Modern Healthcare

Ongoing crisis calls for federal special enrollment period

By: Margaret Murray and Ceci Connolly

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Being uninsured is more than just a source of personal anxiety. In a time of pandemic, being uninsured is a threat to public health. According to media accounts, some Americans who are uninsured or underinsured are afraid to seek testing and treatment for COVID-19, because they worry about the financial impact of testing and treatment. When they avoid these medical interventions, they can unknowingly hasten the spread of coronavirus.

That is why our two organizations—the Association for Community Affiliated Plans and the Alliance of Community Health Plans—last month asked the Trump administration to establish a special enrollment period during the COVID-19 national emergency, opening individual market coverage to anyone who needs it. And absent action by the administration we urge Congress to take this simple, consequential step to help flatten and bend the curve of the deadly virus nationwide.

There is ample precedent for such action. When faced with natural disasters that are regional in scale, the federal government has stepped up in the past. In 2017 and 2019, HHS established a special enrollment period for affected individuals following devastating hurricanes. In a public health crisis of such significant magnitude, it is curious indeed that they have refused to do so.

There is broad ideological support for such an announcement. Two conservative scholars at the American Enterprise Institute have spoken out in favor of a special enrollment period, illustrating the bipartisan appeal of this solution.

"The administration should set aside its animosity toward the (Affordable Care Act's) rules and structures during the pandemic," wrote Joseph Antos and James Capretta. "With the virus spreading rapidly, setting up new programs and policies for insurance coverage would take too long. Opening up HealthCare.gov and the state-run exchanges builds on systems that are already in place and could be implemented quickly."

A special enrollment period extends access to healthcare with a minimum of bureaucratic intrusion. The website, application forms and staff already exist, making it a smooth relief valve for tens of millions of Americans.

So far, states have led the way: 11 states and the District of Columbia have opened special enrollment periods to address coverage needs. President Donald Trump declared a national emergency in mid-March but has declined to act on calls for a special enrollment period. It is time to take the next logical step to address this emergency. If necessary, Congress should be prepared to add money to individual premium subsidies to ensure access is affordable at this urgent time.

Unfortunately, the Trump administration instead chose to use the hospital funding established in the CARES Act to instead cover bills for uninsured coronavirus patients. This is a fundamental misunderstanding of our healthcare system and a shortsighted approach. Hospitals deliver care. Health plans provide coverage. They work best in partnership. There are many more benefits provided by health plans than simply paying for services in a one-off manner, as the administration has chosen to do.

Hospital funding in the CARES Act is supposed to pay overstressed doctors and nurses, support hiring of additional staff, buy critical supplies and equipment, and keep hospital doors open during this pandemic. It makes no sense to divert money from hospital operations to direct coverage of services when a perfectly good system of extending health insurance coverage already exists. Our member health plans stand ready to extend coverage and give peace of mind to more than 28 million of our neighbors, friends and family members who do not have any health insurance—and the millions more who are underinsured.

The COVID-19 case tally continues to rise. Every expert agrees we must flatten and bend the curve. Speed is essential. And our government must put forward a solution that is equal to the scope of the problem we face.