

Consumers, Employers, Civil Rights Organizations, Health Insurance Providers, Patients, Hospitals, Doctors, Industry Groups, and Other Health Care Stakeholders Agree on a Menu of Effective Policy Options to Extend and Improve Affordable, High-Quality Health Coverage

Introduction

The deadliest pandemic in more than a century and sharpest economic downturn since the Great Depression have highlighted the need to strengthen America's health care infrastructure. More clearly than ever before, Americans understand that our nation's capacity to thrive in the future depends on health care that is accessible, affordable, and equitable.

The public narrative around health policy often focuses on areas of disagreement. But that's not the whole story. Recognizing the need for change, 18 diverse organizations representing the full range of health care stakeholders — consumer and patient advocates, children and families, employers, health care providers, health insurance providers, civil rights organizations, researchers, and others — have come together and reached consensus on policy measures that would provide significant relief to millions of struggling families. Detailed below, these proposals comprise a menu of broadly vetted health coverage ideas from which lawmakers in both parties can draw in crafting legislation that improves people's lives.

Some necessary reforms will take time to shape and implement, but others require immediate action.

WE CALL ON CONGRESS TO INCLUDE REFORMS IN ITS NEXT MAJOR LEGISLATIVE PACKAGE TO:

- » Strengthen funding, care continuity, and eligibility for Medicaid and the Children's Health Insurance Program (see page 4);
- » Improve the affordability of coverage that people buy for themselves on the individual market, including health insurance exchanges (see page 6);
- » Qualify all lawfully present immigrants for health care, without any waiting periods (see page 4); and
- » Enroll people into coverage who qualify for assistance but remain uninsured (see page 3).

Policy Proposals

The full menu of policies outlined to the right is organized by health care program and market, not by relative importance. Our joint recommendations to Congress address a remarkably broad range of health coverage concerns, but they are neither exhaustive nor fully detailed policy proposals. Our organizations may disagree on some important health issues not addressed or spelled out below, but far more important is the breadth of coverage issues on which diverse stakeholders agree.

We appreciate the dedication of Congress and the administration to improving access to affordable, equitable, high-quality, and high-value health care and coverage. We look forward to working with our country's leaders to advance the important proposals discussed below.

Proposals in the following areas are explained below:

1. Cross-Cutting Priorities

- › Enroll people who, despite qualifying for coverage, remain uninsured
- › Cover all lawfully present individuals
- › Improve access to high-value care

2. Program-Specific Priorities

- › Medicaid and CHIP
- › The individual market (including health insurance exchanges)
- › Employer-sponsored insurance (ESI)

Supporting Organizations

- **America's Health Insurance Plans**
- **American Academy of Pediatrics**
- **American College of Physicians**
- **Association for Community Affiliated Plans**
- **Blue Cross Blue Shield Association**
- **Catholic Health Association of the United States**
- **Families USA**
- **Federation of American Hospitals**
- **NAACP**
- **National Birth Equity Collaborative**
- **National Council of Urban Indian Health**
- **National Health Council**
- **National Immigration Law Center**
- **National Partnership for Women & Families**
- **Small Business Majority**
- **Third Way**
- **UnidosUS**
- **Young Invincibles**

These organizations support the listed proposals as providing a menu for extending and strengthening health care coverage to make it more affordable, widespread, equitable, secure, and valuable to individuals and families. These important policy goals should be achieved in a way that maintains the affordability and comprehensiveness of coverage across all health care systems, including exchanges and the individual market, Medicaid and CHIP, the employer market (including the Federal Employees Health Benefit Program), Medicare (including Part D and Medicare Advantage), and other important health care programs. Support does not necessarily mean that an organization would support any particular iteration of, has expertise in, or is actively working to enact each individual proposal.

1. Cross-Cutting Priorities

The following proposals would affect multiple systems of coverage and care, including insurance affordability programs (IAPs) like Medicaid, the Children’s Health Insurance Program (CHIP), the Basic Health Program, advance premium tax credits (APTCs), and cost-sharing reductions (CSRs).

Enroll people who, despite qualifying for coverage, remain uninsured

Support consumers in making health care choices, including when they decide whether to enroll.

- » Many consumers find health coverage complicated and IAP enrollment difficult. To overcome these barriers, Congress should provide mandatory, ongoing funding for multi-payer consumer assistance programs, including application assistance. Funding should support trusted organizations in historically disadvantaged communities. Such organizations play many important roles, including their participation in effective outreach to populations with limited English proficiency.
- » Broker and agent compensation can vary based on the plans in which their clients enroll. To overcome the resulting potential conflicts of interest, Congress should establish a legal obligation for agents and brokers to follow their clients’ wishes and act in their clients’ best interests.

Streamline and automate IAP enrollment

Millions of uninsured families never receive coverage because they don’t know help is available, doubt they qualify, and do not apply for coverage. To reach these families, Congress should make enrollment as automatic as possible for eligible people who lack health coverage, using strategies like the following:

- » Let tax filers consent on their tax returns to (1) sharing information with their health insurance exchange to determine their eligibility for free or low-cost health insurance and (2) enrolling

in zero-premium coverage, if it is available and if tax filers do not make a different choice. If people who consent qualify for Medicaid, CHIP, or zero-premium exchange plans, enroll them if they neither select a different plan on their own nor opt out of coverage.

- » Adjust eligibility determination periods to facilitate automatic enrollment when people file their tax returns:
 - » Qualify people as financially eligible for Medicaid and CHIP if prior-year federal income tax returns show sufficiently low income to qualify.
 - » Guarantee APTCs based on prior-year income instead of requiring families to guess at their income for the coming year and face tax penalties if they guess wrong. Maintain appropriate safeguards of program integrity, including criminal penalties for fraud. Let consumers obtain additional assistance, subject to verification, if their circumstances have worsened since the prior year.
- » Create an enrollment pathway from unemployment insurance programs to IAPs, making it as easy as possible for laid-off workers and their families to obtain health coverage for which they qualify.

Streamline Medicaid and CHIP enrollment and renewal

- » Today, Express Lane Eligibility (ELE), which expires every few years in the absence of Congressional action, is an option for states to provide children with Medicaid and CHIP based on determinations already made by other public programs. Congress should make ELE permanent, open it to adults, and allow true auto-enrollment via ELE.
- » Through Medicare Savings Programs, Medicaid is supposed to cover significant Medicare costs for low-income seniors and people with disabilities,

but most eligible people never receive help. Congress should close this gap by eliminating or limiting the asset test that greatly complicates current enrollment and by creating a federally managed enrollment pathway.

- » Automatically grant Medicaid eligibility when children or adults participate in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), which means they have already been found to be poor or near-poor citizens or lawfully present immigrants. As part of that process, identifying SNAP and TANF recipients who have ESI would help Medicaid programs promptly enroll eligible people without incurring health care costs already covered by employers.

Cover all lawfully present individuals

Qualify lawfully present immigrants, without waiting periods

Today, statutory restrictions prevent hundreds of thousands of lawfully present immigrants from accessing public health insurance programs, leading to lower coverage rates and heightened health disparities. Congress should solve this problem by permitting all lawfully present individuals to qualify for IAPs, without any waiting periods.

Improve access to high-value care

Improve access to targeted, high-value services

- » Telehealth's increased availability during the pandemic made major improvements to health care access that our country should retain and build on going forward. Congress should increase telehealth coverage, including by permitting pre-deductible coverage for people enrolled in Health Savings Account (HSA)–qualified plans, and increasing the availability of telehealth treatment for mental health and substance use disorders (MH/SUDs), accessible health care for people with disabilities, and other

appropriate services. High-quality telehealth, including with audio-only support, should be a broadly available option, supplementing rather than supplanting access to in-person care.

- » Access to behavioral health services has long been inadequate, and unmet need spiked severely during the pandemic. One contributing factor has been many consumers' inability to find skilled providers. Congress should take steps to increase the workforce providing MH/SUD treatment and expand the availability of MH/SUD services within primary care practices.
- » Congress should encourage integration of MH/SUD services with other treatments, including via collaborative care models supported through technical assistance and financial incentives.

2. Program-Specific Priorities

The following proposals address three distinct systems of coverage and care: Medicaid and CHIP; the individual market; and employer-sponsored insurance.

Medicaid and CHIP

Strengthen federal Medicaid and CHIP funding to promote equity, stability, and modernization

- » Make the federal medical assistance percentage (FMAP) more flexible and responsive to state economic changes so it increases automatically during economic downturns, with appropriate maintenance-of-effort requirements like those in place now. That flexibility would make Medicaid a more powerful tool in combating recession and stabilizing the economy while protecting families and state budgets during hard times.
- » Unlike every other IAP, CHIP has temporary funding that must be renewed periodically. Rather than continuing to single out children's coverage by placing it uniquely at risk, Congress should make CHIP funding permanent.

- » Looming Medicaid funding cliffs once again threaten health care infrastructure serving Puerto Rico and other territories. Rather than pursuing a short-term fix, Congress should solve the core problem by eliminating funding caps and establishing FMAP for Puerto Rico and other territories that is no less generous than what states receive.
- » Unlike other tribal health services, Urban Indian Health Programs (UIHPs) do not generally receive 100% FMAP — an arbitrary distinction that harms Indigenous peoples’ access to care. Congress should establish a permanent 100% FMAP for UIHPs as well as Indian tribes and other tribal organizations.

Prevent coverage disruptions in Medicaid and CHIP

- » To protect children’s health care during the critical early years of life, Congress should:
 - › Provide five-year continuous eligibility for young children, with sufficient federal funding.
 - › Automatically enroll newborns into Medicaid if there is no proof of other coverage. This includes automatic enrollment in the mother’s Medicaid plan unless the parent or parents choose a different plan for their child.
- » To prevent small income fluctuations from disrupting families’ health coverage, Congress should provide for 12-month continuous eligibility for both children and adults, including sufficient federal funding.
- » To address unconscionably high maternal mortality rates, especially among African-American women and other women of color, Congress should make 12-month continuous postpartum coverage permanent, supported with increased FMAP. Unless Congress acts, this eligibility category will end in five years.

- » Today, when people reenter the community from prison or jail, life-threatening disruptions in care frequently occur, often with tragic results. To prevent such disruptions, Congress should enhance federal Medicaid support for the justice-involved population at least 30 days prior to release so that community reentry is accompanied by uninterrupted treatment of existing health conditions and immediate connection to community-based care.

Cover uninsured adults in the Medicaid coverage gap

- » More than 2 million uninsured adults who live below the poverty line are denied health care because their states did not expand Medicaid. Congress should provide those adults with Medicaid-level coverage. Such measures should be accompanied by significant incentives for states to retain and further extend Medicaid expansion, without using methods that undermine provider participation or disrupt current coverage.

Pursue targeted Medicaid/CHIP initiatives in the following areas,

increasing support through such steps as enhancing FMAP, broadening the generosity of covered services, and strengthening provider networks through increased reimbursement and higher standards.

- » Equity-focused Medicaid interventions, such as improving language access and engaging community health workers and community-based organizations.
- » High-quality telehealth services (including maternal health care and rural health care), coupled with comparable support for maternal and rural health care provided in person, promoting patient choice and making sure in-person services remain viable.
- » The use of doulas and other expanded perinatal services, with models that promote community-based care, including in communities of color,

to further address the maternal mortality crisis mentioned earlier.

- » Access to and coverage of treatment of MH/SUDs to address longstanding problems experienced by Medicaid and CHIP beneficiaries. Such beneficiaries have often faced difficulties obtaining the full range of necessary quality services, problems with network adequacy, and shortages of participating providers skilled in treating MH/SUDs.
- » Coverage of adult dental care, including for people dually eligible for Medicare and Medicaid, with federal support for raising reimbursement rates to improve access to care.

Long-term services and supports (LTSS)

- » Rather than facing regular sunsets of federal legal safeguards, people with disabilities and seniors should be guaranteed that two key consumer protections become permanent parts of America's LTSS system: "money follows the person" and spousal impoverishment guardrails.
- » Following a pandemic that involved massive and unacceptable loss of life in nursing homes, Congress should take bold action to rebalance LTSS and facilitate receipt of services at home and in community settings, rather than in institutional long-term care, whenever appropriate.

The individual market (including health insurance exchanges)

Lower costs that people pay when they buy coverage for their families on the individual market. For many years, the most common complaint about individual-market coverage has been its cost to consumers, which is a key barrier to uninsured families obtaining insurance. Congress should build on the American Rescue Plan's (ARP) two-year reduction in families' premium costs, as follows:

- » Congress should make permanent those ARP provisions, which (1) capped premium costs for

people with incomes above 400% of the federal poverty level (FPL) and (2) increased financial assistance for people at lower income levels.

- » Congress must also tackle the problem of high deductibles and other out-of-pocket costs by extending and expanding CSRs for consumers with incomes up to 400% of FPL.
- » Together with those two measures to improve affordability, Congress should also change the base for APTCs from silver to gold levels — thus lowering out-of-pocket costs for consumers with incomes above 400% of FPL — and restore federal CSR payments to insurers.

Increase APTCs for younger adults, who comprise the bulk of uninsured adults who are eligible for APTCs but not enrolled. Bringing them into the individual market would improve the risk pool, lowering costs for all who buy their own insurance without APTCs. Younger adults and people in their prime working years can and should receive additional assistance without raising premium costs paid by older consumers.

Extend APTCs for other specific populations

- » Without exposing employers to additional liability, fix the "family glitch" that currently denies APTCs to more than 5 million people, based on unaffordable employer offers of dependent coverage.
- » Let APTCs pay for student health plans that fully comply with the Affordable Care Act (ACA) so low- and moderate-income students attending college away from home can obtain affordable coverage and care.

Employer-sponsored insurance

Provide federal financial support to improve the affordability or availability of ESI

- » Provide tax credits or other financial assistance for small-group coverage, with extra help for the

smallest firms and the self-employed, targeting assistance based on employee income. Such assistance would be an inducement for small firms to provide health benefits to employees and their families.

- » To directly reduce premiums for job-based coverage, Congress should provide federally subsidized reinsurance. Funding could be targeted to small companies or to the highest-cost cases, such as those falling outside the typical scope of stop-loss coverage.

Improve HSA-qualified ESI. Federal law imposes various limits on the coverage provided by HSA-eligible high-deductible plans, which now cover more than 30% of all workers who receive ESI. Without expressing a point of view on the desirability of such insurance, we urge Congress to ease current limits by allowing these plans to add the following features:

- » Value-based-insurance design that targets high-value services for reduced cost-sharing below the deductible.
- » Insurance designs that cover services for chronically ill members with reduced cost-sharing below the deductible.
- » Covering care at worksite clinics, without imposing additional costs on workers.
- » In plans that cover comprehensive primary care services more generally, allow Direct Primary Care arrangements that encourage coordinated primary care, incentivizing early and consistent use of

primary care that includes care coordination with the patient's health insurance provider.

Help with ESI out-of-pocket costs. For people who are ineligible for APTCs because of ESI and who either have low incomes or spend a high percentage of income on health care, provide federal financial assistance to help pay workers' out-of-pocket costs. Such assistance would improve access to care and financial security for millions of ESI beneficiaries who are underinsured because of high out-of-pocket costs.

Social determinants of health (SDH) in private coverage. Clarify that health plans, including employer-sponsored and multi-employer plans, may cover carefully defined services, distributed equitably and focused on vulnerable workers, to address SDH without violating the Employee Retirement Income Security Act of 1974 (ERISA) or the Internal Revenue Code's rules for tax-excluded health benefits. Examples include services to address food insecurity, housing instability, and domestic violence.

Conclusion

As the United States emerges from a combined pandemic and economic contraction, many hard-won lessons will be important to retain. One involves the importance of everyone in our country gaining and keeping secure and equitable access to affordable, high-quality, high-value health care. Lawmakers from both parties can help achieve this fundamental goal by enacting effective proposals that enjoy broad stakeholder support. The many and diverse organizations that have reached consensus on the above menu of options stand ready to help.