

# Affordable Coverage Coalition Principles for Extending Coverage and Protecting Patients

We represent the nation's doctors, hospitals, employers and health insurance providers. Collectively, our organizations include hundreds of thousands of individual physicians, thousands of hospitals, and hundreds of employers and health insurance providers that serve hundreds of millions of American patients, consumers and employers every day across the United States. While we sometimes disagree on important issues in health care, we are in total agreement that Americans deserve a stable health care market that provides access to high-quality care and affordable coverage for all. Achieving universal coverage is particularly critical as we strive to contain the COVID-19 pandemic and work to address long-standing inequities in health care access and disparities in health outcomes. Let's work together on solutions that are broadly applicable across all types of health insurance – employer coverage, individual market and public programs – to deliver the access to care and health outcomes that the American people deserve.

Despite decades of evidence linking coverage to better health care access and health outcomes, the COVID-19 pandemic has put the link between the two in stark relief. Over the past year, we have seen how health coverage is essential for both an individual's health and well-being, as well as the health and well-being of entire communities. Gaps in coverage limit our ability to connect people to critical public health information and ensure they know how to access the health care system, leaving a community vulnerable to the continued spread of communicable diseases.

Over the past decade, our nation has made substantial progress in expanding access to health coverage – vastly increasing the number of children and adults with lower incomes who are covered and guaranteeing that those with pre-existing medical conditions are able to obtain the coverage and care they need. As a result, today, more than 90 percent of Americans have health coverage through their jobs, the Affordable Care Act (ACA), Medicare or Medicaid.

However, nearly 29 million nonelderly individuals remain uninsured. Many of the uninsured today are eligible for, but not enrolled in, coverage with financial assistance through ACA coverage with premium tax credits, Medicaid, the Children's Health Insurance Program (CHIP), or their employer. Therefore, efforts to expand coverage must include robust outreach and enrollment efforts to connect people to the programs available to them today. We must pursue new solutions to address gaps in coverage and the affordability of coverage.

With the key objectives of improving all Americans' access to care, stopping the COVID-19 pandemic and advancing health equity, we support the following steps to make coverage more available and affordable:

- a. **Tax Credits and Cost-Sharing Reductions:** Increase the generosity of and expand eligibility for ACA premium tax credits and cost-sharing reductions to help more people afford their premiums and cost-sharing responsibilities. These improvements should specifically include, among other enhancements, fixing the family glitch, removing the subsidy cliff, and bolstering subsidies for younger enrollees.
- b. **Insurance Affordability Fund:** Establish a sustained federal funding mechanism to support any unexpected high costs for caring for those with serious health conditions or to otherwise lower premiums or cost-sharing for exchange enrollees.
- c. **Automatic and Facilitated Enrollment:** Automatically enroll and renew individuals eligible for Medicaid and premium-free marketplace plans and facilitate enrollment for any remaining uninsured, maximizing their financial assistance and simplifying enrollment and maintenance of coverage.
- d. **Federal Funding for Outreach and Enrollment Programs:** Urge Congress to appropriate adequate funding to restore resources to navigator, outreach and enrollment programs and encourage states to develop

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more efficient and less costly outreach and enrollment platforms with the goal of ensuring there is no wrong door to enroll in coverage.

- e. **Incentives to Close the Low-Income Coverage Gap:** Ensure everyone with an income up to 138 percent of the federal poverty level has comprehensive coverage. To provide incentives for states that have not yet expanded Medicaid to act, Congress should again fund a three-year, 100 percent federal match for Medicaid expansion.
- f. **Preventing Increases in the Uninsured:** Employer-provided health benefits are the most common source of vital health coverage, insuring nearly 180 million Americans. Ensuring that people can maintain access to affordable coverage is ever more critical so they can get the care they need to diagnose and treat COVID-19. Policymakers should help prevent Americans who have lost, or are at risk of losing, employer-provided health coverage from becoming uninsured. For those at risk of losing coverage, Congress should temporarily cover the cost of continuing health coverage through the crisis, such as through COBRA subsidies or direct loans to employers. From a federal perspective, allowing people to keep their current coverage avoids the cost and burden of overwhelming our safety net programs and providers during a time of crisis. For those who have lost coverage, this could be accomplished through facilitated and automatic enrollment into Medicaid, CHIP and ACA marketplace coverage, depending on eligibility, as recommended above. At a minimum, consumers losing coverage must be made aware of their opportunities for enrollment, including marketplace special enrollment periods for loss of other coverage. We urge increased outreach and education about any special enrollment opportunities through the ACA in 2021 to allow individuals, including those who have lost coverage during the COVID-19 public health emergency, to enroll.

In implementing these recommendations, special attention should be paid to advancing health equity. Research shows that people of color experience shorter lifespans, higher rates of physical and mental illnesses, worse health outcomes, higher maternal and infant mortality, poorer access to health care and greater distrust of the health care system compared to white Americans. These same disparities are true for the LGBTQ community compared to their heterosexual counterparts. We are committed to working across the health care system to address long-standing disparities in health outcomes stemming from years of systemic racism and discrimination.

Addressing unequal access to insurance is an important starting point. Hispanics, Black Americans and LGBTQ community members are more likely to be uninsured than white and heterosexual Americans. The COVID-19 global pandemic is expected to exacerbate these disparities as the associated economic downturn reduces the availability of employer-sponsored coverage and state Medicaid programs struggle to accommodate new enrollment. Moreover, recent regulations have discouraged families with undocumented family members from enrolling for fear of immigration consequences, resulting in a decline in insured children for the first time in two decades. Policymakers must address this unequal access to coverage, and they can start with the recommendations specified above to make coverage more available and affordable. In particular, substantial outreach and education should be targeted towards marginalized communities.

Sincerely,

America's Health Insurance Plans  
American Academy of Family Physicians  
American Benefits Council  
American Hospital Association  
American Medical Association  
Blue Cross Blue Shield Association  
Federation of American Hospitals  
U.S. Chamber of Commerce