to help mark the moment.

The provision in the $1.9 trillion "American Rescue Plan" is the first major change to the health law since its passage. The new subsidies last for only two years, and it will take some time for the full emergency aid to reach people. Even so, nearly everyone who buys insurance will be eligible to do so at a discount.

But Mr. Biden has a new challenge: living up to his campaign promise to expand the law, including making the new subsidies permanent, creating a "public option" for consumers who wish to buy into a government-run insurance plan, and tackling not only the rising cost of health insurance premiums, but also the soaring price of prescription drugs.

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“The Affordable Care Act was about trying to create the ground rules so that health insurance was real — it provided real financial security and was affordable — but we’re at this point where we’ve got to address the other side of the equation,” said Frederick Isasi, the executive director of Families USA, a consumer advocacy group that has supported the law.

“We’ve got to address the sector’s pricing abuses, and that’s fundamentally the big question the administration and Congress are facing,” Mr. Isasi added. “Are they going to have the political will to do that?”

On Capitol Hill, Mr. Biden is facing pressure from the left. Last week, progressives introduced legislation to create what they call “Medicare for all,” a single-payer, government-run insurance program that has been embraced by Senator Bernie Sanders, independent of Vermont, and Representative Alexandria Ocasio-Cortez, Democrat of New York.

Interest among Democrats appears to be growing; a majority of the caucus now backs the bill, and several moderates have recently signed on as sponsors, including Representative Frank Pallone Jr., Democrat of New Jersey and the chairman of the House Energy and Commerce Committee, which has jurisdiction over the measure. He has scheduled a hearing for Tuesday to consider legislation to expand health coverage and lower costs.

“The energy around it is largely stoked by the horrible things we’ve seen over the last year,” said Representative Pramila Jayapal, Democrat of Washington, the lead sponsor of the Medicare for All Act. She added, “Even if we do the things we are doing right now, we are still leaving out too many people, and we are still not addressing the cost issues of this unsustainable for-profit system.”

Mr. Biden, however, rejected Medicare for all during his campaign, and a senior administration official said Wednesday that the president did not intend to embrace the plan.

About 30 million Americans remain uninsured, and the Kaiser Family Foundation recently estimated that the number of people with employer-based insurance dropped by two million to three million from March to September last year. But the foundation has also estimated that 85 percent of those who lost coverage were eligible for either Medicaid or for subsidies under the Affordable Care Act — an option that did not exist during the last major recession.

“This is really the first true test of the A.C.A.,” said Cynthia Cox, who directs a Kaiser Family Foundation program on the law. “In past recessions, you usually see the uninsured rate increase significantly. We don't know for sure yet, but all indications are that the uninsured rate has not gone up by much, likely in large part thanks to the A.C.A."

Expanding access to health care has been a core issue for Mr. Biden, both when he was vice president and during his campaign for the White House. When the act was signed into law, he memorably used an expletive to whisper in Mr. Obama's ear that it was a big deal.

A week after he took office, Mr. Biden ordered the law's federally run insurance marketplace to reopen for three months, from February to May 15, to help people struggling to find coverage.

In previous years, Americans in the 36 states that rely on the federal marketplace were eligible to sign up outside the fall enrollment period only if they had "qualifying life events," including job losses. The current surge in enrollment is more than double the number of people who signed up during the same two-week periods in 2019 and 2020.

Frequently Asked Questions About the New Stimulus Package
The stimulus payments would be $1,400 for most recipients. Those who are eligible would also receive an identical payment for each of their children. To qualify for the full $1,400, a single person would need an adjusted gross income of $75,000 or below. For heads of household, adjusted gross income would need to be $112,500 or below, and for married couples filing jointly that number would need to be $150,000 or below. To be eligible for a payment, a person must have a Social Security number. Read more.

Buying insurance through the government program known as COBRA would temporarily become a lot cheaper. COBRA, for the Consolidated Omnibus Budget Reconciliation Act, generally lets someone who loses a job buy coverage via the former employer. But it's expensive: Under normal circumstances, a person may have to pay at least 102 percent of the cost of the premium. Under the relief bill, the government would pay the entire COBRA premium from April 1 through Sept. 30. A person who qualified for new, employer-based health insurance someplace else before Sept. 30 would lose eligibility for the no-cost coverage. And someone who left a job voluntarily would not be eligible, either. Read more

This credit, which helps working families offset the cost of care for children under 13 and other dependents, would be significantly expanded for a single year. More people would be eligible, and many recipients would get a bigger break. The bill would also make the credit fully refundable, which means you could collect the money as a refund even if your tax bill was zero. "That will be helpful to people at the lower end" of the income scale, said Mark Luscombe, principal federal tax analyst at Wolters Kluwer Tax & Accounting. Read more.

There would be a big one for people who already have debt. You wouldn't have to pay income taxes on forgiven debt if you qualify for loan forgiveness or cancellation — for example, if you've been in an income-driven repayment plan for the requisite number of years, if your school defrauded you or if Congress or the president wipes away $10,000 of debt for large numbers of people. This would be the case for debt forgiven between Jan. 1, 2021, and the end of 2025. Read more.

The bill would provide billions of dollars in rental and utility assistance to people who are struggling and in danger of being evicted from their homes. About $27 billion would go toward emergency rental assistance. The vast majority of it would replenish the so-called Coronavirus Relief Fund, created by the CARES Act and distributed through state, local and tribal governments, according to the National Low Income Housing Coalition. That's on top of the $25 billion in assistance provided by the relief package passed in December. To receive financial assistance — which could be used for rent, utilities and other housing expenses — households would have to meet several conditions. Household income could not exceed 80 percent of the area median income, at least one household member must be at risk of homelessness or housing instability, and individuals would have to qualify for unemployment benefits or have experienced financial hardship (directly or indirectly) because of the pandemic. Assistance could be provided for up to 18 months, according to the National Low Income Housing Coalition. Lower-income families that have been unemployed for three months or more would be given priority for assistance. Read more.

During the last open enrollment period, 340,000 new users of the marketplace signed up during the first two weeks. That period ended on Dec. 15.

That an additional 200,000 people signed up so soon "is not surprising," given the pandemic-driven need, said Mr. Isasi, of Families USA.

What is surprising, said Ms. Cox, of the Kaiser Family Foundation, is that Republicans in Alabama and Wyoming — states among those that have doggedly rejected the Medicaid expansion that the law encouraged — have raised the prospect of doing so under generous incentives included in the stimulus law.

In Alabama, a spokeswoman for Gov. Kay Ivey, a Republican, has said that the governor is "open to the discussion" about expanding Medicaid, but that state leaders needed more information about the cost. In Wyoming, a bill to authorize Medicaid expansion, sponsored by a Republican lawmaker, gained committee approval last week in the State Legislature and passed the Wyoming House on Monday night, according to

The Casper Star-Tribune, though the State Senate had killed a similar bill earlier that evening.

“I don’t think anyone was necessarily expecting any states to take this money,” Ms. Cox said. “It’s a significant financial incentive that states have to expand Medicaid, but the thought was that there would be so much political opposition in these states that they might not want to expand the program.”

The Affordable Care Act has been under attack from Republicans since its passage, both in the courts and on Capitol Hill, where Republicans tried but repeatedly failed to repeal the measure. The push in the courts did scale back the initial law, when the Supreme Court invalidated its provision requiring states to expand Medicaid.

The legal campaign to undo the law continues. The Supreme Court is currently considering whether Congress’s elimination of financial penalties for most Americans who fail to obtain insurance rendered the whole law unconstitutional. But during oral arguments, at least five justices indicated they were likely to keep the law intact.

The Trump administration, which pushed the lawsuit, worked aggressively to gut the health law. President Donald J. Trump used his executive authority to make it easier for small businesses to band together and offer plans that escape some of the requirements of the Affordable Care Act, like mental health coverage and maternity care.

He also sharply cut funding for “health care navigators” to help consumers, who were left to sift through insurance options largely on their own. A survey last year by the Kaiser Family Foundation found that about half of those who looked for coverage during the 2020 open enrollment period encountered difficulties, and nearly five million consumers sought in-person help but were unable to get it. The Biden administration is now running television commercials promoting the open enrollment period and is spending $2.3 million to support navigator programs.

Democrats, including Mr. Obama and Speaker Nancy Pelosi, who was also speaker in 2010 and was crucial to the law’s passage, were hoping to celebrate the 10th anniversary of the Affordable Care Act with much fanfare last year, but the emerging coronavirus pandemic scuttled their plans.

Instead, Mr. Obama posted a slickly produced video on his Facebook page that opened with an image of him surrounded by White House staff members rising in applause as Congress approved the legislation — a night, he said in the video, that “meant more to me than the night I was elected.” To his right, rising up beside him, was the future president, Mr. Biden.

Biden's moves on Obamacare attract new signups -- and a second look from red states
Tami Luhby

(CNN)President Joe Biden is wasting no time establishing his vision for the Affordable Care Act and reversing many Trump-era measures aimed at weakening it.

In his first two months in office, Biden has taken several steps to bolster the landmark health reform law, which marks its 11th anniversary on Tuesday, and to embed it even more firmly in the nation's health care system.

His actions are already having an effect. On Tuesday, his administration announced the extension of a special enrollment period until August 15. More than 200,000 people signed up for 2021 coverage under the special enrollment, which the President opened last month.

And, even as the Supreme Court is considering a Republican-led challenge that could eviscerate the law, at least two GOP states, Alabama and Wyoming, are reviewing whether to accept new incentives contained in the Democrats' $1.9 trillion relief package to expand Medicaid to more low-income adults.

Former President Barack Obama spoke Monday about how the Affordable Care Act has benefited Americans and how the Democrats' $1.9 trillion relief package, which Biden signed into law earlier this month, has strengthened the law.

Aided by the stimulus package, the Biden administration is making these moves even before its top health officials are in place. Health and Human Services Secretary Xavier Becerra was only confirmed on Thursday, while the President's pick to run the Centers for Medicare and Medicaid Services, Chiquita Brooks-LaSure, has yet to go before the Senate.

And these efforts come as the administration is also focused on ramping up the battle against Covid-19 and getting more Americans vaccinated.

Just over a week into his term, Biden signed an executive order directing federal agencies to re-examine a multitude of actions taken by former President Donald Trump, including policies that make it more difficult to enroll in Medicaid and the Affordable Care Act and that reduce affordability or financial assistance.

Biden also signed a presidential memorandum in late January to reverse restrictions on abortion access domestically and abroad imposed and expanded by Trump officials.

"The Biden administration is seizing the moment and taking steps to improve access during the pandemic but also setting the groundwork for other ways to continue to strengthen and protect both Medicaid and the ACA," said Allison Orris, a partner at Manatt Health, a professional services firm, and former Obama administration official.

These moves, however, were easy wins for Biden.

It will be much more difficult for him to enact his other major health care campaign promises, including creating a government-run public option to compete with private insurers, lowering the age to buy Medicare coverage to 60 and reducing drug prices. These mainly require the support of Congress, where Democrats hold only slim majorities in both houses -- and some in the party are still pushing for more dramatic changes, including enacting "Medicare for All."

Here's what Biden has done so far:

Opened up Obamacare enrollment
Uninsured Americans who want to buy Affordable Care Act coverage have until May 15 to do so, thanks to Biden's executive order.

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

The President is hoping that some of the nearly 15 million uninsured people eligible for Affordable Care Act policies, the vast majority of whom qualify for financial assistance, will participate.

More than 206,000 people signed up for coverage on the federal exchange in the first two weeks of the special enrollment period, nearly triple the number during the same time frame last year, when access was more restricted. But it's unclear how many uninsured Americans will ultimately opt to purchase policies.

To raise awareness of the opportunity, the administration is pouring $50 million into marketing and outreach. It is also providing about $2.3 million to 30 navigator organizations that assist consumers in signing up for plans.

Trump last spring refused to open up a special enrollment period as the pandemic engulfed the nation. His administration also slashed funding for marketing and enrollment assistance during his term.

Beefed up Obamacare premium subsidies
More Americans can qualify for heftier federal help paying for Affordable Care Act policies for two years, under the Democrats' relief package. Providing more assistance was one of the key provisions of his campaign platform.

Enrollees will pay no more than 8.5% of their income towards coverage, down from nearly 10%. Also, those earning more than 400% of the federal poverty level -- about $51,000 for an individual and $104,800 for a family of four in 2021 -- are now eligible for help.

Lower-income enrollees can have their premiums eliminated completely for two years, and those collecting unemployment benefits can sign up for coverage with no premiums in 2021.

The stimulus-enhanced premium subsidies will be available on the federal exchange on April 1, but the administration is still working on making the zero-premium plans available for the jobless. States that run their own marketplaces have their own timelines. In California, for instance, uninsured residents will be able to access the more generous subsidies starting April 12, and those already in Obamacare plans will automatically receive them as of May 1.

The enhanced subsidies mean that most uninsured people eligible to buy Obamacare policies -- as well as the nearly 14 million consumers already insured on the individual market -- can pay less for coverage, according to a recent Kaiser Family Foundation analysis. Many could also afford to upgrade to plans with lower deductibles.

Separately, the relief package provides assistance to laid-off workers who want to remain on their employer health insurance plans through COBRA. They will not pay any premiums from April through the end of September, though the Biden administration has yet to announce when this provision will be available.

Defending the Affordable Care Act before the Supreme Court
The Biden administration last month told the Supreme Court that it should uphold the health reform law.

The Trump administration had sided with a coalition of Republican-led attorneys general seeking to strike down the law. At issue is whether Obamacare's individual mandate was rendered unconstitutional when Congress reduced the penalty for remaining uninsured to zero and, if so, whether that would bring down the entire law.

The justices heard oral arguments in the case in November and are expected to issue a decision by July.

Striking down the law would imperil the health coverage of millions of Americans and make it harder for Biden to fulfill his health care promises, many of which rely on Obamacare.

Overturning Medicaid work requirement approvals
The Biden administration took swift, though quiet, steps to reverse one of Trump's most controversial health care moves: Allowing states to require Medicaid recipients to work in order to receive coverage.

The Centers for Medicare & Medicaid Services last week sent letters to Arkansas and New Hampshire withdrawing work requirement approvals granted by the Trump administration.

The move follows a February notice to multiple states that the agency was deciding whether to withdraw the approvals. It noted that it has preliminarily determined that such a mandate would not promote the objectives of the Medicaid program -- a key factor in a legal case now before the Supreme Court.

The justices were set to hear oral arguments later this month on whether the federal government can allow states -- specifically Arkansas and New Hampshire -- to impose work requirements but recently removed the case from their calendar.

Some 12 states received approval to require certain enrollees to work, volunteer, take classes or search for jobs, typically for at least 80 hours a month. Seven additional states are awaiting approval. The mandate is not actually in effect anywhere, largely because of legal challenges.

About 18,000 people were stripped of their insurance in Arkansas -- the only state to fully implement the rules before being stopped by a federal judge -- within a few months of the mandate taking effect in 2018.

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Lots of Health Insurance Help in Covid Relief Law — But Do Your Homework First
Michelle Andrews

There's something for everyone with private health insurance in the American Rescue Plan Act, but determining the best way to benefit may be confusing.

The $1.9 trillion covid relief law that President Joe Biden signed this month will make coverage significantly more affordable for millions of people who either who have marketplace coverage, are uninsured or have lost their employer coverage. In addition, it will eliminate repayment requirements for premium tax credits. Consumers can begin to see those improvements next month, but they may need to go to healthcare.gov and update their application for the changes to take effect then.

Tuesday afternoon, the Biden administration extended the length of time that people have to enroll in or change federal marketplace plans under a covid special enrollment period. The three-month extension means people have until Aug. 15 to sign up and review their options.

The new provisions are temporary; none will extend past 2022 unless Congress acts to make them permanent. Many health care advocates hope that will happen.

"If Congress can circle back and make these improvements permanent, it will go a long way toward making insurance affordable in this country," said Stan Dorn, director of the National Center for Coverage Innovation at Families USA, a nonpartisan consumer health care advocacy organization.

In the meantime, these provisions will help Americans get or keep their health insurance and provide economic stability as the country emerges from the covid pandemic.

What's new:

Enhanced Premium Subsidies for Marketplace Plans

When: 2021 and 2022

Who benefits: Just about everyone who has coverage through the Affordable Care Act's marketplaces. Premium costs for people eligible for subsidies will shrink by $50 per month on average, according to the federal government, but some people will see much larger savings.

Under the ACA, people with incomes between 100% and 400% of the federal poverty level (from $12,760 to $51,040 for one person or $26,200 to $104,800 for a family of four) were eligible for premium tax credits to reduce their premiums for marketplace coverage.

But under the changes passed in the new law, how much people owe is reduced at every income level and capped at 8.5% overall.

For example, a single person who makes $30,000 annually will pay $85 per month in premiums on average under the new law for a silver-level plan instead of $195, according to an analysis by the Center on Budget and Policy Priorities. A family of four making $75,000 will pay $340 rather than $588 per month for similar coverage, the analysis found.

Everyone benefits from the changes, said Tara Straw, a senior policy analyst at the center, including people with incomes above 400% of the poverty level ($51,040 for one person) who were previously not eligible for premium tax credits.

An older customer not yet in Medicare "with an income just over 400% of the federal poverty level in some states would be paying 20% to 30% of their income toward their health care premium," she said. "Now that will be capped at 8.5%."

At the other end of the income spectrum, people with incomes up to 150% of the poverty level ($19,140) will owe nothing in premiums. Under the ACA, they had been required to pay up to 4.14% of their income as their share of the premium cost.

Steps to take now:

- People who have marketplace coverage in one of the 36 states that use the federal healthcare.gov platform should go back in and update their applications and reselect their current plan to get new details about their subsidies starting April 1.
- People with marketplace coverage in states that run their own marketplaces should check the procedures there. States including California and Rhode Island, as well as the District of Columbia, have announced they will automatically adjust enrollees' premiums.

- The enhanced tax credit is in effect for all of 2021 and 2022. For premiums paid for January through April, consumers can claim those premium tax credits when they file their taxes next year.
- People who don't update their applications now will still be able to claim the additional tax credit amount when their file their taxes in 2022.
- The more generous premium tax credits may mean people can switch to better coverage with lower cost sharing for the same contribution. A potential snag: Switching plans may mean that amounts already paid toward a deductible under the current plan are lost. Check with the insurer.
- People who bought a 2021 plan off the marketplace , perhaps because their income is too high to qualify for premium tax credits, will have to enroll in coverage on the marketplace now in order to get the new premium tax credits, said Straw.
- People who are uninsured can sign up now during the covid special enrollment period that runs through Aug. 15 on the federal exchange. (Individual states have similar special enrollment periods.) People who sign up before April 1 should go back in after April 1 to update their applications.
- Free Marketplace Health Insurance for People Who Receive Unemployment Insurance

When: 2021

Who benefits: Anyone who has received or has been determined eligible to receive unemployment insurance benefits in 2021.

Under the American Rescue Plan, anyone who has received unemployment benefits this year will be considered to have income at 133% of the federal poverty level (about $17,000) for the purposes of calculating how much they owe in premium contributions for a marketplace plan. Since people with incomes up to 150% of the poverty level don't owe anything in premiums under the new law, these unemployed workers can get a zero-premium plan. If they buy a silver-level plan, they can also be eligible for cost-sharing reductions that shrink their deductible and other out-of-pocket costs.

Officials are urging people receiving unemployment insurance to enroll in a marketplace plan now to take advantage of the law's enhanced premium tax credits. The federal government said the additional savings for people who collect unemployment insurance will be available starting in early July.

Step to take now:

People who are uninsured or have marketplace coverage can still receive the enhanced premium subsidies described above in the meantime. And because the new law excludes the first $10,200 in unemployment insurance from income for the 2020 tax year, people may be able to qualify for higher premium tax credits based on lower income, Straw said.

No Payback of Excess Marketplace Subsidies

When: 2020

Who benefits: People who earned more money last year than they estimated when they signed up for marketplace coverage.

Under the ACA, people estimate their income for the upcoming year, and the marketplace estimates how much in premium tax credits can be advanced to them every month. At tax time, people reconcile their actual income with their projected income, and if they received too much in tax credits, they generally must pay it back to the government.

The new covid relief bill eliminates that requirement for 2020. The provision could help people who received unforeseen income last year such as hazard pay or perhaps were laid off and hired back as a contractor at higher pay but without benefits, experts said.

Unfortunately, because of the timing of the new law, income tax forms and tax filing software don’t reflect these changes, said Sabrina Corlette, a research professor at Georgetown University’s Center on Health Insurance Reforms.

“A lot of people are going to think they owe money but they’re not going to,” she said.

Steps to take now:

If you’ve already filed your income taxes for 2020, sit tight. The IRS is reviewing the law and will provide details soon. People should not file an amended tax return at this time. If you haven’t yet filed, “some people may want to wait and see if tax software is updated to allow them to file with this adjustment on their tax return,” said Straw. Last week, the IRS announced that the deadline for filing individual federal tax returns for 2020 has been extended this year from April 15 to May 17.

Subsidies to Cover 100% of COBRA Premiums

When: April through September 2021

Who benefits: People who lost their employer-sponsored coverage and want to stay on that plan.

Generally, when people get laid off and lose their employer coverage they can opt to keep it for 18 months, but they have to pay the entire premium plus a 2% administrative fee. This is done under provisions of a law known as COBRA. Under the new law, the federal government will pay the entire COBRA premium through September of this year.

For people undergoing treatment for a medical condition, it can be important to keep their coverage and existing providers. And switching plans midyear can leave people on the hook for a brand-new deductible.

But the newly enacted enhanced premium tax credits and free marketplace coverage for people who collect unemployment insurance make marketplace coverage much more affordable than in the past, experts note.

That could be important because, after September, the new COBRA subsidies will end and people will be responsible for the entire premium, unless the government puts in place a special enrollment period for that circumstance. Without another special enrollment period, they might not be able to get into a marketplace plan until January.

Steps to take now:

- People who missed the original 60-day enrollment window for keeping their job-based coverage can go back and enroll in COBRA now. They have 60 days to enroll after they're notified of the new provisions under the covid relief plan. They will not owe premiums back to their original eligibility date, but any medical claims they incurred before their enrollment won't be covered.
- Review coverage to determine whether COBRA or marketplace coverage is the best, most affordable option.

POLITICO

Biden extending Obamacare's pandemic enrollment season
Rachel Roubein

President Joe Biden speaks during a tour of the James Cancer Hospital and Solove Research Institute on the campus of The Ohio State University Tuesday, March 23, 2021, in Columbus, Ohio. | Evan Vucci/AP Photo

The Biden administration is extending a special Obamacare enrollment season it opened for the pandemic, giving Americans three more months to shop for health coverage after Congress recently boosted insurance subsidies in the Covid stimulus package.

President Joe Biden during his first weeks in office opened a new special enrollment period, citing increased need for coverage during the twin economic and health crises. Biden announced the sign-up extension Tuesday evening as he marked the health care law's 11th anniversary and touted its biggest expansion yet during a speech in Ohio.

“With the American Rescue Plan and the Affordable Care Act, millions of families will be able to sleep a little bit more soundly at night because they don’t have worry about losing everything if they get sick," Biden said.

The Covid relief package, which passed with just Democratic votes, made subsidies more generous for low-income shoppers on the marketplace and extended them to middle-income Americans for the first time. His administration said the enhanced health insurance subsidies will become available to shoppers on the federal enrollment site, HealthCare.gov, on April 1.

The enhanced subsidies are temporary, however. Democratic lawmakers are expected to push to make them permanent before they're set to expire in two years.

The new enrollment extension covers the 36 states that rely on HealthCare.gov for sign-ups. Almost every other insurance marketplace managed by state officials had already reopened enrollment last month, and some may follow the federal government in extending the sign-up season.

More than 200,000 people signed up on HealthCare.gov during the first two weeks of the enrollment season, according to the most recent federal data. That’s about triple the rate of the same period during the previous year, when only people with qualifying life events could purchase marketplace coverage outside of the annual fall enrollment window.

The administration previously announced plans to spend $50 million on an outreach campaign to promote the special enrollment season, far more than what the Trump administration spent to market enrollment in a law it opposed. The Department of Health and Human Services also gave $2.3 million to finance so-called navigators who help people sign up for the insurance marketplaces, which was less than the groups had hoped for.

A department spokesperson said the administration will spend more money on advertising to account for the longer sign-up window but did not specify an amount.

Starting in early July, Americans who claimed unemployment at any point last year will be able to get free coverage under the new relief package. Administration officials have acknowledged that implementing the unemployment provision will pose a logistical challenge.

THE BULWARK

Joe Biden Just Fixed Obamacare's "Subsidy Cliff"
Daniel McGraw

Most coverage of Joe Biden's American Rescue Plan (ARP) focuses on the $1,400 checks Americans are getting as we speak. But buried in the plan is a provision that should help ordinary citizens pay for their health care. Because for the next two years (at the very least), the ARP will get rid of what Obamacare critics refer to as the "subsidy cliff."

The subsidy cliff is the reason many middle-class Americans thought that Obamacare was good for those less well off, but left them out in the cold.

In the Affordable Care Act as originally passed, public subsidies for private market purchase health care weren't part of the plan for people making more than 400 percent of the federal poverty level. Translation: No help for individuals making $51,000 and above; couples making $68,960 or more; or a family of four making more than $104,800.

The American Rescue Plan caps any health care payment at 8.5 percent of income and makes up the difference with a federal subsidy. Which will means significant reductions in healthcare costs for middle-class Americans over the next two years. It will likely culminate with Biden pushing this policy to become permanent part in 2023.

And daring Republicans to object.

How much will these savings be? For many people, they'll be a lot more than the $1,400 stimulus checks.

These numbers are based on the national health care payment averages and could be different in different states:

For a 60-year-old making $55,000 who has health care now, the current monthly payment for the benchmark silver plan averages $887 a month. The new plan reduces that cost to $390 a month with the federal subsidy—a savings of almost $6,000 a year.

For a 60-year-old couple making a combined $75,000 a year, they're paying $1,920 a month now. Under the ARP that will drop to $531—a savings of about $1,400 a month and $16,000 a year.

A family of four with an income of $120,000 will save $595 a month, which translates to about $7,000 a year.

The new subsidy doesn't just help those near middle-age. A 40-year-old making $55,000 will save about $800 a year while a 27-year-old making the same amount will save about $300 a year.

The Kaiser Family Foundation estimates that about 8 million people are currently buying unsubsidized plans and paying full-price for the Affordable Care Act. An estimated 3.4 million people didn't have the insurance because of this subsidy cliff, which ruled that they made too much money to qualify for help.

What Biden has done here is simple in theory, but hard to execute: He has answered voters who say their health care premiums are too high by giving them a check to lower the cost.

At the same time he has set the table so that for the next two elections Democrats can point out that not one single Republican in Congress voted for a bill which gave a $2,800 in stimulus check and $32,000 in healthcare savings (over two years) to a 60-year-old couple living in, say, North Carolina.

If Republicans want to argue that they had to voted against the American Rescue Plan because of their deeply-held convictions on fiscal responsibility—or because they're super-duper worried about socialism—the public will likely consider that more nonsense. Voters don't listen to that when the money is in their bank account.

Also, because some red states haven't participated in Medicaid expansion (the stimulus bill offers a carrot to states for this), the health care savings from ARP will be smaller in some states than others.

For example, the 60-year-old in California making $55,000 a year will save $176 a month. The savings are relatively small in other blue states like Massachusetts ($229), New York ($207), and Colorado ($356) as well.

But that same aged person in North Carolina will save $705 a month; in Pennsylvania $537 a month; in Florida $578 a month; in Wisconsin $580 a month; in Georgia $576 a month; in Texas $527 a month; and in Arizona $535 a month.

Matt Gaetz said on Fox News last week that when Kamala Harris shakes Joe Biden's hand "she's checking his pulse."

But someone in Sleepy Joe's policy orbit has been paying attention, because there are about 25 million people employed in the 55-64 age group. The average yearly pay for those folks is about $58,000. Which means a large percentage of them will get big savings on their health care costs over the next two years, for sure.

The GOP can joke about checking Biden's pulse. But the old man has been paying attention to what voters actually care about. Maybe Matt Gaetz can explain to Floridians why he doesn't think people in their early 60s shouldn't save $7,000 a year on their health insurance.

Good luck with that.

Bloomberg LAW

States Expanding Obamacare Subsidies Using Rescue Act Funds
Sara Hansard

Many state-run Obamacare exchanges are ahead of the federal government in administering the American Rescue Plan Act, which provides a major expansion of premium subsidies for 2021 and 2022.

Marketplaces in California, Maryland, Nevada, Pennsylvania, Rhode Island, Washington state, and the District of Columbia will increase subsidies for people already receiving them, with implementation scheduled at different dates. The higher subsidies will be applied immediately for new enrollees.

People in the federal HealthCare.gov system used by 36 states must take the additional step of coming back to the exchange to get the extra subsidies or wait until they file 2021 tax returns to receive refunds, and the federal exchange hasn't said when it will begin serving the unemployed.

State exchange officials are excited about the prospect of bringing more people into exchange coverage, including the uninsured and people who have found the coverage unaffordable. But, with HealthCare.gov planning to begin making expanded subsidies available to new enrollees April 1, some state exchanges with old information technology systems face a time crunch to get their systems up and running, and officials worry it will be particularly challenging to get the unemployed signed up.

All of the 15 state-based marketplaces are looking for word from the Department of Health and Human Services on how the $20 million for modernizing their systems provided by the rescue plan (Public Law No. 117-2) will be made available. The law was signed by President Joe Biden on March 11.

The law expands premium subsidies to households with incomes above 400% of the federal poverty level—$106,000 for a family of four in most states—which will reduce premiums to no more than 8.5% of income. The law also makes subsidies more generous for people already receiving them, and extends subsidies to people who received unemployment compensation in 2021.

The Congressional Budget Office estimates ACA exchange enrollment could increase by 1.7 million people in 2022, with growth predominantly coming from the uninsured. An analysis by health policy consulting firm Avalere Health finds the law will expand subsidies for as many as 18.3 million people.

Increasing Subsidies for Enrollees

Minnesota, which has an older system designed to link Medicaid and exchange enrollment and eligibility, expects to make the new subsidies available to new and current enrollees, likely in June, and Connecticut expects to start applying the expanded subsidies by May 1.

People already in exchange plans as well as new enrollees will be able to get the subsidies retroactive to Jan. 1, 2021, when they file 2021 tax returns in 2022.

Many of the state exchanges are considering extending their enrollment periods to accommodate people signing up, and the HHS on Tuesday extended its enrollment period from May 15 to Aug. 15 and announced that people who receive unemployment benefits will be able to get ACA subsidies starting in early July.

HealthCare.gov is spending $50 million in marketing and outreach for the current special enrollment period, which state directors say will help them promote enrollment for their own exchanges. Nevertheless, the states face challenges with their own limited marketing budgets in reaching new enrollees.

Like a `Get-Out-the-Vote Campaign'

"We almost have to think of this as a get-out-the-vote campaign," Michele Eberle, executive director of the Maryland Health Benefit Exchange, said in an interview. An additional $250,000 is being added to the Maryland Health Connection's $3 million budget for marketing, she said.

Maryland covers more than 160,000 people in its exchange, and another 185,000 could benefit from the additional subsidies, Eberle said. Maryland will be ready April 1 to start applying the additional subsidies for people not receiving subsidies as well as for people who have gotten unemployment benefits in 2021. Maryland will recalculate benefits for people already receiving subsidies, she said.

“This is complicated,” Mila Kofman, executive director of the DC Health Benefit Exchange Authority, said in an interview about the process of getting people enrolled under the rescue plan law. But it’s a good opportunity to get more people enrolled, she said. “This is really the biggest expansion of the Affordable Care Act at the time when people need it the most, and we’re ready.”

Over 92% of the more than 16,000 people in DC Health Link’s individual exchange pay full premiums without subsidies, according to data supplied by Kofman. For people who are full-pay, “40% of the premium for the pool will be paid for by APTC,” she said, referring to the advance premium tax credit subsidies. “Forty percent premium reductions overall is huge.”

Unlike HealthCare.gov, on April 1, the district will be able to provide “almost free coverage” for people on unemployment, Kofman said.

`Substantial’ Resouces Needed

For Access Health CT, which has about 105,000 Connecticut residents enrolled, “the amount of energy, the amount of resources we have to spend will be substantial,” because extensive changes will need to be made to the system, CEO James Michel said in an interview. The Connecticut exchange expects to be ready to apply the expanded subsidies by May 1, he said.

About 20,000 to 30,000 people are in the individual market outside of the Connecticut exchange, the small business market, or are uninsured, “and we’re hoping to get at least half of that population,” Michel said.

Access Health CT’s current enrollment ends April 15, and it will hold a special enrollment period starting May 1. But officials are “trying to figure out what we’re doing with that two-week gap,” Michel said.

The rescue plan waives penalties for people who received subsidies that they weren’t eligible for in 2020. But that is complicated by the fact that some consumers have already filed their 2020 returns, “and that means they are seeing that they owe money,” Heather Korbulic, acting director of Nevada’s Silver State Health Insurance Exchange, said in an interview. “Our call centers are getting those calls, and we don’t really have a good answer for them.”

An IRS spokesman said in an email that the agency is reviewing the tax provisions of the rescue plan, and affected taxpayers “should not file an amended tax return only to get a refund,” The IRS will provide “more details soon.”

Focus on Uninsured

The Washington Health Benefit Exchange, which has more than 225,000 enrollees, could attract 50,000 to 100,000 more people, CEO Pam MacEwan said in an interview. “I really want to focus on people who are uninsured. We need to persuade them to come take a look because it’s been expensive, and now it’ll be more affordable,” she said.

People already enrolled through the exchange are the easiest to reach, although people who don’t currently receive subsidies will have to come to the exchange to report their income, MacEwan said.

“The challenge will be the uninsured and people who are off the exchange, because we need to persuade them that they actually have something to gain,” MacEwan said.

Covering people who receive unemployment benefits also will be difficult to add to their system, she said.

“You have to flag a different population, so you have to have something that tells us they’re unemployed, and then get them into a different pathway,” she said.

Washington hopes to have its system ready to cover the unemployed as well current enrollees in early May, she said.

Health insurers who cover people enrolled in the individual market outside of the exchange also will face complications because the new enrollment period is coming in the middle of the year rather than during the normal open enrollment period, MacEwan said. However, “their enrollment’s going to grow,” and the market will stabilize, she said.

People who move from off-exchange plans to plans on the exchange to get subsidies will benefit from being able to carry over deductibles they have already met.

Forbes

Making Health Insurance Cheaper For Millions Of Americans: President Biden's Affordable Care Act Reforms
Ellen Chang and Korrena Bailie

Millions of Americans will temporarily have access to health insurance coverage at a lower cost due to the first wide-ranging expansion of the Affordable Care Act.

The subsidies for health insurance are part of the American Rescue Plan Act (ARPA), a $1.9 trillion Covid-19 relief package that was signed into law by President Joe Biden on March 11. New, lower insurance costs begin on April 1.

Passed in 2010, the Affordable Care Act (ACA), also known as "Obamacare," expanded health insurance coverage to millions of Americans by providing reduced-cost or no-cost health insurance plans for people whose incomes are below certain levels. It also funded some states' expansion of Medicaid.

But while the ACA had expanded health insurance to an additional 20 million Americans by 2016, according to a report from the Urban Institute, it also left some Americans paying for expensive plans and unable to access cheaper health care—and many people were earning just over the income limits required to qualify for a subsidized plan. (A subsidized plan is one where the federal government will pay for a portion of your health insurance premium so you pay a lower amount each month.)

"There has been considerable discussion over the fact that while the ACA clearly increased affordability of and access to insurance coverage for millions of people, many people still find the premiums and out-of-pocket costs they face to be high and sometimes too burdensome," says Linda Blumberg, a health economist at The Urban Institute, a Washington, D.C.-based nonprofit social and economic research organization

According to research from health research nonprofit Kaiser Family Foundation (KFF), 8 million Americans were either paying for unsubsidized plans or faced paying for full-price plans prior to this expansion.

The Covid-relief package temporarily addresses these issues by increasing the generosity of premium subsidies for people purchasing coverage and extends those subsidies to more people, says Blumberg. The benefits will expire in 2023.

The Kaiser Family Foundation's analysis of ARPA found the plan will help 14 million people who are already paying for insurance and will expand coverage to millions of other people who currently do not have health insurance coverage by offering larger tax credits to lower their monthly premiums.

Who Will Benefit Most From Changes to the Affordable Care Act?
Here are the main ways ARPA will affect the Affordable Care Act.

More Americans Will Qualify For a Subsidized Health Insurance Plan
Before ARPA, you qualified for a subsidized health plan from the health insurance marketplace if your modified adjusted gross income (MAGI) was between 100% and 400% of the federal poverty limit (in 2021, that's between $12,760 and $51,040 for an individual). If you earned above that amount, you would pay full price for a marketplace plan.

ARPA now caps how much of your income can be used to pay for a health insurance plan to 8.5%—what this means is if a premium for a plan is more than 8.5% of your MAGI, the difference will be paid for by a federal subsidy.

Americans Earning Between 100% and 400% of the Federal Poverty Level Will Pay Less for Plans
Before ARPA was signed into law, many Americans purchasing health insurance from the ACA marketplace had to pay a portion of their health insurance coverage, even if they were deemed "poor," according to the Kaiser Family Foundation. Even people with the lowest incomes had to pay about $264 per year for 2021. People with income at 150% of the federal poverty level (about $19,000 per year) paid 4.14% of their income or $792 annually for health insurance premiums.

However, with the ARPA changes, people who earn between 100% and 150% of the poverty level ($12,880 to $19,320 for an individual in 2021) will have their health insurance completely subsidized and will not have to pay a monthly premium.

The Kaiser Family Foundation says the new bill would help people pay less money toward their monthly premiums overall. For instance, a 50-year-old in Franklin County, Nebraska earning $51,500 annually is now eligible for tax credits that would decrease the premium for a benchmark plan from $1,127 per month to $365 per month.

"To say this bill has a small change would be a gross understatement," says Kevin Matthews, an accounting instructor at George Mason University. "This is likely the largest change in ACA provisions since the passage of the ACA. There are going to be many changes which will provide more money to people within the ranges of the ACA's coverage."

What’s Changing With COBRA

If you’re out of work, but had health care benefits through your previous employer, find out if you’re eligible for continuing coverage benefits. This option is commonly called COBRA, for the Consolidated Omnibus Budget Reconciliation Act, which established the right for employees to keep their coverage for a limited period of time after their employment ends. People who were laid off in 2020 will receive full subsidies to pay for their employer premiums via COBRA starting in April and ending in September.

The nonpartisan Congressional Budget Office expects these changes to increase the number of people who have insurance by 1.7 million, many of whom are unemployed or underinsured. “During the pandemic, people who have been laid off might not have access to health insurance as a result of not working,” Matthews says.

Since it can take people several months or longer to find another job after they have lost one, the COBRA change may be a lifeline for unemployed people.

Will the Health Insurance Marketplace Changes Be Made Permanent?

Whether or not the subsidies will be approved long-term will likely depend on the outcome of the midterm elections in 2022, Matthews says.

During the campaign, President Biden “explicitly supported permanent increases to the generosity and reach not only of the premium subsidies (as temporarily included in the relief bill) but also additional subsidies to decrease consumers’ out-of-pocket costs such as deductibles, copayments, coinsurance, out-of-pocket maximums when they go to seek care, Blumberg says.

“He also supported filling in the Medicaid eligibility gap in the remaining states that haven’t expanded coverage, so I would hypothesize that those types of policies remain on his agenda for the future,” she adds.

Tips for Shopping for Health Insurance Through the Exchange

HealthCare.gov, the federal health insurance marketplace that serves 36 states, began a special enrollment period in February that runs through Aug. 15. All state-based marketplaces also began their own special enrollment periods, but their dates vary.

Read more: Biden Extended The ACA Special Enrollment Period Until August.Here’s How To Choose A Plan.

The new plan gives consumers more buying power, says Anthony Lopez, a vice president at eHealth, a Santa Clara, California-based health insurance marketplace provider.

“The dollar value of subsidies would increase for people who currently get them, he says. “In effect, more folks at the lower end of the income range will potentially qualify for premium-free coverage and others will pay less from their own pockets toward premiums.”

Here are some quick tips for consumers shopping for ACA plans:

- Know where to shop for ACA coverage: You can shop for ACA health plans through healthcare.gov, your state’s government-run health insurance marketplace or through private online marketplaces.
- Shop around by looking at plans from multiple insurers so you can compare your coverage options and find the right plan for your needs.
- Calculate the total cost of a plan—it’s about more than just premiums. Look at more than just what you would pay each month. Review the copays and deductibles you would face when you get medical care. “If you have a medical emergency in 2021 and need to pay out your full deductible, can you afford it?” Lopez says. “If not, consider a different health plan.”
- Keep in mind your preferred doctors and prescription drug needs. Make sure your doctors are on the new plan and make sure your coverage pays for prescription drugs. You can check to see if your current doctor is part of your health insurance plan by going online or by calling them.

Joe Biden is stretching Obamacare as far as it can go
Dylan Scott

We are about to witness, for the first time, the power of a fully operational Affordable Care Act (ACA).

The American Rescue Plan made 3.7 million more people eligible for the ACA’s premium subsidies. The Biden administration had already opened up enrollment after taking office, and 200,000 Americans signed up in the first two weeks. Now the administration is extending enrollment until August 15, backed by millions of dollars in advertising.

Insurers are expanding into new markets, and some who abandoned it long ago in the law’s fraught early years are now reentering. The individual mandate is gone, but, as it turns out, it may not be as important to the law’s long-term viability as originally thought.

The law had been weakened since its passage by the Supreme Court and Republican opposition. So this is a new beginning of sorts.

“The ACA is right now much closer to what its advocates hoped it would be from the start,” Larry Levitt, executive vice president at the Kaiser Family Foundation (KFF), told me. “This is a true test of how effective a juiced-up ACA can be at getting us closer to universal coverage.

Taken together, come Labor Day, the country should have the clearest idea yet of how the ACA functions at full strength — and where holes in the US health system remain.

A big contributor is the American Rescue Plan, which eliminated the cap on eligibility for premium subsidies. Before the ARP, people making more than 400 percent of the federal poverty level (about $51,500 for an individual or $106,000 for a family of four) could not receive federal assistance. The new law has lifted that cap so that nobody will pay more than 8.5 percent of their income toward their health insurance.

The Kaiser Family Foundation released new estimates of how the law would affect health coverage and found that change will make an especially big difference for the people who were making just a little too much money to qualify, those in the 400–600 percent range. About 2.4 million people in that income bracket will be eligible for subsidies. A lot of people making more money than that may already be paying 8.5 percent of their income or less for insurance, no matter how expensive it is, but another 1 million or so people with those higher incomes will now qualify for assistance too.

In chart form, the difference between the pre- and post-ARP versions of the ACA is best represented by the green bars on the right. Those are the newly eligible people.

Not only does the American Rescue Plan make more people eligible, the law also increased the size of the subsidies that people receive. The light-blue bar in the chart below illustrates how much the new subsidy will contribute to a person’s premiums.

So millions of people are newly eligible for subsidies and millions more now qualify for more generous subsidies. In fact, according to Kaiser’s estimates, a majority of the 29 million uninsured people in the US already qualify for either ACA subsidies or Medicaid.

But, obviously, they haven’t signed up. This has actually been a longstanding problem: Millions of people are eligible for health care assistance but, for whatever reason, they don’t take advantage of it. (Surveys suggest a lot of these people don’t know they qualify for help.)

This is where Biden’s extended enrollment period and advertising blitz come in. Shortly after taking office, Biden announced a special ACA enrollment period from February 15 to May 15. Then last week, the administration said they would extend that enrollment period until August 15. That gives them five months to try to reach as many of those 29 million as they can. A $50 million ad campaign (with more to come) should help.

The Biden administration is giving itself a lot of time and money to try to cover more Americans. This might also be the best avenue to expanding coverage during Biden's presidency if a public option can't pass the Senate. (They'd also need to make the new ARP subsidies, currently set to expire in two years, permanent at some point.)

It won't be easy. The remaining uninsured are uninsured for a reason: They are generally less tied to the institutions and communities that might connect them to health coverage.

But the renewed optimism around the ACA is real. Look no further than the health insurers themselves. Cigna is reportedly planning next year to double the number of markets where it's selling ACA plans. UnitedHealth is the nation's largest insurer, but the company pulled out of most ACA markets in 2016. Now it's considering a return. It makes sense: As Cynthia Cox at KFF pointed out to me, the ACA market is now almost as profitable for health insurers as the high-margin Medicare Advantage market.

Some uninsured people won't be covered anytime soon. Democrats tried to entice more states to expand Medicaid through ARPA and, while it appears Republicans in Alabama and Wyoming may be receptive to their offer, the biggest non-expansion states do not appear to be swayed. Two million or so Americans living in poverty will remain without coverage. The nearly 4 million people currently ineligible for assistance because of their citizenship status also won't be helped by the ARP or Biden's advertising campaign.

The US health system will still be in need of repairs this fall. But in the meantime, Biden is giving a newly improved version of Obamacare a chance to stretch itself as far as it can go.

The New York Times

Billions in New Obamacare Subsidies Are Now Available on Healthcare.gov
Sarah Kliff and Margot Sanger-Katz

Federal officials have reprogrammed Healthcare.gov, making new benefits available to tens of millions of Americans, weeks after Congress authorized spending billions on additional health law subsidies.

The Biden administration has doubled Obamacare's advertising budget to get the word out, and will now spend $100 million telling Americans about newly affordable options.

Nearly everyone with an Affordable Care Act health plan can now qualify for increased financial help with premiums by going back to the website. Many Americans who buy their own insurance outside the A.C.A. marketplaces may also qualify for substantial help, and may benefit from reviewing options and switching to an eligible plan. Uninsured Americans also qualify.

For some, the savings could be significant: A 64-year-old who earns $30,000, for example, would see monthly premiums drop to $85 from $195 for a midlevel plan. A family of four that earns $40,000 would go from paying a $136 premium to nothing at all.

More than six million people, or about three in five currently uninsured Americans in Healthcare.gov states, will be able to find health plans that won't cost them anything in premiums, according to a new government analysis (the government will fully pay the monthly premium).

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"These changes are really important because there is a fair number of people who didn't qualify before," said Laura Packard, executive director of Get Covered America. "Maybe they gave up trying, maybe they got a substandard policy somewhere else. This is a great opportunity for them to get coverage."

Maximizing subsidies will require enrolling in the right kind of plan, and getting financial help right away will mean logging onto Healthcare.gov. The federal government will not automatically apply the new subsidies to the existing 8.2 million enrollees' premiums. Instead, those who buy their own insurance will need to log into their accounts and re-enroll in coverage. People who fail to do so will still get the money, but they will have to wait.

About 3.3 million people who buy their coverage outside the government marketplace could now qualify for subsidies on the marketplace. These are typically higher-income Americans who previously earned too much to qualify for help. These people will need to switch to a marketplace plan to take advantage of the premium tax credits.

The Biden administration has added another $50 million in advertising to an earlier $50 million marketing commitment; the campaign will run on television, radio and online, and will emphasize the reduced cost. In early March, the administration announced $2.3 million in grants to nonprofits that help enroll consumers in coverage. By contrast, the Trump administration slashed the health law's outreach and advertising budget shortly after taking office.

"People deserve the peace of mind that comes with knowing you can take care of your health without going into debt," said Xavier Becerra, the secretary of Health and Human Services, in a statement.

Typically, the opportunity to enroll is only during a brief period in the fall. This year, people will have more time. Customers can buy insurance or switch plans until Aug. 15.

The Congressional Budget Office has estimated that the new subsidies will help 1.3 million uninsured Americans get coverage over the next two years. Some analysts say the policies could lower the number of uninsured Americans even more. The additional subsidies are set to expire at the end of 2022, though the Biden administration and Democrats in Congress are working to extend them through future legislation.

Linda Blumberg, a health policy expert at the Urban Institute, said the challenges of notifying people about their new options and the temporary nature of the program could limit its effect. But, she said, the Biden administration has the opportunity for a more substantial impact.

"If there is a large, aggressive, multifaceted effort at informing people of these much larger premium subsidies that are available to them, I think that can overcome those kinds of concerns and barriers," she said.

Brokers and navigators, who help people enroll in benefits, expect the new subsidies will drive a high number of enrollments — and are already fielding some inquiries about the changes.

"It will probably be pretty busy, and the increased marketing and advertising will be really helpful for that," said Shelli Quenga, director of programs at the Palmetto Project, a nonprofit that runs an insurance brokerage in South Carolina.

Ms. Quenga has begun to work with some enrollees to sort out their new subsidies. She has one family, deterred from buying coverage by a $1,200 monthly premium, that expects to enroll now that the amount has dropped to $700. Another client now paying $30 a month will see his premium disappear.

Some people will have to wait longer for the stimulus law's health subsidies. There are 15 states that run their own marketplaces, and some will take slightly longer to update their websites with the new premium amounts.

The stimulus law includes additional subsidies for Americans who have used unemployment insurance this year. Those people qualify for a no-cost health plan on the marketplace, but that benefit is more complex to administer and will not be available on Healthcare.gov until July.

Shoppers who do not re-enroll in coverage will still eventually get their insurance subsidies. Instead of showing up as a monthly discount on insurance premiums, they will be rolled into that person's 2021 tax return next spring.

If you are uninsured, or are trying to decide whether to switch plans, this guide may be helpful.

Vox

Exclusive: Nearly 7 million uninsured Americans qualify for free health insurance
Dylan Scott

After the passage of President Joe Biden's first Covid-19 relief plan, nearly 7 million additional uninsured Americans now qualify for free health insurance through the Affordable Care Act, according to new federal projections shared exclusively with Vox.

The American Rescue Plan (ARP), which takes effect on Thursday, expanded eligibility for the Affordable Care Act's premium subsidies — federal aid to help people pay for insurance plans bought on the individual marketplace. It also made the subsidies more generous for the people who already qualify for them. It expanded the number of people currently without any insurance coverage who could enroll in a plan for free.

Roughly 29 million people currently living in the US lack health insurance. According to the new HHS estimates, at least 6.8 million of them could now purchase an ACA plan with no monthly premium, and another 1.3 million could sign up for a health plan that costs less than $50 a month. Many of those people already qualified for free or low-cost coverage prior to the ARP, but based on the federal projections, the new law's expansion of the ACA made an additional 2 million Americans eligible for free or cheap coverage.

A low premium is no guarantee that a plan's out-of-pocket costs will also be low enough for people to find it affordable. But about 1.9 million people with incomes between 100 and 150 percent of the poverty level can get insurance with no monthly premium that will cover 94 percent of their medical costs, according to federal estimates. And about two-thirds of uninsured Black and Hispanic/Latinx Americans, who are less likely to have coverage than their white peers, qualify for zero-cost coverage.

"President Biden promised to bring down health care costs, and by implementing the American Rescue Plan, this administration is delivering," HHS Secretary Xavier Becerra said in a statement. "People deserve the peace of mind that comes from knowing you can take care of your health without going into debt."

The challenge will be in enrolling those people. It's been a longstanding problem that many uninsured Americans already qualify for assistance but haven't signed up.

The Biden administration is giving itself a big window to reach them. Enrollment will be open on HealthCare.gov and most state insurance marketplaces until August 15. HHS is doubling its new advertising campaign to support open enrollment, from $50 million to $100 million. It is contacting people who have previously started the enrollment process but for whatever reason never finished it and engaging with community groups to contact the uninsured.

The US isn't going to reach full universal coverage without another bill more ambitious than the American Rescue Plan. But that legislation, and its promise of free health insurance for millions, could go a long way toward bringing down the uninsured rate in the near term — if people hear the message.

Joe Biden is stretching Obamacare as far as it can go
The Affordable Care Act is now, arguably for the first time, fully operational.

The American Rescue Plan made 3.7 million more people eligible for the health care law's premium subsidies. The Biden administration already opened up enrollment after taking office, and 200,000 Americans signed up in the first two weeks. The administration has since extended enrollment until August 15, backed by millions of dollars in advertising.

Insurers are expanding into new markets. The individual mandate is gone, but, as it turns out, it may not be as important to the law's long-term viability as originally thought. This is a new beginning of sorts.

"The ACA is right now much closer to what its advocates hoped it would be from the start," Larry Levitt, executive vice president at the Kaiser Family Foundation (KFF), told me earlier this week. “This is a true test of how effective a juiced-up ACA can be at getting us closer to universal coverage.

Taken together, come Labor Day, the country should have the clearest idea yet of how the ACA functions at full strength — and where holes in the US health system remain.

A big contributor is Biden’s ARP, which eliminated the cap on eligibility for premium subsidies. Before the ARP, people making more than 400 percent of the federal poverty level (about $51,500 for an individual or $106,000 for a family of four) could not receive federal assistance. The new law has lifted that cap so that nobody will pay more than 8.5 percent of their income toward their health insurance.

The Kaiser Family Foundation released new estimates of how the law would affect health coverage and found that change will make an especially big difference for the people who were making just a little too much money to qualify, those in the 400–600 percent range. About 2.4 million people in that income bracket will be eligible for subsidies. A lot of people making more money than that may already be paying 8.5 percent of their income or less for insurance, no matter how expensive it is, but another 1 million or so people with those higher incomes will now qualify for assistance too.

In chart form, the difference between the pre- and post-ARP versions of the ACA is best represented by the green bars on the right. Those are the newly eligible people.

Kaiser Family Foundation
Not only does the American Rescue Plan make more people eligible, the law also increased the size of the subsidies that people receive. The light-blue bar in the chart below illustrates how much the new subsidy will contribute to a person’s premiums. For the Americans who make less than 150 percent of the poverty level, the federal government is covering a $500 monthly bill for their health insurance.

Kaiser Family Foundation
So millions of people are newly eligible for subsidies and millions more now qualify for more generous subsidies. In fact, according to Kaiser’s estimates, a majority of the 29 million uninsured people in the US already qualify for either ACA subsidies or Medicaid.

Kaiser Family Foundation
But, obviously, they haven’t signed up. This has actually been a longstanding problem: Millions of people are eligible for health care assistance but, for whatever reason, they don’t take advantage of it. (Surveys suggest a lot of these folks don’t know they qualify for help.)

This is where Biden's extended enrollment period and advertising blitz come in. Shortly after taking office, Biden announced a special ACA enrollment period from February 15 to May 15. Then last week, the administration said they would extend that enrollment period until August 15. That gives them five months to try to reach as many of those 29 million as they can.

The Biden administration is giving itself a lot of time and money to try to cover more Americans. This might also be the best avenue to expanding coverage during Biden's presidency if a public option can't pass the Senate. (They'd also need to make the new ARP subsidies, currently set to expire in two years, permanent at some point.)

It won't be easy. The remaining uninsured are uninsured for a reason: They are generally less tied to the institutions and communities that might connect them to health coverage.

But the renewed optimism around the ACA is real. Look no further than the health insurers themselves. Cigna is reportedly planning next year to double the number of markets where it's selling ACA plans. It makes sense: The ACA market is now almost as profitable for health insurers as the high-margin Medicare Advantage market.

Some uninsured people won't be covered anytime soon. Democrats tried to entice more states to expand Medicaid through ARPA and, while it appears Republicans in Alabama and Wyoming may be receptive to their offer, the biggest non-expansion states do not appear to be swayed. Two million or so Americans living in poverty will remain without coverage. The nearly 4 million people currently ineligible for assistance because of their citizenship status also won't be helped by the ARP or Biden's advertising campaign.

The US health system will still be in need of repairs this fall. But in the meantime, Biden is giving a newly improved version of Obamacare a chance to stretch itself as far as it can go.

More than a half million Americans gain coverage under Biden
Ricardo Alonso-Zaldivar

WASHINGTON (AP) — More than a half million Americans have taken advantage of the Biden administration's special health insurance sign-up window keyed to the COVID-19 pandemic, the government announced Wednesday in anticipation that even more consumers will gain coverage in the coming months.

The reason officials expect sign-ups to keep growing is that millions of people became eligible effective Apr. 1 for pumped-up subsidies toward their premiums under President Joe Biden's coronavirus relief legislation. The special sign-up opportunity for Affordable Care Act plans will be available until Aug. 15.

Biden campaigned on a strategy of building on the Obama-era health law to push the United States toward coverage for all. As president, he's wasted no time.

With the number of uninsured Americans rising during the pandemic, Biden reopened the law's heath insurance markets as a backstop. Then, the virus aid package essentially delivered a health insurance price cut by making taxpayer subsidies more generous, while also allowing more people to qualify for financial assistance.

Those sweeteners are available the rest of this year and through the end of 2022. Consumers who were already covered by the health law at the beginning of this year are also entitled to the increased financial aid, but will have to go online or call to update their plan. People on average could save $50 a month, the government says.

The numbers released Wednesday by the Centers for Medicare and Medicaid Services show that 528,005 people newly signed up for government-sponsored private plans from Feb. 15 to Mar. 31.

But those figures are incomplete because they cover only the 36 states served by the federal HealthCare.gov insurance market. National enrollment will be higher when totals are factored in later on from states such as California and New York that run their own insurance websites.

The new report also showed that more than 870,000 people who went to the HealthCare.gov website or reached out to the call center were found to be eligible for Medicaid, the federal-state health program for low-income people.

Although President Donald Trump spared no effort to overturn the Obama-era law, more than 20 million people remained covered under it at the end of Trump's term. That number combines those with HealthCare.gov plans as well as low-income adults covered through expanded Medicaid. But with the economy shedding jobs because of coronavirus shutdowns, the number of uninsured Americans has been on the rise. Biden sought to stop the erosion and hopes to ultimately reverse it.

Among the states showing strong gains in enrollment are several big ones that went for Trump in last November's election, including Florida, Texas, and North Carolina. Florida recorded the biggest gain, with more than 146,000 sign-ups.

The nonpartisan Congressional Budget Office estimates that about 33 million Americans are uninsured. That's still less than when President Barack Obama's health care law was passed, but it is a reversal from prior years in which the uninsured rate steadily declined.

The CBO estimates about 3 million people lost coverage as a result of the pandemic. Some private experts estimate higher numbers, in the range of 5 million to 10 million.

Republicans say expanding the health law is the wrong way to go, but they have been unable to coalesce around a health care vision of their own. That's left the political field to Biden, who is maneuvering with narrow Democratic margins in Congress to try to execute an ambitious health agenda, including a new "public option" plan as an alternative to private insurance, and granting Medicare the power to directly negotiate prescription drug prices.