



ASPE
ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

The Affordable Care Act and Its Accomplishments

BRIEFING BOOK

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Office of the Assistant Secretary for Planning and Evaluation

The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the U.S. Department of Health and Human Services (HHS) on policy development in health, disability, human services, data, and science; and provides advice and analysis on economic policy. ASPE leads special initiatives; coordinates the Department's evaluation, research, and demonstration activities; and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies; develops policy analyses; and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

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This Briefing Book was designed by Rose Chu and Aldren Gonzales, ASPE Office of Health Policy.

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EXECUTIVE SUMMARY

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Since then, the law has led to a historic expansion of health insurance coverage across all states and all demographic groups within the U.S. This Briefing Book features key findings from two dozen reports published by the Biden-Harris Administration in 2021-2022. Most of the reports were published by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health and Human Services (HHS), working in collaboration with the Centers for Medicare & Medicaid Services (CMS), which is primarily responsible for the implementation of many of the ACA's provisions and also releases regular [Medicaid](#) and [Marketplace](#) enrollment reports. The Briefing Book also includes a report by the White House Council of Economic Advisors.

The Briefing Book summarizes key findings in five areas:

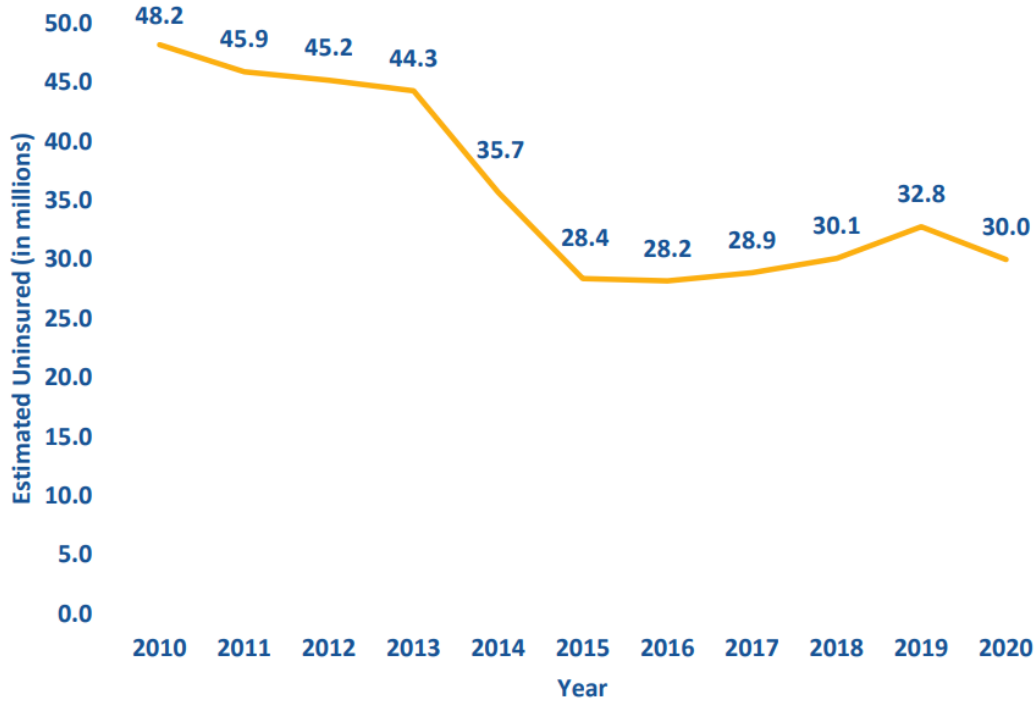
- ▶ **Health Coverage and Uninsured Rates:** The ACA reduced the size of the uninsured population by approximately 20 million people from 2010 to 2020, though some of this progress was reversed from 2017-2019. Early evidence indicates that the uninsured rate has begun to decline again in 2021, after actions taken by the Biden-Harris administration to strengthen the ACA, including passage of the American Rescue Plan (ARP) and robust enrollment outreach.
- ▶ **Marketplace Coverage:** Marketplace enrollment reached an all-time high of 14.5 million individuals in 2022, building on the success of the 2021 Special Enrollment Period and the enhanced Premium Tax Credits implemented by the American Rescue Plan, which made low-premium and zero-premium Marketplace plans available to millions of current enrollees and uninsured Americans.
- ▶ **Medicaid:** Medicaid expansion has been a key tool in expanding coverage to low-income adults, improving access to care, and improving health outcomes in the states that have chosen to do so. 12 states, however, have not yet expanded, leaving 3.8 million potential expansion-eligible adults uninsured in those states. The Biden-Harris Administration has also taken steps to improve continuity of coverage for those in Medicaid, particularly during the postpartum period.
- ▶ **Preventive Care:** The ACA requires coverage of recommended preventive services, including well-child visits, cancer screenings, immunizations, and contraception. This policy has produced increased rates of preventive care and provides free access to these services among more than 150 million Americans with private insurance.
- ▶ **Populations of Interest:** In a series of reports, HHS examined the large gains in coverage under the ACA that have occurred among all races and ethnic groups, people living in rural areas, LGBTQ+ individuals, people with disabilities, and immigrants, while noting the major disparities in coverage and access to care that remain in need of additional policy interventions to improve health equity.

This Briefing Book provides summaries of the reports in each of these areas, along with links to the full reports. It also highlights a select number of key figures from the reports included:

- ▶ Annual uninsured rates in the U.S. since 2010 ([Figure 1](#)),
- ▶ Changes in the uninsured rate by state between 2010 and 2019 ([Figure 2](#)),
- ▶ ACA-Related Enrollment 2014-2021 ([Figure 3](#)),
- ▶ The county-level pattern of urban and rural uninsured rates ([Figure 4](#)), and
- ▶ Trends over time in uninsured rates by race and ethnicity ([Figure 5](#)).

SELECT KEY FIGURES

Figure 1. U.S. Nonelderly Uninsured Population, 2010 – 2020 (in millions)



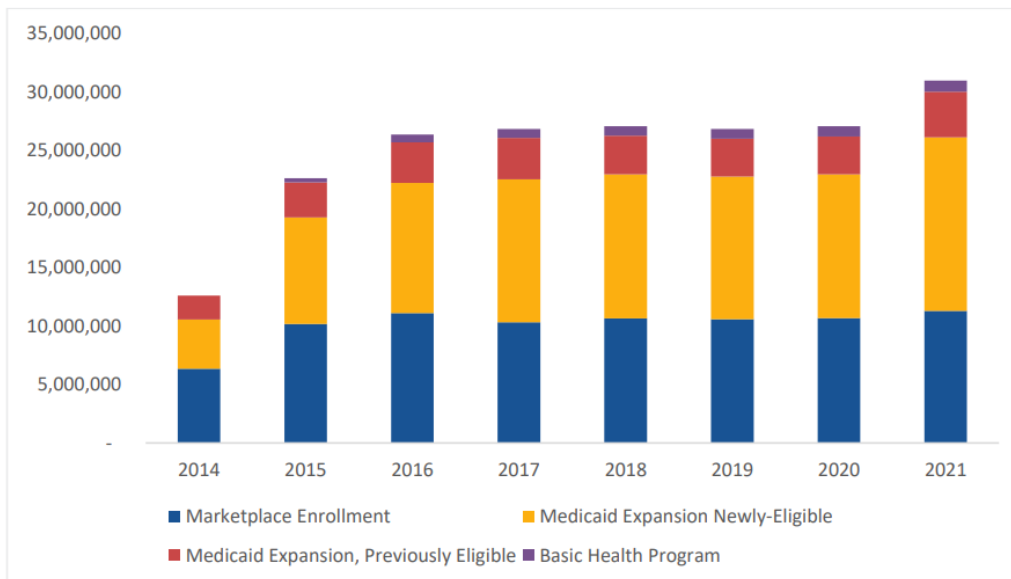
Source: Analysis of the National Health Interview Survey’s Health Insurance Coverage Reports in <https://aspe.hhs.gov/reports/trends-us-uninsured-population-2010-2020>

Figure 2. Uninsured Rates for Individuals Ages 0 to 64, by State, for 2010 and 2019

State	2010	2019	2010 to 2019 Change
United States	18.0%	11.1%	-6.9%
Alabama	17.4%	12.1%	-5.3%
Alaska	19.2%	12.9%	-6.2%
Arizona	20.2%	14.1%	-6.1%
Arkansas	20.8%	11.5%	-9.3%
California	20.9%	9.1%	-11.7%
Colorado	17.7%	9.4%	-8.3%
Connecticut	10.4%	7.0%	-3.4%
Delaware	12.1%	8.8%	-3.4%
District of Columbia	8.4%	4.0%	-4.4%
Florida	26.0%	16.8%	-9.2%
Georgia	22.6%	16.2%	-6.4%
Hawaii	8.6%	5.1%	-3.5%
Idaho	20.7%	12.4%	-8.3%
Illinois	16.0%	8.7%	-7.3%
Indiana	17.5%	10.6%	-6.9%
Iowa	11.1%	5.8%	-5.3%
Kansas	16.0%	11.2%	-4.9%
Kentucky	18.1%	8.0%	-10.0%
Louisiana	21.0%	11.2%	-9.8%
Maine	12.6%	10.2%	-2.4%
Maryland	13.0%	7.0%	-6.0%
Massachusetts	5.1%	3.6%	-1.4%
Michigan	14.6%	7.2%	-7.5%
Minnesota	10.3%	5.8%	-4.5%
Mississippi	21.4%	16.2%	-5.1%
Missouri	15.7%	12.5%	-3.2%
Montana	19.8%	10.3%	-9.5%
Nebraska	13.5%	9.7%	-3.8%
Nevada	25.5%	13.9%	-11.7%
New Hampshire	12.9%	7.9%	-5.0%
New Jersey	15.2%	9.5%	-5.8%
New Mexico	23.1%	12.2%	-10.9%
New York	13.8%	6.3%	-7.5%
North Carolina	19.3%	13.6%	-5.7%
North Dakota	11.8%	8.5%	-3.2%
Ohio	14.4%	8.2%	-6.2%
Oklahoma	22.4%	18.0%	-4.4%
Oregon	20.0%	8.8%	-11.2%
Pennsylvania	12.4%	7.4%	-5.0%
Rhode Island	14.0%	5.0%	-9.0%
South Carolina	20.4%	13.3%	-7.0%
South Dakota	14.0%	11.7%	-2.3%
Tennessee	16.9%	12.6%	-4.3%
Texas	26.7%	21.4%	-5.3%
Utah	17.1%	11.0%	-6.2%
Vermont	9.2%	5.4%	-3.8%
Virginia	14.4%	9.5%	-4.8%
Washington	16.1%	7.7%	-8.4%
West Virginia	17.7%	8.8%	-8.9%
Wisconsin	11.4%	7.2%	-4.2%
Wyoming	16.5%	14.9%	-1.7%

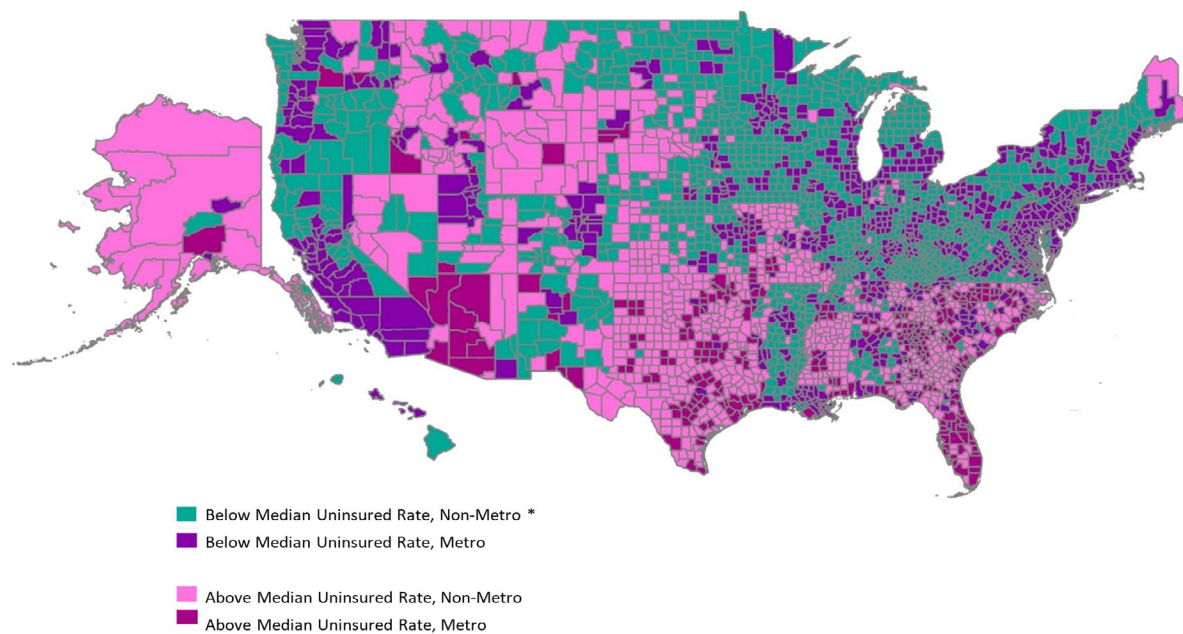
Source: ASPE analysis of 2010 and 2019 data from the American Community Survey. We use 2019 data for these estimates, since the Census Bureau reports that the COVID-19 pandemic affected data quality for 2020.

Figure 3. ACA-Related Enrollment: Marketplace, Medicaid Expansion and the Basic Health Program 2014-2021



Source: <https://aspe.hhs.gov/reports/health-coverage-under-affordable-care-act-enrollment-trends-state-estimates>

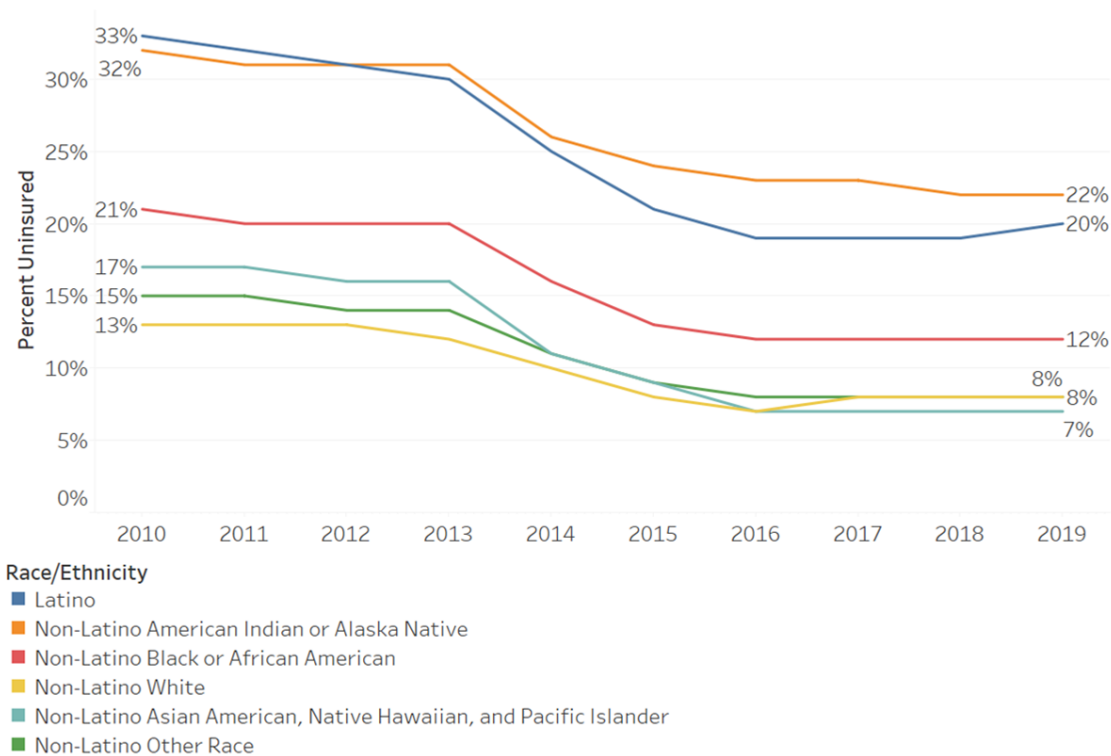
Figure 4. High and Low Uninsured Rates among the Non-Elderly Population by County Metropolitan Status, 2019



*The median uninsured rate is defined as the median uninsured rate across rural and urban counties.

Source: Small Area Health Insurance Estimates from the U.S. Census Bureau, as shown in <https://aspe.hhs.gov/reports/access-care-rural-america>

Figure 5. Uninsured Rate for Nonelderly U.S. Population by Race and Ethnicity, 2010-2019



Source: Analysis of American Community Survey Public Use Microdata Sample, 2010-2019, in: <https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-among-latinos>

HEALTH COVERAGE AND UNINSURED RATES

1

Trends in the U.S. Uninsured Population, 2010-2020

Publication Date: February 10, 2021

Newly released estimates from the National Health Interview Survey show that 11.1 percent of U.S. residents (or 30.0 million) under age 65 lacked health insurance as of January-June 2020. This number reflects a sharp decline in the number of uninsured Americans since 2010, before implementation of the Affordable Care Act's large coverage expansions. The implementation of the Affordable Care Act increased coverage especially for Blacks, Latinos, Asians, American Indians/Alaska Natives, families with lower incomes, and those living in states that expanded Medicaid. However, the uninsured rate rose between 2016-2019. The issue brief concludes with an overview of current efforts to expand health coverage.

KEY POINTS

- ▶ 30 million U.S. residents lacked health insurance in the first half of 2020, according to newly released estimates from the National Health Interview Survey (NHIS).
- ▶ This number reflects a sharp decline in the number of uninsured Americans since 2010, before implementation of the large coverage expansions under the Affordable Care Act (ACA). The ACA produced particularly large coverage gains for Blacks, Latinos, Asian Americans, and Native Americans, as well for lower-income families.
- ▶ However, the uninsured rate has increased since 2016, even prior to the COVID-19 pandemic. From 2017-2019, the uninsured rate rose by 1.7 percentage points, most likely due to new policy changes to coverage options available under the ACA and Medicaid.
- ▶ Estimates from the NHIS show no significant change in uninsured rates during the early months of the COVID-19 pandemic. However, the pandemic itself created challenges in conducting the survey that may affect estimates of the uninsured, due to reduced response rates and a temporary shift from an in-person survey to a telephone survey.
- ▶ Compared with other Americans, the uninsured are disproportionately likely to be Black or Latino; be young adults; have low incomes; or live in states that have not expanded Medicaid.

[Read the publication](#)

2

The Remaining Uninsured: Geographic and Demographic Variation

Publication Date: March 22, 2021

The Affordable Care Act (ACA), signed into law on March 23, 2010, extended health coverage to millions of Americans through Medicaid (in the states participating in Medicaid expansion) and subsidized Marketplace coverage. However, research prior to enactment of the American Rescue Plan suggests many remaining uninsured people are not aware of their coverage options. This Issue Brief illustrates the geographic and demographic variation in the uninsured population, including those eligible to enroll in health coverage through the Marketplace during the COVID-19 Special Enrollment Period. This Issue Brief is intended to support state and local outreach efforts to make uninsured individuals aware of their options for affordable coverage.

KEY POINTS

- ▶ Efforts to expand health insurance coverage are central to improving health equity and responding to the health and economic challenges of the COVID-19 pandemic. Millions of uninsured individuals are currently eligible for subsidized coverage under the Affordable Care Act (ACA), and this number is anticipated to grow with the provisions of the American Rescue Plan Act of 2021 (ARP).
- ▶ Though the national uninsured rate has decreased substantially since the implementation of the ACA, high uninsured rates persist in some states such as Texas and Florida.
- ▶ In some areas of the country, large portions of the uninsured population, up to 69 percent, reside in households in which the adults have limited English proficiency.
- ▶ Hispanic individuals represent 19 percent of the total U.S. population but account for 29 percent of the uninsured.
- ▶ Black individuals comprise approximately 13 percent of the U.S. population but 16 percent of the uninsured.
- ▶ Data on the uninsured population can assist with outreach efforts to inform eligible individuals about their health insurance coverage options.

[Read the publication](#)

3

Health Coverage Changes From 2020-2021

Publication Date: January 27, 2022

The National Health Interview Survey (NHIS) provides annual and quarterly data on health insurance coverage by insurance type, age, and income. This Data Point examines health coverage trends over time using recently-released NHIS data through September 2021 to assess coverage changes during the pandemic and how they compare to pre-pandemic years, both for the population as a whole, as well as by age and income.

KEY POINTS

- ▶ The most recent National Health Interview Survey shows that the uninsured rate for the U.S. population was 8.9 percent for Q3 2021 (July – September 2021), down from 10.3 percent for Q4 2020.
- ▶ Individuals with incomes below 200% of the federal poverty level experienced the largest decrease.
- ▶ The uninsured rate for children decreased by 2.2 percentage points and for working-age adults (18-64) decreased by 1.5 percentage points.
- ▶ Coverage gains were somewhat larger for private coverage than public coverage.
- ▶ These data suggest that policies including the American Rescue Plan, the 2021 Marketplace Special Enrollment Period, and state Medicaid expansions, in addition to the economic recovery, have helped Americans gain insurance coverage during the COVID-19 public health crisis.
- ▶ Additional analysis and data will be needed to explore changes in health coverage for specific populations and geographical regions, as well as assessing changes in different sources of coverage.

[Read the publication](#)

4

Health Coverage Under the Affordable Care Act: Enrollment Trends and State Estimates

Publication Date: June 4, 2021

Based on enrollment data from late 2020 and early 2021, approximately 31 million people are currently enrolled in Marketplace or Medicaid expansion coverage related to provisions of the Affordable Care Act (ACA), the highest total on record. This Issue Brief presents current estimates of enrollment in health insurance coverage purchased through the ACA Marketplaces and the Medicaid expansion and the subsequent reductions in state-level uninsured rates since the ACA was implemented in 2014.

KEY POINTS

- ▶ The Affordable Care Act (ACA) created new pathways to coverage via health insurance Marketplaces and Medicaid expansion in participating states, which both took effect beginning in 2014.
- ▶ As of the most recently available administrative data, 11.3 million consumers were enrolled in Marketplace plans as of February 2021, and 14.8 million people were newly enrolled in Medicaid via the ACA's expansion of eligibility to adults as of December 2020. In addition, 1 million individuals were enrolled in the ACA's Basic Health Program option, and nearly 4 million previously eligible adults gained coverage under the Medicaid expansion due to enhanced outreach, streamlined applications, and increased federal funding under the ACA.
- ▶ Across these coverage groups, 31 million Americans were enrolled in coverage related to the ACA, representing the highest total on record.
- ▶ In addition, the ACA also enables young adults to stay on their parents' plans until age 26, and more than 1 million new consumers have signed up for Marketplace plans during the 2021 Special Enrollment Period since February 15, 2021.
- ▶ All 50 states and the District of Columbia have experienced substantial reductions in the uninsured rate since 2013, the last year before full implementation of the ACA.

[Read the publication](#)

MARKETPLACE COVERAGE (INCLUDING THE AMERICAN RESCUE PLAN)

5

Access to Marketplace Plans with Low Premiums on the Federal Platform Part I: Availability Prior to the American Rescue Act

Publication Date: March 28, 2021

Many uninsured individuals can access zero-premium or low-premium health plans after application of premium tax credits under the Affordable Care Act. Among the 11 million uninsured non-elderly adults eligible for Marketplace plans in HealthCare.gov states, two in five (42 percent) could find a plan for \$0 and more than half (57 percent) could find a plan for \$50 or less per month, as of March 2021. Among the nearly eight million individuals currently enrolled in Marketplace plans through HealthCare.gov, 15 percent are enrolled in zero-premium plans and 43 percent are enrolled in low-premium plans. This Issue Brief is the first in a series that examines the availability of zero- and low-premium health plans in HealthCare.gov states. Follow-up analyses will examine the effect of the American Rescue Plan provisions for 2021 coverage through HealthCare.gov.

KEY POINTS

- ▶ Many uninsured and underinsured individuals can access plans with no premiums (“zero-premium plans”) or premiums for \$50 or less per month (“low-premium plans”) after application of advance payments of premium tax credits (APTCs). These individuals may enroll in coverage under the Special Enrollment Period currently being made available on HealthCare.gov due to the COVID-19 pandemic.
- ▶ Among non-elderly uninsured adults potentially eligible for Marketplace plans in HealthCare.gov states, zero- and low-premium plans are most commonly available to lower-income individuals. For example, approximately 90 percent or more of eligible uninsured individuals with incomes between 100 and 150 percent of the federal poverty level (FPL) can currently find a plan for \$0, and all such individuals may find a plan for \$50 or less per month.
- ▶ By age group, more than half (52 percent) of eligible individuals ages 55-64 can find a zero-premium plan, and 62 percent could find a low-premium plan. Many eligible young uninsured adults (ages 18-24) can also find a zero-premium (44 percent) or low-premium (62 percent) plan.
- ▶ Half (50 percent) of eligible uninsured Hispanic / Latino adults can find a zero-premium plan and 64.5 percent can find a low-premium plan. Among eligible Black uninsured adults, 45 percent likely have available a zero-premium plan and 59 percent can find a low-premium plan.
- ▶ Among the nearly eight million individuals currently enrolled in plans on the federal Marketplace, 15 percent are enrolled in a zero-premium plan after application of APTC (66 percent have access to a zero-premium plan), and 43 percent are enrolled in a low-premium (78 percent have access to such plans).
- ▶ Access to zero-premium and low-premium plans will increase when the subsidies newly enacted in the American Rescue Plan become available on April 1. ASPE will be providing updated analyses in the future.

[Read the publication](#)

6

Access to Marketplace Plans with Low Premiums on the Federal Platform Part II: Availability Among Uninsured Non-Elderly Adults Under the American Rescue Plan

Publication Date: April 1, 2021

The American Rescue Plan (ARP) enhances and expands eligibility for premium tax credits under the Affordable Care Act. Under the ARP, we estimate that the availability of zero-premium plans has increased by 19 percentage points and low-premium plans by 16 percentage points, respectively, among uninsured non-elderly adults potentially eligible for Marketplace coverage in HealthCare.gov states. This Issue Brief is the second in a series that examines the availability of zero- and low-premium health plans in HealthCare.gov states.

KEY POINTS

- ▶ The American Rescue Plan (ARP) enhances and expands eligibility for advance payments of premium tax credits (APTCs) to purchase Marketplace insurance coverage under the Affordable Care Act (ACA). This Issue Brief estimates the changes in the availability of health plans with no premiums (“zero-premium plans”) or premiums for \$50 or less per month (“low-premium plans”) after APTCs among uninsured non-elderly adults potentially eligible for Marketplace plans in HealthCare.gov states under the ARP.
- ▶ Under the ARP, we estimate that the availability of zero-premium plans has increased by 19 percentage points in this population, and low-premium plans by 16 percentage points.
- ▶ Whereas most low-premium plans before the ARP were in the bronze tier, the ARP has substantially increased the availability of low-premium silver and gold plans. Availability of silver tier plans for zero-premium has increased by 22 percentage points, with approximately a quarter (25 percent) of this population now able to access such a plan.
- ▶ Availability of low-premium plans for this population increased by 28 percentage points, with approximately half (50 percent) now potentially able to find a low-premium silver plan. Zero-premium gold plan availability also increased for this population substantially, from 3 to 11 percent, and for low-premium gold plan availability from 13 to 30 percent.
- ▶ The ARP reduced the expected individual contribution of household income toward benchmark plan premiums to zero percent for applicable taxpayers with income between 100 and 150 percent of the Federal Poverty Level (FPL). Combined with cost-sharing reductions, this means that nearly all eligible uninsured adults in this income range can find a zero-premium plan with an actuarial value (AV) of 94 percent.

[Read the publication](#)

7

Access to Marketplace Plans with Low Premiums on the Federal Platform Part III: Availability Among Current HealthCare.gov Enrollees Under the American Rescue Plan

Publication Date: April 13, 2021

The American Rescue Plan (ARP) enhances and expands Marketplace premium tax credits under the Affordable Care Act. Among the nearly 8 million current HealthCare.gov enrollees, we estimate 79 percent could find a zero premium health plan and 87 percent could find a low premium health plan under the ARP. We estimate availability of zero-premium and low-premium health plans in the silver metal tier among current HealthCare.gov enrollees increased 41 percentage points and 25 percentage points, respectively, under the ARP. This Issue Brief is the third in a series that examines the availability of zero- and low-premium health plans in HealthCare.gov states.

KEY POINTS

- ▶ The American Rescue Plan (ARP) enhances and expands eligibility for advance payments of premium tax credits (APTCs) to purchase Marketplace insurance coverage under the Affordable Care Act (ACA).
- ▶ This Issue Brief estimates the changes in the availability of health plans with no premiums (“zero-premium plans”) or premiums for \$50 or less per month (“low-premium plans”) after APTCs among current HealthCare.gov enrollees under the ARP.
- ▶ The ARP has substantially increased the availability of low-premium silver and gold plans; most low premium plans before the ARP were in the bronze tier.
- ▶ Under the ARP, we estimate that the availability of zero-premium plans has increased by 41 percentage points in the silver metal tier, with nearly half (48 percent) of current enrollees now able to enroll in a silver plan at no premium cost to them. Similarly, we estimate that the availability of low premium plans has increased by 25 percentage points in the silver metal tier, with 7 in 10 (70 percent) of current enrollees now able to find a low-premium silver plan.
- ▶ Availability of zero-premium gold plans also increased under the ARP, from 6 percent to 15 percent.
- ▶ Availability of low-premium gold plans increased from 22 to 44 percent, presenting additional opportunities for some current enrollees not eligible for high AV silver plans (i.e. those with income above 200 percent FPL) to switch to plans with zero or low premiums and higher actuarial value (AV).
- ▶ The ARP reduced the expected individual contribution of household income toward benchmark plan premiums to zero percent for applicable taxpayers with income between 100 and 150 percent of the Federal Poverty Level (FPL). Combined with cost-sharing reductions, this means that nearly all (99 percent) of current Health Care.gov enrollees in this income range can find a zero-premium plan with an actuarial value (AV) of 94 percent.

[Read the publication](#)

8

The American Rescue Plan and the Unemployed: Making Health Coverage More Affordable After Job Loss

Publication Date: July 1, 2021

The American Rescue Plan (ARP) offers enhanced health insurance premium tax credits and cost-sharing reductions for people receiving unemployment compensation (UC) benefits in 2021. The enhanced subsidies are accessible on HealthCare.gov as of July 1, 2021. This Issue Brief examines the UC premium tax credit and cost-sharing reduction provisions under the ARP, describes the populations likely to benefit from these new temporary provisions, and provides illustrative examples to highlight the possible household impacts of these provisions.

KEY POINTS

- ▶ Under the American Rescue Plan Act of 2021 (ARP), people who receive or were approved to receive unemployment compensation (UC) for any week beginning in 2021 are eligible for enhanced Marketplace subsidies to obtain health insurance and to pay for care. The enhanced subsidies are accessible on HealthCare.gov as of July 1, 2021.
- ▶ Marketplace advanced premium tax credits (APTCs) are newly available for taxpayers receiving UC with household income less than 100 percent of the Federal Poverty Level (FPL), while those with higher household incomes now generally qualify for zero-premium benchmark plans, since the ARP treats taxpayers receiving UC benefits as if their household income was at least 100 percent and no more than 133 percent FPL.
- ▶ The Congressional Budget Office and the Joint Economic Committee estimated that 1.4 million people will benefit from these new provisions, including 500,000 new Marketplace enrollees saving on average more than \$7,000 this year on health insurance. These ARP provisions will build on the record growth in health insurance coverage related to the Affordable Care Act.
- ▶ Those newly eligible for premium tax credit subsidies under the ARP (household income above 400% FPL) are likely to see some of the greatest decreases in post-APTC premiums if they received UC in 2021.
- ▶ This Issue Brief presents several case studies, showing premium savings as a result of the ARP, in some cases of more than \$700 a month.

[Read the publication](#)

9

Facilitating Consumer Choice: Standardized Plans in Health Insurance Marketplaces

Publication Date: December 28, 2021

Standardized plans are a policy option that can simplify Marketplace consumer comparison shopping and bring more value to consumers by offering the same deductibles and cost-sharing across plans. This report provides an overview of the evidence to date on how standardized plans can potentially benefit consumers, improve health equity, and enhance plan competition. This brief also describes the current landscape of standardized plans in State-based Marketplaces and the current proposal to add standardized plans to HealthCare.gov for Plan Year 2023.

KEY POINTS

- ▶ Standardized plans are a tool that can help consumers make plan choices and can also improve plan competition. These plans standardize actuarial value, maximum out-of-pocket, deductibles, and cost-sharing for a given metal level of coverage.
- ▶ Almost three quarters of HealthCare.gov consumers (72.9 percent) have more than 60 plan options to choose from, and the average number of plans is over 100 – far higher than in previous years. Research suggests too many choices can lead to “choice overload,” making it hard for consumers to find plans that best fit their needs.
- ▶ Research evidence indicates that standardized plans make it easier for consumers to choose plans based on provider network, premiums, and quality, instead of cost-sharing differences within a metal level.
- ▶ For Plan Year 2022, nine states require Marketplace issuers to offer plans with detailed standardized designs, and six of these states limit the number of non-standardized plans on their State-based Marketplaces. Two additional states require Marketplace issuers to offer plans with limits on deductibles.
- ▶ The introduction of standardized plans to HealthCare.gov starting in 2023, consistent with the President’s 2021 Executive Order on competition, may help consumers navigate their options, improve transparency, and increase plan competition.

[Read the publication](#)

10

Health Insurance Deductibles Among HealthCare.gov Enrollees, 2017-2021

Publication Date: January 13, 2022

The Affordable Care Act provides premium subsidies for Marketplace eligible individuals to improve health insurance affordability, as well as cost-sharing reductions (CSRs) for many enrollees that limit out-of-pocket spending such as deductibles. This report examines deductible trends among HealthCare.gov enrollees, comparing them with deductible trends for individuals with employer coverage, and shows the substantial reduction in deductible costs due to CSRs among eligible enrollees.

KEY POINTS

- ▶ Cost-sharing reduction subsidies (CSRs) provide substantial financial protection to eligible Marketplace enrollees who enroll in silver metal tier plans, by lowering deductibles, copayments, coinsurance, and out-of-pocket maximums.
- ▶ Median and average deductibles, after CSRs, differ substantially among HealthCare.gov enrollees. The median deductible decreased from \$1,000 to \$750 between 2017 and 2021 (prior to implementation of the American Rescue Plan (ARP)), while the average deductible increased from \$2,405 to \$2,825.
- ▶ The difference between median and average deductibles is primarily driven by the fact that the majority of enrollees are eligible for and select CSR-silver plans; the average deductible is driven up by the smaller share of enrollees enrolled in plans without CSRs.
- ▶ Deductibles for consumers receiving CSRs and the overall median deductible on HealthCare.gov are generally lower than employer coverage deductibles, while the average deductible in bronze plans without CSRs is higher than the average employer coverage deductible.
- ▶ Slightly over half of HealthCare.gov enrollees – 51 percent in the 2021 open enrollment period and 58 percent of new plan selections during the 2021 Special Enrollment Period (from February to August) – receive CSRs, making a CSR plan the median HealthCare.gov offering. The average silver CSR deductible, after subsidy, has been well below \$1,000 for the past 5 years, and is even lower for those with incomes below 200 percent of the Federal Poverty Level who qualify for more generous CSRs.
- ▶ Among those not receiving CSRs, the average HealthCare.gov bronze plan deductible generally remained steady between 2017 and 2021, with an average deductible of \$6,094 in 2021. The average silver non-CSR deductible grew from \$3,491 to \$4,500 over the same time.
- ▶ The ARP contains provisions that reduce premiums for many Marketplace eligible individuals. Among new consumers enrolling during the 2021 HealthCare.gov Special Enrollment Period, median deductibles fell from \$450 to \$50 after the ARP premium provisions were implemented on April 1, 2021, indicating most new consumers are opting into CSR silver plans.

[Read the publication](#)

11

Medicaid Churning and Continuity of Care

Publication Date: April 11, 2021

Research shows that disruptions in Medicaid coverage are common and often lead to periods of uninsurance, delayed care, and less preventive care for beneficiaries. Studies suggest that beneficiaries moving in and out of Medicaid coverage (sometimes called “churning”) results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for health care services. This Issue Brief reviews evidence on churning among the Medicaid population and different policy options for states and the federal government to reduce churning, including continuous eligibility, Medicaid expansion for adults, express lane eligibility, presumptive eligibility, multimarket plans, and limiting premiums and cost-sharing.

KEY POINTS

- ▶ Research shows that disruptions in Medicaid coverage are common and often lead to periods of uninsurance, delayed care, and less preventive care for beneficiaries.
- ▶ Studies indicate that beneficiaries moving in and out of Medicaid coverage (sometimes called “churning”) results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for health care services.
- ▶ One study found adults with 12 full months of Medicaid coverage in 2012 had lower average costs (\$371/month in 2021 after adjusting for inflation) than those with six months of coverage (\$583/month) or only three months of coverage (\$799/month).
- ▶ The postpartum period is a particularly high-risk time for churning as studies show that 55 percent of women with Medicaid coverage at delivery experience a coverage gap in the following six months compared to 35 percent of women with private insurance. This is of particular concern for pregnant women of color, who experience large disparities in maternal mortality before and after childbirth and account for a larger proportion of Medicaid beneficiaries compared to the overall U.S. population.
- ▶ The Families First Coronavirus Recovery Act has helped reduce Medicaid churning, temporarily, through its continuous enrollment requirements for enhanced funding for the duration of the COVID-19 Public Health Emergency.
- ▶ State decisions, such as adopting the Affordable Care Act’s Medicaid expansion to adults and the extended continuous eligibility option for postpartum coverage starting in April 2022 under the American Rescue Plan, can play an important role in reducing rates of churning.

[Read the publication](#)

12

Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage

Publication Date: December 7, 2021

The postpartum period is increasingly recognized as a target for policy intervention to improve maternal health. The American Rescue Plan Act included an option for states to offer 12 months of postpartum Medicaid eligibility, a significant extension from the current requirement of 60 days. This brief provides an overview of the important role Medicaid plays in postpartum maternal health, reviews existing pregnancy-related Medicaid eligibility limits in state Medicaid programs, and assesses the projected eligibility impact if all states were to extend postpartum Medicaid eligibility to 12 months.

KEY POINTS

- ▶ One in three pregnancy-related deaths occur between one week and one year after childbirth. Disruptions in postpartum health coverage are common, particularly among those enrolled in Medicaid, as most states continue pregnancy-related Medicaid coverage for only 60 days after childbirth.
- ▶ The American Rescue Plan (ARP) included a temporary state option to extend continuous Medicaid and CHIP eligibility for pregnant individuals from 60 days up to 12 months postpartum. Seven states have approved or pending 1115 demonstrations to extend postpartum eligibility, and currently pending proposed legislation in Congress could extend 12 months of Medicaid postpartum eligibility nationwide.
- ▶ If all states extended pregnancy-related Medicaid eligibility to 12 months postpartum, the proportion of pregnant Medicaid beneficiaries who would remain eligible for the full postpartum year would increase from 52 percent to 100 percent, representing approximately 720,000 people annually with expanded coverage.
- ▶ Individuals in non-expansion states and states with more restrictive Medicaid parental income eligibility limits would benefit most from 12 months of postpartum Medicaid eligibility. Postpartum Medicaid eligibility would increase by 65 percentage points in non-expansion states (from 35 to 100 percent, roughly 350,000 people) and 38 percentage points in expansion states (from 62 to 100 percent, approximately 370,000 people).
- ▶ Gains in postpartum eligibility would be largest for individuals with incomes between 138-250 percent of the Federal Poverty Level, whose incomes are too high to qualify for Medicaid as parents in most states.

[Read the publication](#)

13

Updated Estimates of Uninsured Adults Newly Eligible for Medicaid If Remaining 12 Non-Expansion States Expand Medicaid

Publication Date: February 15, 2022

Approximately 3.8 million uninsured non-elderly adults would be newly eligible for Medicaid if the remaining 12 non-expansion states were to expand eligibility for adults with incomes up to 138% of the Federal Poverty Level (FPL).

KEY POINTS

- ▶ In the 12 states that have not expanded Medicaid, we estimate that 3.8 million uninsured non-elderly adults would be newly eligible for Medicaid if all the states were to expand eligibility for adults with incomes up to 138% FPL.
- ▶ In the 12 states that have not expanded Medicaid, approximately 2.2 million uninsured non-elderly adults with incomes below 100% FPL – who are in what is sometimes called the “coverage gap” – would become newly eligible for Medicaid if their states were to expand the program.
- ▶ Among uninsured Black adults in the 12 non-expansion states, expansion would increase the number who are eligible for Medicaid nearly fivefold, while the number of Medicaid-eligible individuals among uninsured Hispanic adults would increase approximately sixfold.

[Read the publication](#)

14

The Effects of Earlier Medicaid Expansions: A Literature Review (Council of Economic Advisors)

Publication Date: June 2021

A review of the literature focused on ACA Medicaid expansions shows that the ACA Medicaid expansions improved health through greater access to health care, and also appeared to promote health through raising incomes of low-income households (e.g., reduced hunger from less out-of-pocket health care costs) and information effects (e.g., reduced risky health behaviors from more exposure to doctors). They may also have beneficial non-health effects that operate through income effects, including greater financial security.

KEY POINTS

- ▶ The ACA's Medicaid expansion led to significant improvements in access to care, chronic disease management, and behavioral health care.
- ▶ In turn, this improved care has been linked to improved self-reported health and reduced mortality.
- ▶ Medicaid expansion has led to more continuous coverage. This decrease in coverage disruption has been even more pronounced among perinatal women.
- ▶ Expansions have also led to a narrowing of coverage disparities. The balance of evidence shows that ACA Medicaid expansions helped narrow racial disparities in health insurance coverage, especially for Black and Latino individuals.
- ▶ Beyond health care effects, Medicaid expansion also has been shown to reduce food and housing insecurity and improve household finances.
- ▶ The ACA Medicaid expansions did not lead to increased state spending on Medicaid and has not reduced state spending in other areas.

[Read the publication](#)

15

Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act

Publication Date: January 11, 2022

This Issue Brief summarizes the Affordable Care Act's preventive services provisions for private health coverage, Medicare, and Medicaid; provides updated estimates of the number of people benefiting from these provisions nationally; and examines evidence on trends in utilization of preventive services and outcomes since the ACA's preventive services coverage requirements went into effect.

KEY POINTS

- ▶ The ACA substantially increased access to care and coverage of preventive services without cost-sharing for millions of Americans.
- ▶ Many preventive services including vaccinations, well-child visits, screening for HIV and sexually transmitted infections, HIV pre-exposure prophylaxis, contraception, and cancer screening are required to be covered by most group and individual health plans and for many Medicaid beneficiaries without cost-sharing.
- ▶ Expanded access to recommended preventive services resulted from increases in the number of people covered through private health insurance and Medicaid expansion under the ACA.
- ▶ Analysis of recent data indicates that more than 150 million people with private insurance –including 58 million women and 37 million children – currently can receive preventive services without cost-sharing under the ACA, along with approximately 20 million Medicaid adult expansion enrollees and 61 million Medicare beneficiaries that can benefit from the ACA's preventive services provisions.
- ▶ Evidence from studies examining the impact of the ACA indicate increased colon cancer screening, vaccinations, use of contraception, and chronic disease screening.

[Read the publication](#)

16

Health Insurance Coverage Changes: Asian Americans and Pacific Islanders

Publication Date: May 23, 2021

This Issue Brief analyzes changes in coverage from 2013-2019 among Asian Americans and Pacific Islanders (AAPIs) and AAPI subgroups, using a combination of data from the American Community Survey (ACS) and Marketplace data, including estimated impacts of the 2021 American Rescue Plan. AAPIs experienced larger relative gains in health insurance coverage than any other racial group since the Affordable Care Act was fully implemented in 2014.

KEY POINTS

- ▶ Gains in health insurance coverage since 2014 have essentially erased the coverage disparity AAPIs experienced compared to non-Hispanic Whites prior to the implementation of the Affordable Care Act.
- ▶ The uninsured rate for the AAPI population decreased from 14.7 percent in 2013 to 6.8 percent in 2019. This 54 percent reduction in the uninsured rate was the largest improvement among any racial or ethnic group during this time period.
- ▶ Uninsured rates vary greatly among AAPI subgroups, ranging from 2.8 percent for Japanese Americans to 10.0 percent for Korean Americans and 12.3 percent for Native Hawaiians and Pacific Islanders in 2019.
- ▶ AAPIs enroll in Marketplace health insurance coverage at rates much higher than their share of the overall population.
- ▶ Under the American Rescue Plan, more than 150,000 uninsured AAPIs now have access to zero-dollar premium health plans on HealthCare.gov and 197,000 uninsured AAPIs have become newly eligible for premium savings.

[Read the publication](#)

17

Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Recent Trends and Key Challenges

Publication Date: June 30, 2021

This Issue Brief analyzes national survey data to discuss demographic characteristics of the LGB+* community, recent trends in insurance coverage for this population, and various challenges and barriers to care faced by the broader LGBTQ+ community.

KEY POINTS

- ▶ Individuals in the LGBTQ+ community face unique challenges and barriers to care. Expanding access to health insurance coverage is one important tool in improving access to care in this population.
- ▶ Analyzing sexual orientation data from the National Health Interview Survey (NHIS), we find that uninsured rates in the LGB+ community have fallen substantially since the passage of the Affordable Care Act (ACA), from 17.4 percent in 2013 to a low of 8.3 percent in 2016. However, the uninsured rate increased after 2016.
- ▶ While the NHIS does not have information on gender identity, non-government data sources suggest similar benefits of the ACA on coverage rates among transgender individuals.
- ▶ Overall uninsured rates in 2019 were 12.7 percent for LGB+ individuals vs. 11.4 percent for non-LGB+ individuals, with higher rates of Medicaid coverage but similar Marketplace enrollment and lower Medicare enrollment.
- ▶ The American Rescue Plan (ARP) increased the generosity of premium subsidies available in the Marketplace. If the same share of LGB+ enrollees who have Marketplace coverage have a zero-premium option under the ARP as exists for all Marketplace enrollees, we estimate that roughly 210,000 LGB+ Marketplace enrollees now have access to a zero-premium plan.
- ▶ Barriers besides coverage also contribute to persistent disparities in access and health outcomes. In the NHIS, LGB+ individuals report being more likely to delay care, less likely to have a usual source of care, and more likely to be concerned about medical bills than their non-LGB+ counterparts. Other contributing factors include a lack of healthcare professionals adequately trained in providing culturally competent care, as well as high cost-sharing and/or lack of coverage for certain services including hormone treatments and other gender-affirming care.

**We use terminology applicable to the original information sources we cite. When discussing findings based on analysis of the National Health Interview Survey (NHIS), which reports on individuals who self-identify as Gay/Lesbian, Bisexual, or “something else”, we use the terminology “LGB+”. Though NHIS does not include questions that allow for identification of transgender individuals, many individuals who identify as transgender are included in the LGB+ cohort. LGB+ does not include individuals who identify as “straight, that is, not gay” or those that responded, “I don’t know.” We use “LGB+” when referring to data from the NHIS, and the broader term “LGBTQ+” in all contexts other than that specific dataset.*

[Read the publication](#)

18

Access to Affordable Care in Rural America: Current Trends and Key Challenges

Publication Date: July 9, 2021

Medicaid and the Marketplace are important sources of affordable, comprehensive healthcare coverage for millions of Americans living in rural areas, and the American Rescue Plan (ARP) bolsters rural coverage options. But challenges in accessing care remain in many rural areas, including provider shortages, infrastructure limitations, and long distances to care. In this brief, we describe patterns in insurance coverage and uninsured rates in rural and urban areas; review non-financial challenges in accessing care for rural residents and disparities in health outcomes between rural and urban areas; and conclude by discussing policies, programs, and resources designed to address barriers to care in rural America.

KEY POINTS

- ▶ Many rural communities face challenges that contribute to persistent health disparities compared to urban areas.
- ▶ Uninsured rates among non-elderly adults in rural areas have fallen substantially since the passage of the Affordable Care Act (ACA), from 23.7 percent in 2010 to 16.0 percent in 2019.
- ▶ Despite this progress, uninsured rates in rural areas have been and continue to be about 2-3 percentage points higher than in urban areas over the 2010-2019 period.
- ▶ Medicaid expansion played a key role in expanding health insurance coverage; Medicaid coverage rates increased from 12.2 percent of the rural population in 2010 to 17.1 percent in 2019.
- ▶ Uninsured rates among rural residents are disproportionately higher in states that have not yet expanded Medicaid. The rural uninsured rate was nearly twice as high in non-expansion states as expansion states (21.5 vs. 11.8 percent) in 2019. More than 440,000 uninsured non-elderly adults in the 13 non-expansion states would gain eligibility for Medicaid if those states expanded.
- ▶ Approximately 15 percent of Marketplace enrollees in HealthCare.gov states live in rural areas.
- ▶ Under the ARP, 65 percent (1.3 million) of the 1.9 million rural uninsured individuals of HealthCare.gov states may be able to find a zero-premium plan on the platform.
- ▶ Although uninsured rates have fallen in rural areas, other barriers to care such as geographic distances, infrastructure limitations, and provider shortages contribute to rural health disparities.
- ▶ Programs and services such as telehealth, healthcare workforce programs, Community Health Centers, and Rural Health Clinics all help improve access to care in rural communities.

[Read the publication](#)

Health Insurance Coverage and Access to Care for American Indians and Alaska Natives: Current Trends and Key Challenges

Publication Date: July 21, 2021

The uninsured rate among American Indian and Alaska Native (AI/AN) working age adults decreased 16 percentage points since the passage of the Affordable Care Act (ACA), from 44 percent in 2010 to 28 percent in 2018. This Issue Brief describes changes in the uninsured rate, health coverage, and access to care for AI/ANs since 2013 and discusses key policies for this population, including how the American Rescue Plan Act of 2021 (ARP) builds on the Affordable Care Act (ACA) and invests additional resources in the Indian health care system.

KEY POINTS

- ▶ The uninsured rate among American Indians and Alaska Natives (AI/AN) under age 65 decreased 16 percentage points since the passage of the ACA, from 44 percent in 2010 to 28 percent in 2018.
- ▶ However, according to 2019 Census data, the AI/AN population continues to have the highest uninsured rate compared to other populations.
- ▶ The ARP offers expanded financial assistance for purchasing Marketplace health insurance, and the ARP has made zero-premium plans available to an estimated 26,000 additional uninsured AI/AN people.
- ▶ Oklahoma expanded Medicaid as of July 1, 2021; prior to expanding Medicaid, Oklahoma had the largest uninsured AI/AN population of any state - more than 79,000 people.
- ▶ If remaining non-expansion states were to adopt the ACA Medicaid expansion, approximately 55,000 more uninsured AI/AN non-elderly adults would be eligible for Medicaid coverage.
- ▶ Significant disparities remain, as AI/AN people are disproportionately affected by chronic conditions and die at higher rates than other Americans from chronic liver disease, diabetes, and chronic lower respiratory diseases, as well as non-chronic causes of death such as suicide and accidents.
- ▶ AI/ANs have experienced higher rates of COVID-19 infection, hospitalization, and death compared to White persons during the pandemic. However, after COVID-19 vaccines became available, AI/AN communities have achieved higher COVID-19 vaccination rates compared to other racial and ethnic groups.
- ▶ Strengthening the Indian health care system, together with broader efforts across the federal government and cross-sector partnerships, can promote health equity by addressing social determinants of health such as housing, education, and employment.

[Read the publication](#)

20

Health Insurance Coverage Among Working Age Adults with Disabilities

Publication Date: July 28, 2021

In this Brief, we show that adults with disabilities have experienced major gains in full-year coverage since 2010 but as of 2017-18 remained less likely to have health insurance than adults without disabilities. For this vulnerable population, consistent access to health insurance may be even more critical to continuity of care and improved health outcomes. While having health insurance coverage for part of the year is associated with better outcomes than being uninsured for an entire year, coverage interruptions may prevent timely access to needed health services, disrupt existing courses of treatment, and increase financial hardship for people with disabilities and their families. Little has been reported, however, about the extent to which working-age adults with disabilities continue to experience gaps in coverage post-Affordable Care Act (ACA).

KEY POINTS

- ▶ From 2010-11 to 2017-18, the proportion of working-age adults (i.e., age 18-64) with disabilities who had health insurance coverage for the whole year increased from about 71 percent to 81 percent. The proportion of adults with disabilities who were uninsured for the whole year was nearly halved, falling from about 17 percent to about 9 percent.
- ▶ Increases in Medicaid coverage gains were particularly large among adults with disabilities, coinciding with the ACA's Medicaid expansions that took effect in most states starting in 2014.
- ▶ These improvements were concentrated immediately after 2014, when the ACA's main insurance expansions took effect.
- ▶ Throughout the study period, however, adults with disabilities remained about 50 percent more likely than adults without disabilities to be insured for only part of the year.
- ▶ The American Rescue Plan Act of 2021 (ARP) expanded subsidies for Marketplace plans, which has the potential to increase coverage further for adults with disabilities.
- ▶ Under the ARP, an estimated 532,000 uninsured adults with disabilities (roughly 67 percent) have access to a zero-premium plan after premium tax credits on HealthCare.gov, an increase of 16.8 percentage points from pre-ARP estimates.

[Read the publication](#)

21

Health Insurance Coverage and Access to Care Among Latinos: Recent Trends and Key Challenges

Publication Date: October 8, 2021

Health outcomes among Latinos* are affected by factors such as lack of health insurance, language and cultural barriers, and lack of access to care. This issue brief analyzes changes in health insurance coverage and examines disparities in access to care between Latinos and non-Latinos using data from 2013-2020. This Issue Brief is part of a series of ASPE Issue Briefs examining the change in coverage rates after implementation of the Affordable Care Act (ACA) among select racial and ethnic populations.

KEY POINTS

- ▶ Uninsured rates in the Latino population have fallen since the passage of the ACA, from 30 percent in 2013 to a low of 19 percent in 2017.
- ▶ However, the uninsured rate among Latinos is still more than double that among non-Latino Whites (20 vs. 8 percent in 2019). Even though Latinos are more likely to be in the workforce than non-Latinos, they are less likely to receive health insurance through their employment and more likely to enroll in Medicaid coverage.
- ▶ The uninsured rate among Latinos increased slightly between 2017 and 2020, which coincided with substantial reductions in funding for Marketplace outreach and enrollment assistance. Lack of awareness and understanding regarding eligibility for Medicaid and Marketplaces remains a barrier to obtaining health coverage.
- ▶ Access to care also improved for Latinos between 2013 and 2016 after passage of the Affordable Care Act.
- ▶ However, Latinos are less likely to have a usual source of care, are more likely to be concerned about medical bills, and are more likely to have delayed care in 2020 due to the COVID-19 pandemic compared to non-Latinos.
- ▶ Language barriers contribute to disparities in access to care. Latinos who primarily speak Spanish are more likely to lack a usual source of care, have fewer outpatient visits, and receive fewer prescription medications than Latinos who are English proficient.
- ▶ The American Rescue Plan's enhanced Marketplace subsidies, combined with increased spending on Navigators and enrollment outreach in 2021, will increase the range of affordable coverage options for Latinos and can help improve health equity in this population.

* This brief uses the term "Latino" to refer to all individuals of Hispanic and Latino origin.

[Read the publication](#)

22

Assessing Uninsured Rates in Early Care and Education Workers

Publication Date: November 19, 2021

This Data Point presents current estimates of uninsured rates among early care and education workers (ECE), which includes individuals employed by Head Start, childcare center providers, and preschools. These populations have lower incomes on average and often lack access to benefits, including health coverage, commonly received by teachers in the K-12 system and post-secondary schools.

KEY POINTS

- ▶ ECE workers have lower incomes on average and often lack access to benefits commonly received by teachers in the K-12 system and post-secondary schools.
- ▶ In 2019, 15.7 percent of workers in ECE centers were uninsured, while 8.1 and 16.5 percent of listed and unlisted paid home-based ECE providers, respectively, were uninsured.
- ▶ Preschool and kindergarten teachers have a higher uninsured rate – 9 percent – than teachers of older students. By comparison, 2.4 percent of secondary school teachers (high school teachers) and 3.0 percent of post-secondary school teachers (college instructors and professors) are uninsured. Teaching assistants also have a higher uninsured rate than other educators, at 7.3 percent.
- ▶ The American Rescue Plan (ARP) expanded and enhanced subsidies for purchasing Marketplace health insurance, including for the 2022 Open Enrollment Period, which can provide opportunities for increased coverage rates for ECE workers.

[Read the publication](#)

23

Health Insurance Coverage and Access to Care for Immigrants: Key Challenges and Policy Options

Publication Date: December 21, 2021

This report provides an overview of the characteristics of the immigrant population in the United States, their health status and barriers to care, recent trends in health insurance coverage, their access to Federal health programs, and how they have been affected by the COVID-19 pandemic. It also offers possible policy approaches to improve health care equity for this diverse population.

KEY POINTS

- ▶ The foreign-born population in the United States is large and diverse, and health outcomes vary widely across immigrant groups. However, barriers to health care and health insurance coverage are common due to the complex nature of the health care system, policy exclusions, cultural and linguistic barriers, discrimination, mistrust, and legal concerns.
- ▶ The Affordable Care Act (ACA) and more recently the American Rescue Plan (ARP) expanded health coverage eligibility and subsidies for certain immigrant populations including naturalized citizens and lawful permanent residents. After passage of the ACA, the uninsured rate fell substantially for both children and adults in immigrant communities, with the largest change occurring among adult non-citizens who immigrated to the United States within the last 5 years (48.1 percent in 2013 to 30.6 percent in 2019). However, gaps in coverage for immigrants persist, with uninsured rates still substantially higher than those among the U.S.-born population.
- ▶ Several studies suggest that concerns over actual and perceived adverse legal consequences tied to seeking public benefits have affected whether or not immigrants seek to enroll in public programs and can lead to barriers to needed care.
- ▶ Additional actions at the national and state levels, including targeted outreach efforts, can be taken to increase health insurance coverage among eligible immigrant populations and to address challenges related to social determinants of health in order to improve health equity.

[Read the publication](#)

24

Health Insurance Coverage and Access to Care Among Black Americans: Recent Trends and Key Challenges

Publication Date: February 22, 2022

This issue brief analyzes changes in health insurance coverage and examines trends in access to care among Black Americans using data from 2011-2020. This Issue Brief is part of a series of ASPE Issue Briefs examining the change in coverage rates and access to care after implementation of the Affordable Care Act (ACA) among different racial and ethnic populations.

KEY POINTS

- ▶ Since the implementation of the ACA's coverage provisions, the uninsured rate among Black Americans under age 65 decreased by 8 percentage points, from 20 percent in 2011 to 12 percent in 2019. The uninsured rate for Black Americans, however, is still higher than that for White Americans: 12 percent compared to 9 percent.
- ▶ The uninsured rate among Black Americans that report Latino ethnicity is similar to the uninsured rate among non-Latino Black Americans.
- ▶ Southern states that have not expanded Medicaid have some of the nation's highest uninsured rates for all population groups, as well as large Black populations.
- ▶ While access to care improved for Black Americans between 2011 and 2020, disparities in affordability of health care between Black and White Americans persist.
- ▶ Starting in 2021, the Biden-Harris Administration implemented legislative and administrative actions to expand affordable coverage options. Under the American Rescue Plan (ARP), which increased health insurance Marketplace subsidies, 76 percent of uninsured Black Americans could find a plan for less than \$50 a month and 66 percent could find a plan for \$0 a month in 2021.
- ▶ The Administration made a health insurance Marketplace Special Enrollment Period (SEP) available on Healthcare.gov in 2021 to offer uninsured individuals and current Healthcare.gov enrollees an opportunity to enroll in affordable coverage.
- ▶ To encourage enrollment during the SEP, the Administration increased funding and partnered with organizations to increase outreach to uninsured Black Americans, among other populations. Results show that among SEP enrollees reporting their race and ethnicity, the share of enrollees that were Black increased from 9 percent in 2019 to 15 percent in 2021.

[Read the publication](#)

PUBLICATION LIST AND WEB LINKS

HEALTH COVERAGE AND UNINSURED RATES

1. Trends in the U.S. Uninsured Population, 2010-2020
 - ▶ <https://aspe.hhs.gov/reports/trends-us-uninsured-population-2010-2020>
2. The Remaining Uninsured: Geographic and Demographic Variation
 - ▶ <https://aspe.hhs.gov/reports/remaining-uninsured-geographic-demographic-variation>
3. Health Coverage Changes From 2020-2021
 - ▶ <https://aspe.hhs.gov/reports/health-coverage-changes-2020-2021>
4. Health Coverage Under the Affordable Care Act: Enrollment Trends and State Estimates
 - ▶ <https://aspe.hhs.gov/reports/health-coverage-under-affordable-care-act-enrollment-trends-state-estimates>

MARKETPLACE COVERAGE (INCLUDING AMERICAN RESCUE PLAN)

5. Access to Marketplace Plans with Low Premiums on the Federal Platform Part I: Availability Prior to the American Rescue Act
 - ▶ <https://aspe.hhs.gov/reports/access-marketplace-plans-low-premiums-federal-platform>
6. Access to Marketplace Plans with Low Premiums on the Federal Platform Part II: Availability Among Uninsured Non-Elderly Adults Under the American Rescue Plan
 - ▶ <https://aspe.hhs.gov/reports/access-marketplace-plans-low-premiums-uninsured-american-rescue-plan>
7. Access to Marketplace Plans with Low Premiums on the Federal Platform Part III: Availability Among Current HealthCare.gov Enrollees Under the American Rescue Plan
 - ▶ <https://aspe.hhs.gov/reports/access-marketplace-plans-low-premiums-current-enrollees-american-rescue-plan>
8. The American Rescue Plan and the Unemployed: Making Health Coverage More Affordable After Job Loss
 - ▶ <https://aspe.hhs.gov/reports/arp-unemployed-ib>
9. Facilitating Consumer Choice: Standardized Plans in Health Insurance Marketplaces
 - ▶ <https://aspe.hhs.gov/reports/standardized-plans-health-insurance-marketplaces>
10. Health Insurance Deductibles Among HealthCare.gov Enrollees, 2017-2021
 - ▶ <https://aspe.hhs.gov/reports/marketplace-deductibles-federal-platform-2017-2021>

MEDICAID

11. Medicaid Churning and Continuity of Care
 - ▶ <https://aspe.hhs.gov/reports/medicaid-churning-continuity-care>
12. Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage
 - ▶ <https://aspe.hhs.gov/reports/potential-state-level-effects-extending-postpartum-coverage>

13. Updated Estimates of Uninsured Adults Newly Eligible for Medicaid If Remaining 12 Non-Expansion States Expand Medicaid
 - ▶ <https://aspe.hhs.gov/reports/updated-estimates-medicaid-eligibility-non-expansion-states>
14. The Effects of Earlier Medicaid Expansions: A Literature Review [Council of Economic Advisors]
 - ▶ <https://www.whitehouse.gov/wp-content/uploads/2021/06/Medicaid-Expansions-Lit-Review-CEA-.pdf>

PREVENTIVE CARE

15. Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act
 - ▶ <https://aspe.hhs.gov/reports/aca-preventive-services-without-cost-sharing>

POPULATIONS OF INTEREST

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 - ▶ <https://aspe.hhs.gov/reports/health-insurance-coverage-changes-asian-americans-pacific-islanders>
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Assistant Secretary for Planning and Evaluation

Room 415F

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, D.C. 20201

+1 202.690.7858

aspe.hhs.gov

