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In the Mix: Maintaining a Healthy Risk Pool for the California Individual Market

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Introduction

To deliver on the promise of affordable health coverage, the framers of the Affordable Care Act (ACA) recognized that the individual risk pool needed to be populated not just by enrollees who need healthcare the most – those with predictable and/or costly healthcare conditions – but also healthier enrollees whose premium-to-claims profiles would be more favorable to health insurers and health plans. Built on a three-part foundation, the ACA: (1) created consumer protections to end insurance company discrimination against consumers with pre-existing conditions; (2) instituted premium subsidies to encourage consumers to enroll in health coverage by making cost less of a barrier; and (3) instituted the individual mandate coupled with a tax penalty for failure to enroll, which impelled consumers to enroll who were otherwise not inclined. With these three components in place, the market for individual health coverage grew and, with a more diversified and less risky pool of enrollees, health carriers generally flourished[1], selling to all comers. Covered California has been especially successful to date in achieving a healthy risk mix.[2]

However, recent steps on the federal level threaten that success. First, a change in federal tax law eliminated the penalty associated with the individual mandate. As well, regulatory changes that will broaden the footprint of inadequate insurance alternatives mean that coverage rates may drop for younger and healthier consumers and, as a direct result, premiums will rise for the remaining enrollees with riskier health profiles.

While awareness of Covered California is high at 96% of those surveyed in 2017, that awareness is not evenly distributed: understanding of eligibility for subsidies is poor, and confidence in the future of health coverage is shaky.[3] These trends may adversely affect the volume of enrollment and health status of enrollees. Young adults is one demographic that may be particularly susceptible to eluding the single risk pool and becoming uninsured or underinsured in the near future. Prior to the Affordable Care Act (ACA), young adults lagged behind other consumers in obtaining coverage, often because they were less likely to be offered it on the job or to have access while still in college.[4] The ACA helped close the enrollment gap. But, if the factors that incentivized these consumers to enroll vanish, young adults increasingly will

[1] Reed Abelson, *Obamacare is Proving Hard to Kill*, New York Times, July 3, 2018, available at (https://www.nytimes.com/2018/07/03/health/obamacare-insurance-rates.html).
[2] Al Bingham, Michael Cohen, John Bertko, *National vs. California Comparison: Detailed Data Help Explain the Risk Differences Which Drive Covered California's Success*, Health Affairs, July 11, 2018, available at (https://www.healthaffairs.org/do/10.1377/hblog20180710.459445/full/).
[3] Greenberg Strategies, "Covered California Sentiment Research: Wave 2 A Quantitative Study on Current Attitudes of Uninsured and Select Insured Californians Toward Health Insurance Coverage", October 5, 2017, available at (https://www.coveredca.com/PDFs/October_2017_Covered_California_Sentiment_Survey_FINAL.pdf).
[4] A common misperception persists that young adults do not want coverage. However, the evidence demonstrates to the contrary: young adults desire and benefit from coverage similarly to other adults, but frequently experience particular barriers to enrollment.

become uninsured – including for health conditions they may not anticipate – and therefore, premium rates will escalate for older and less healthy consumers.

After laying a framework for why recent actions at the federal level may undermine coverage rates for younger and healthier consumers, this report lays out the challenges now faced in the healthcare market and approaches that can be adopted in California to protect the individual health insurance market and the consumers it serves.

Consumers Face Barriers to Comprehensive Health Insurance Coverage

Threats to the Federal Guardrails Around the Individual Market

The ACA created a comprehensive set of guardrails to impel consumers to enroll in health insurance and to ensure that the health insurance consumers enroll in provides adequate coverage without unexpected gaps. By increasing enrollment of younger enrollees and healthier enrollees, the crafters of the ACA created a pathway to moderate premiums for older and less healthy enrollees. In California, stronger rules established from the early days of the ACA and through continuous legislative and regulatory efforts have cultivated a stable individual health insurance market for Californians.[5] Yet, the confusion created by federal actions may prompt Californians to be less inclined to enroll in comprehensive coverage, threatening the health of the individual insurance market.

In October, 2017, the President signed an executive order that fosters broadening the sale of association health plans (AHPs) with minimal coverage requirements in the individual and small group insurance markets. These loosely regulated plans do not have to comply with certain consumer protections included in the ACA. The order also rolls back restrictions on short-term limited duration (STLD) health insurance plans, allowing insurers to sell stopgap policies as year-long, renewable coverage (if state law permits). The Administration acted on that executive order by releasing two rules, which were finalized in mid-2018.[6]

Moreover, in December, 2017 the tax penalty associated with the individual mandate was eliminated. This change goes into effect beginning in tax year 2019, creating public confusion and undermining the individual mandate. This measure was widely opposed by a large number

[5] Bingham, *supra* note 2. In their analysis, the authors state: "We believe Covered California's active purchaser strategy and other policy decisions … along with much higher marketing and outreach spending and efforts - which we have found to be associated with better risk scores – have contributed to Covered California's success in stabilizing the individual market, on- and off-exchange."

[6] The final regulation, *Definition of "Employer" Under Section 3(5) of ERISA-Association Health Plans*, was published on June 21, 2018 and is effective on August 20, 2018. The final regulation, *Short-Term, Limited-Duration Insurance*, was published on August 3, 2018, and is effective on October 2, 2018.

and wide array of groups: insurers, hospitals, physicians[7], actuaries[8], patient and consumers groups[9] predicting it was likely to cause large exits from the insurance marketplace, leading to less competition, fewer choices, and higher premiums for those the ACA was designed to protect.

Expanding the sale of alternative forms of coverage opens the door to choices that are likely to be misleading and unlikely to be beneficial for most consumers. In addition, without state action to strengthen protections – action that is pending in California – junk insurance, coverage that may seem affordable to consumers but actually covers very little, is very likely to expand and leave enrollees at risk of huge unexpected out-of-pocket costs. Further, turning short-term plans – intended to be minimum stop-gap solutions to bridge periods without comprehensive coverage – into long-term, possibly renewable coverage, exacerbates this problem. The variation among these products will also make a complex shopping experience even more complicated by making comparisons very difficult, clouding what is actually included and excluded from coverage, and obscuring the path to comprehensive coverage. Finally, the elimination of the tax penalty that impelled some consumers to enroll in ACA-compliant health products means that many consumers who may not feel compelled to enroll, perhaps because of their good health, will opt out of comprehensive coverage and take themselves out of the individual risk pool.

Ultimately, without state counter-measures, these federal actions multiply the possibility of subpar insurance products, which may derail Californians shopping for comprehensive health insurance. Consumers that opt out of coverage may experience catastrophic health and financial outcomes, and the individual health insurance risk pool will be less balanced.

<u>High Hurdles for Some Joining the Individual Health Insurance Market</u>

Most consumers would not opt to be uninsured when given the choice,[10] but enrolling is not a simple yes-or-no decision. Californians without access to employer-sponsored health insurance,

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[7] America's Health Insurance Plans (AHIP), Letter from America's Health Insurance Plan, Blue Cross Blue Shield Association, American Academy of Family Physicians, American Medical Association, Federation of American Hospitals, American Hospital Association, in support of individual mandate (November 14, 2017) https://www.ahip.org/joint-letter-regarding-the-individual-mandate (last accessed August 15, 2018).

[8] American Academy of Actuaries, Letter from the American Academy of Actuaries highlighting concerns regarding individual mandate repeal, (November 21, 2017) http://www.actuary.org/files/publications/Letter_to_Senate_Tax_Reform_Individual_Mandate_11.21.17.pdf (last accessed August 15, 2018).

[9] *See* Consumers Union, Letter from sixteen patient and consumer groups in support of the mandate, (November 14, 2017), https://consumersunion.org/wp-content/uploads/2017/11/Coalition-statement-CBO-individual-mandate-score-final.pdf; *See also* Consumers Union, Letter from Consumers Union dated November 30, 2017, (November 30, 2017), https://consumersunion.org/wp-content/uploads/2017/11/CU.Opposes.IMrepeal.TaxBill.pdf.

[10] Rachel Garfield, Anthony Damico, Kendal Orgera, Gary Claxton, and Larry Levitt, *Estimates of Eligibility for ACA coverage Among the Uninsured in 2016*, Kaiser Family Foundation, June 19, 2018, available at

and who are not qualified for the Medi-Cal program, face significant hurdles to getting insured. These hurdles fall into two main categories: cost and complicated products. The ACA lowered these hurdles and aimed to motivate consumers, particularly those who might otherwise be reluctant, to overcome the barriers that remained.

Hurdle 1: Costs

Cost over the course of the plan year – of insurance premiums or the overall cost of coverage, including both premiums and out-of-pocket costs – is a primary reason why consumers do not enroll in comprehensive health insurance.[11] Premium tax subsidies and plans that offer cost-sharing reductions (identified as "Enhanced Silver Plans") bring care and coverage within grasp of many, but not all, Californians.

Nearly 90 percent of enrollees in Covered California plans receive premium subsidies. Yet, a 2017 study found that three-quarters of Californians who are uninsured and subsidy-eligible did not realize they are eligible for financial assistance.[12] This cohort's lack of awareness likely reduces the chance they will even apply for coverage and more likely they will remain uninsured. For these Californians, as well as those who actually are not eligible for financial help, escalating premiums are a pressing concern. In 2016, about a half-million California citizens and lawfully present immigrants who were not eligible for financial assistance went uninsured rather than enrolling and paying full sticker price for their insurance.[13] For many of these Californians, affordability was likely a barrier to coverage. Among Californians earning over 400 percent of the poverty line, the cutoff for premium support, 38% have reported either some or a lot of difficulty paying monthly insurance premiums.[14] Twenty-eight percent of the

(https://www.kff.org/uninsured/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016/). In their analysis of the 2016 National Health Interview Survey, the authors found that "a very small share of the uninsured population – about 2% in 2016 – say that the reason they go without insurance is because they don't want coverage."

[11] According to the UC Berkeley Labor Center, "affordability is the top reason that those eligible for Covered California lack insurance, regardless of income level." Additionally, they report, "high out-of-pocket costs can be a barrier to care and cause financial problems. Out-of-pocket costs are a major consideration in individuals' enrollment decisions." Laurel Lucia and Ken Jacobs, *Towards Universal Health Coverage: California Policy Options for Improving Individual Market Affordability and Enrollment*, UC Berkeley Labor Center, March 5, 2018, (http://laborcenter.berkeley.edu/ca-policy-options-individual-market-affordability/).

[12] Greenberg Strategies, *supra* note 3.

[13] Miranda Dietz, *Taking Stock: Californians' Insurance Take-up Under the Affordable Care Act*, UC Berkeley Labor Center, October 24, 2016, available at (http://laborcenter.berkeley.edu/taking-stock-californians-insurance-take-up-under-the-affordable-care-act/).

[14] California Health Care Foundation, Health Insurance and Health Care Affordability Perceptions Among Individual Insurance Market Enrollees in California in 2017, May 31, 2018, (https://www.chcf.org/publication/perceptions-affordability-among-individual-market-enrollees-california-2017/).

same cohort reported some or a lot of difficulty paying out-of-pocket costs when using healthcare.[15]

Compounding the affordability of insurance premiums are competing expenses in a high-cost-of-living state such as California. Because premium tax subsidies are based on a national index, which does not account for regional differences in cost of living, the current cut-off for premium tax credits may be reasonable in some parts of the country, but inadequate to support consumers in many areas of California. This troubling truth becomes quite clear when looking at statistics from the Bureau of Labor Statistics, which shows that in a California city such as San Francisco, the average household spends 65 percent of its household budget on housing, transportation, and food.[16] In contrast, households living in the Minneapolis-St. Paul region spend an average of 57 percent of their household budget on these expenses, leaving more room in their budget for health insurance premiums. It makes sense, then, that experts behind a recent UC Berkeley report estimated that consumers living in California would need an income threshold equivalent to five times the current national cutoff for premium subsidies, and six-times that for San Franciscans, in order for premiums to be affordable as intended under the ACA.[17]

In fact, researchers find that affordability is "the top reason that those eligible for Covered California lack insurance, regardless of income level"[18] and that the trend is likely to get worse for those who shoulder the full cost of insurance. The statewide weighted average premium rate change for the 2018 plan year was 12.5 percent[19] and premium rates for the 2019 plan year will likely rise an additional 8.7 percent weighted average.[20] Ultimately, in the absence of affordability relief, high premiums will discourage healthier and younger consumers from enrolling in ACA-compliant plans and erode the risk pool for those who remain in the market.[21]

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[15] *Id.*

[16] Bureau of Labor Statistics, *Consumer Expenditures for the San Francisco Area: 2015-2016*, December 5, 2017, (https://www.bls.gov/regions/west/news-release/ConsumerExpenditures_SanFrancisco.htm). Numbers rounded to the nearest whole percentage.

[17] Laurel Lucia and Ken Jacobs, *Towards Universal Health Coverage: California Policy Options for Improving Individual Market Affordability and Enrollment*, UC Berkeley Labor Center, March 5, 2018, (http://laborcenter.berkeley.edu/ca-policy-options-individual-market-affordability/).

[18] *Id*.

[19] Covered California, *Covered California's Health Insurance Companies and Plan Rates for 2018*, August 1, 2017, (https://www.coveredca.com/news/PDFs/CoveredCA_2018_Plans_and_Rates_8-1-2017.pdf). Although this plan book details the preliminary rates, rather than the final rates after the rate review period, the weighted average of the finalized rates remained unchanged.

[20] Sierra Sun Times, *Covered California Press Release: Covered California Releases 2019 Individual Market Rates: Average Rate Change Will Be 8.7 Percent, With Federal Policies Raising Costs*, July 19, 2018 (http://goldrushcam.com/sierrasuntimes/index.php/news/local-news/14684-covered-california-releases-2019-individual-market-rates-average-rate-change-will-be-8-7-percent-with-federal-policies-raising-costs).

[21] According to Covered California's analysis, non-enforcement of the penalty is projected to cause premiums to rise by 8-13 percent, depending on the carrier and state local circumstances, with other experts weighing in on

Consumers facing precipitously increasing insurance premium price tags find themselves making untenable choices.[22] When weighing a large investment in health insurance premiums over other competing financial costs – such as food, rent, student loan repayment, or childcare – a decision to forego health insurance becomes understandable. Purveyors of AHPs and STLD may leverage the difficult situation of these consumers in order to sell junk products.

Hurdle 2: Shopping for Health Insurance is Complicated

The average consumer shopping for health insurance is confronted with a dizzying array of jargon and product complexity. On top of sorting out the health insurance products, consumers also must navigate the resources available to them to pay for coverage. Shopping for coverage can be a complicated process with a steep learning curve, both in terms of understanding the insurance options available as well as the financial assistance that could make enrolling fit within their budget, though California has taken steps in the individual market to simplify that process.

When it comes to shopping for health insurance, the evidence is clear: although a few choices are good, too much choice undermines consumer decision making, particularly for high stakes decisions involving health insurance. Cognitive limits with respect to decoding and analyzing data lead individuals to take decision making shortcuts or avoid choosing altogether.[23] It is with this general understanding that the Legislature authorized and Covered California adopted a standardized benefit design approach, which reduced the amount of cognitive noise consumers experience in other insurance marketplaces.

The standardized benefit design approach, though, does not apply to less comprehensive policies sold off the exchange, which is where many consumers not eligible for premium tax subsidies likely will end up. Instead, those consumers are likely to confront a much wider array of confusing choices, including short-term limited duration health insurance and health care

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premium increases ranging from 5-9 percent to 15-30 percent and possibly even higher for some carriers. *See* Covered California, *Reducing Premiums and Maximizing the Stabilization of Individual Markets for 2019 and Beyond: State Invisible High-Risk Pools/Reinsurance*, January 10, 2018, (http://hbex.coveredca.com/data-research/library/CoveredCA_Reducing_Premiums_1-10-18.pdf); *See also* John Hsu Vicki Fung Michael E. Chernew Alan M. Zaslavsky William Dow Joseph P. Newhouse, *Eliminating the Individual Mandate Penalty in California: Harmful But Non-Fatal Changes in Enrollment and Premiums*, Health Affairs, March 1, 2018, (https://www.healthaffairs.org/do/10.1377/hblog20180223.551552/full/); *See also* Covered California, *Executive Director's Report*, January 18, 2018, (http://board.coveredca.com/meetings/2018/01-18/PPT-Board_ED_Report-Jan_2018-3.pdf).

[22] Consumer Reports, *How to Pay Less for Your Meds*, (April 5, 2018). Available at https://www.consumerreports.org/drug-prices/how-to-pay-less-for-your-meds/.

[23] For more on this analysis*, See* Consumers Union, *The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making*, November 2012, (https://consumersunion.org/pdf/Too_Much_Choice_Nov_2012.pdf).

sharing ministries (HCSMs)[24]. A significant venue for purchasing these alternative products is web-based brokerage sites, sometimes called "distributors," which either sell directly to consumers online or channel consumers seeking coverage to in-person or online sellers.[25] Brokers selling alternative, less comprehensive products – in-person or online – may be driven to steer consumers toward them by the bigger sales commissions these products carry, even if a comprehensive ACA-compliant policy would be a better choice for the consumer.[26, 27] Essentially, consumers will have to choose between apples and rotten fruit without necessarily knowing that is the decision they face. The evidence is not in their favor. Research shows that when choice sets are too large, consumers' ability to identify the best option for themselves is negatively impacted.[28]

Finally, determining whether one qualifies for a subsidy to make coverage more affordable can also be confusing. Income eligibility levels for subsidies are higher than many people realize – e.g. $48,500 per year for a single person and $100,000 for a family of four – and many people may mistakenly believe they must be destitute to get financial help. Many prospective enrollees are simply unaware that they qualify for a subsidy. In fact, Covered California's research

[24] Health care sharing ministries (HCSMs) have always been a permitted alternative to ACA-compliant coverage. These products are not actually insurance, however, and thus not subject to state regulatory oversight. They do not need to comply with consumer protections under the ACA and often decline to cover pre-existing conditions, maternity, mental health services, or even prescription drugs. Critically, paying into a HCSM does not actually guarantee payment of the enrollee's medical expenses when the need arises. Kevin Lucia, Sabrina Corlette, Dania Palanker, and Olivia Hoppe, *Views from the Market: Insurance Brokers' Perspective on Changes to Individual Health Insurance*, August 2018, (https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2018/rwjf447745).

[25] For more on the challenges to consumers of enrolling in insurance through web-brokers or distributors, see Consumers Union*, Recommended Consumer Protections for Web-based Agents and Brokers Offering Exchange Coverage*, September 2012, (https://consumersunion.org/wp-content/uploads/2013/03/Web-Based-Brokers-Recommendations-9-5-12.pdf).

[26] According to a report written by Georgetown University's Center on Health Insurance Reforms (CHIR), brokers can earn commissions of 10% or 15% for short-term insurance products versus 1% to 5% commission for selling ACA-compliant plans. California Health Care Foundation, *Short-Term, Limited-Duration Insurance and Risks to California's Insurance Market*, April 2018, https://www.chcf.org/wp-content/uploads/2018/04/ShortTermInsuranceRiskCA.pdf. Although the dollar amount earned per ACA-compliant product may be larger, (because the percentage is based off a larger base number), brokers can earn more selling short-term products because the application process and thus sale is much quicker: enrolling a consumer in an ACA-compliant product entails an eligibility determination for financial assistance as well as other considerations, but a broker can enroll an individual in a short-term product as easily as by providing a link to the broker's website. A very recent CHIR report on six study states, though not California, found brokers stating that the combination of higher commissions and the streamlined application process for non-ACA compliant products led them to reduce their participation in selling ACA products. https://www.rwjf.org/en/library/research/2018/08/views-from-the-market.html?cid=xsp_partners_unpd_ini:moni%20#6_dte:20180815https://www.rwjf.org/en/library/research/2018/08/views-from-the-market.html?cid=xsp_partners_unpd_ini:moni%20#6_dte:20180815

[27] Both short-term limited duration and HCSMs suffer from the same shortcomings of not being required to cover pre-existing conditions and other critical categories of health care. On top of that, enrollees in HCSMs may be surprised to learn of non-uniform religion-based lifestyle restrictions that, if violated, could invalidate coverage altogether.

[28] Consumers Union, *supra* at 21.

revealed that while 96% of Californians are aware of the Exchange, 73% of uninsured but subsidy-eligible Californians do not know they are eligible or wrongly believe they are not eligible.[29] The fact that, in 2015, 7.8% of tax households with incomes that qualified them for premium tax subsidies actually paid the penalty for lacking insurance[30] exemplifies the fact that consumers have trouble learning and understanding not only their health insurance options, but also the financial assistance available to make insurance more affordable.

The Threat of Cherry-Picking in the Individual Health Insurance Market

The cohort that is least likely to want insurance badly enough to overcome the cost and complications hurdles is the enrollees who are most beneficial to a high-quality individual market risk pool: the healthy individuals. Enrolling in health insurance may not be the most compelling purchase on the "To- Do" list of this type of consumer, but these consumers are essential to the continued success of Covered California and the individual health insurance market and also vulnerable to cherry-picking by those selling shoddy insurance products. Young adults, for example, are more likely to qualify for special enrollment than other consumers[31] because the frequent changes in their lives – college graduation, moving to new regions, job changes, and loss of coverage on their parents' policy due to reaching their 27th birthday – all meet eligibility criteria for a special enrollment period. As a result, these young consumers have more opportunities to join the comprehensive health insurance risk pool, but also more chances to be lost to competing lower-value insurance products. Some consumers will knowingly choose lesser coverage in exchange for lower premiums, taking a calculated risk, but many other consumers may be either confused or misled by the choices before them.

Open Season for Confusion and Misinformation: Shopping for Health Insurance on the Open Market

Shopping for health coverage is a difficult task for all consumers and the way private insurance often is marketed seems almost designed to sow confusion. To be sure, the population enrolling in health insurance is diverse as is the means these million-plus consumers use to enroll in coverage. Many California enrollees seek out in-person assistance from navigators or agents, or phone assistance from Covered California's Service Center, but about forty percent of Covered California enrollees go it alone. As Consumers Union experienced firsthand through an online search (see case study boxes), paid advertisements are the first sites many consumers

[29] Covered California, *Executive Director's Report* (slides 15-16), October 5, 2017, (http://board.coveredca.com/meetings/2017/10-05/PPT-Board_ED_Report-Oct_2017-7.pdf).
[30] Lucia, *supra* at 16. Exhibit 4 on page 11.
[31] Young Invincibles, *Young Adults More Likely to Qualify for Special Enrollment*, April 2014, (http://younginvincibles.org/reports-briefs/report-young-adults-more-likely-to-qualify-for-special-enrollment/).

see and these sites infrequently disclose premium tax subsidies. What's more, premium tax subsidies are only available through Covered California.

Enrolling in health insurance via Covered California is the most logical route for Californians of more limited means who may either qualify for Medi-Cal or may be among the nearly 1.2 million[32] Californians enrolled in health insurance who qualify for premium tax subsidies. But it also makes sense as a starting point for Californians who earn too much to qualify for the premium tax subsidy. Products sold on Covered California go through active purchaser negotiations, have a standardized benefit design that prioritizes the consumer experience, and were designed in partnership with consumer advocates.[33] Furthermore, the Marketplace platform is designed to educate consumers about their choices and how to use their health insurance.

Commercial health insurance website brokers ("web brokers") and private exchanges operate differently from Covered California. Some of these sites are online insurance brokers and some sites are clearinghouses or distributors, displaying or linking to insurance products without direct oversight of the products sold or the premiums charged.[34] Web brokers also often provide little explanation of the products they are offering. They may use terms like "copay" or "deductible" without explaining what they mean in terms of annual costs on top of the premium. Although very limited plans were sold prior to the ACA – short-term, indemnity, or disease-specific plans, for example – they became far less common in California over the past several years. Expanded sales of those types of products would leave consumers again more exposed to questionable coverage.

Because web brokers operate in competition with each other, with the primary goal to sell more policies than the other, there is no apparent incentive to make comparing coverage options easier, especially if doing so would highlight major coverage shortcomings in lower cost products, and risk losing consumers to competitors. It further stands to reason that as guardrails erected under the previous administration – created both to steer individuals into comprehensive coverage and stabilize the individual risk pool – are lowered and web brokers have the leeway and the incentive to steer healthier enrollees into alternative insurance

[32] Kaiser Family Foundation, *Estimated Total Premium Tax Credits Received by Marketplace Enrollees*, February 2017, (https://www.kff.org/health-reform/state-indicator/average-monthly-advance-premium-tax-credit-aptc/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D).

[33] *See* Elizabeth Imholz, *Healthcare By Design: Consumer-Centric Benefits for California's Individual Market* Consumers Union, July 2017, (https://consumersunion.org/research/healthcare-by-design-consumer-centric-benefits-for-californias-individual-market/).

[34] Premium increases for these products do undergo the *rate review* process. In *rate review*, the regulator with authority over the product – either the California Department of Insurance or the Department of Managed Health Care – reviews each proposed rate increase to determine whether it is both reasonable or justified. Although neither regulator has the authority to block an unreasonable or unjustified rate increase, both have used their review process in the past to press carriers to reduce questionable rate increases.

products outside the individual risk pool, they are more likely do so, to the detriment of the consumers to whom they sell as well as to the consumers who are left in the pool.

Finally, as Consumers Union experienced when researching online health insurance options, with the exception of Covered California, web brokers routinely require consumers to provide contact information and basic demographic data before allowing browsing. Consumers who are protective of their contact information and basic health information will resist sharing this data with web brokers and, as a result, will be unable to see insurance product choices, limiting their ability to shop around. Consumers who do share their information will be in the uncomfortable position of direct solicitation from brokers or agents who may solicit them for insurance products which they did not seek.

Case study: a simple search yields lackluster, misleading results

Consumers Union wanted to see what consumers were likely to find when shopping online for health insurance. On average, 14,800 people use the search term "health insurance California" in any given month.[35] In July, 2018, Consumers Union ran that search using the Google search engine from a computer in our West Coast Office, located in San Francisco, California. As shown in Attachment 1, the search results would require consumers to wade through potentially misleading paid website promotions before getting to the organic results.

Sites promoted with paid advertisements made promises such as, "Great rates for Obamacare, Trumpcare, and more!"[36] "Rates from $2.00/day,"[37] "Rates as low as $50 per month"[38] and "Remember: Prices are fixed by law – You can't find lower rates anywhere

[35] Based on the Google Adwords Keyword Planner, accessed July 2018, available at (https://ads.google.com/home/tools/keyword-planner/).

[36] Healthinsurance.net. This site includes quotes and brokerage on a first-party basis along with third-party insurance products, brokers, and carriers in the form of advertisement, insurance quotes, online sales, email, phone call, text message, and other marketing. This site promises "Great rates for Obamacare, Trumpcare, and more!" but offers very little additional information without first collecting contact information and basic demographic and health information from the site visitor.

[37] ObamaCare-Enroll.org d/b/a Health Enrollment, eHealthinsurance Services, Inc. This site touts rates from $2.00 per day, but includes an asterisk, which suggests further explanation is located elsewhere, but is unclear where.

[38] AffordableCareCalifornia.org, an "independent marketplace" which is not a licensed insurance agent or broker but, rather, a central point to connect consumers to insurance companies. This site promoted "Rates as low as $50/mo" with obscurely located fine print noting: "The advertised price may not be typical. It was generated using the Kaiser Family Foundation subsidy calculator that was accessed on June 1, 2016. The following parameters were used: 21-year-old adult, non-tobacco user, annual income of $20,500 in 2016, no children, and no available coverage through a spouse's employer. The resulting monthly premium was $50 per month (or $600 per year after $1,617 in subsidies) for a Bronze Plan. Even when using the same parameters, this result is subject to change." It is worth noting that, unless this site leads consumers to Covered California products, the referenced "subsidy" is irrelevant since only through Covered California products can consumers access federal subsidies.

else."[39] Despite the low premiums claimed by these sites, none can offer consumers the premium tax subsidies that would dramatically lower actual premiums paid by the consumer for comprehensive coverage, because federal financial assistance is only available to Californians through Covered California. For consumers who qualify for a premium tax subsidy, landing on one of these private, commercial sites could be an expensive mistake. The fact that these sites require consumers to submit basic demographics, contact information, and health information before seeing available insurance products also raises privacy concerns.

Following the paid advertisements, the first organic search result was for another private health insurance site, followed in second place by Covered California. The decision to heavily invest in marketing of the Covered California site appears to have paid off for the California health insurance Marketplace, since Covered California lands second in the organic search results.

Young Adults: Health Insurance Consumers Facing an Especially Steep Learning Curve

In the years leading up to the ACA, young adults[40] had the highest uninsurance rate of any age cohort[41]; they were twice as likely to lack health insurance compared to children and older adults,[42] with one in three young adults lacking coverage.[43] Young adults as a group were one of the largest segments of the U.S. population living without health insurance, with the fastest growing incidence of uninsurance.[44] There were several reasons why young adults had such a high rate of uninsurance: lack of access to employer-sponsored insurance; lack of eligibility for

[39] IndividualHealthQuotes.com, a site operated by GoHealth. This site does not sell insurance but rather connects consumers with health quotes. While this site encourages consumers to shop around from a list of seven insurance sites, it also separately states: "Remember: Prices are fixed by law – You can't find lower rates anywhere else." This "reminder" could dissuade site visitors from shopping around, to their detriment.

[40] There is no one definition of "young adult," but the cohort is frequently defined as adults age 18-34.

[41] Erin Hemlin, *What's Happened to the Millennials Since the ACA? Unprecedented Coverage & Improved Access to Benefits*, Young Invincibles, April 26, 2017, (http://younginvincibles.org/reports-briefs/whats-happened-millennials-since-aca-unprecedented-coverage-improved-access-benefits/).

[42] Kevin Quinn, Cathy Schoen, Louisa Buatti, *On Their Own: Young Adults Living Without Health Insurance*, The Commonwealth Fund, May 2000, (https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2000_may_on_their_own__young_adults_living_without_health_insurance_quinn_ya_391_pdf.pdf).

[43] John Holahan and Genevieve Kenney, *Health Insurance Coverage of Young Adults: Issues and Broader Considerations*, Urban Institute, June 2008, (https://www.urban.org/sites/default/files/publication/31826/411691-Health-Insurance-Coverage-of-Young-Adults.PDF).

[44] Bisundev Mahato, Sara R. Collins, Cathy Schoen, and Jennifer L. Kriss, , *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, 2008 Update*, Commonwealth Fund, May 1, 2008 (https://www.commonwealthfund.org/publications/fund-reports/2008/may/rite-passage-why-young-adults-become-uninsured-and-how-new).

Medicaid or other public coverage; attitude towards the need for coverage.[45] Contrary to a common misperception that young people elect not to enroll because they believe they are invincible, fewer than one in five elected *not* to enroll because they did not expect to need insurance.[46]

Within a few years of the enactment of the ACA, the uninsurance rate among young adults was cut nearly in half.[47] There are multiple reasons cited for this notable increase: (1) Medicaid expansion beyond the previously narrow eligibility requirements, including to adults without children at home, (2) premium tax credits that improved affordability, and (3) the ability to stay on a parent's insurance policy until age 27.[48] The individual mandate and its associated tax penalty may have also motivated some young adults to enroll.

Despite these policy advances, younger and healthier adults continue to be more likely than average to remain uninsured.[49] This is in part because even before recent federal actions sowed confusion for consumers, young adults without access to employer-sponsored health insurance are frequently unaware of their options to purchase individual health insurance coverage. For example, according to one national study, 41 percent of young adults age 19-34 were unaware of the Marketplaces.[50] In California, a 2017 study found youth ages 26-29 especially concerned about the future of the ACA and Covered California. [51] This could mean greater confusion about continued coverage availability. Furthermore, the unique way that open enrollment works – with enrollment limited to only a fraction of the year – is not familiar or obvious to everybody and half of young adults were unaware of the annual open enrollment period.[52] Finally, only a quarter of young adults knew of the availability of subsidies for coverage purchased through the Marketplaces.[53]

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[45] Holahan, *supra* note at 33.
[46] Deloitte, *Young Adults and Health Insurance: Not Invincible – but Perhaps Convincible,* 2014, (https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-chs-young-adults-and-health-insurance.pdf).
[47] Erin Hemlin, *What's Happened to Millennials Since the ACA? Unprecedented Coverage & Improved Access to Benefits*, April 2017, (http://younginvincibles.org/wp-content/uploads/2017/05/YI-Health-Care-Brief-2017.pdf).
[48] Schultz*, supra* note at 31.
[49] The Centers for Medicare & Medicaid Services, *Strengthening the Marketplace by Covering Young Adults*, June 21, 2016, (https://www.cms.gov/newsroom/fact-sheets/strengthening-marketplace-covering-young-adults).
[50] Sara R. Collins, Munira Z. Gunja, and Herman K. Bhupal, *New Census Data: Number of Uninsured Dropped 1 Million in 2016, with Young Adults Continuing to Make Large Gains*, The Commonwealth Fund, September 12, 2017, (https://www.commonwealthfund.org/blog/2017/new-census-data-number-uninsured-dropped-1-million-2016-young-adults-continuing-make). The percentage of young adults unaware of marketplaces was actually slightly less than older adults age 50-64, 44 percent of whom were unaware of marketplaces, but more than the 35 percent of adults age 35-49 who were unaware of marketplaces.
[51] Greenberg Strategies, *supra* note 3.
[52] Deloitte, *supra* note 36.
[53] To be precise, that number is 24.3 percent of young adults, and can be compared to the 43.6 percent of adults age 50 to 64 who were aware (still less than half of older consumers). Sharon Long, Genevieve Kenney, Stephen

Moreover, young adults have limited experience from which to draw when they go to shop. To start with, they are less likely than their older counterparts to know about their states' Marketplace,[54] a serious challenge for them given that these are the only places a consumer can get access to valuable premium and cost-sharing financial support. In addition, according to one study, young adults were significantly less likely than their older counterparts to describe themselves as "very or somewhat confident" in their understanding of nine key health insurance concepts.[55] If those consumers want to learn more, they are likely to turn to family members, friends, coworkers, and employers,[56] who may or may not provide them complete and accurate information. What these young adults do not know could hurt them – some may inadvertently opt out of consumer protections guaranteed in ACA-compliant plans and instead enroll in minimal policies, aggressively marketed and with lower premiums.[57]

An estimated 83 percent of young adults are eligible for premium tax subsidies or expanded Medicaid[58] , but if they do not know about these opportunities, it is as if they do not exist. As a side market for junk insurance grows, there will likely be increased competition for these consumers. For a variety of reasons – including that employer-sponsored health insurance is increasingly less common among small employers[59] and that the rapidly growing "gig sector" characteristically lacks employee benefits such as health insurance[60] – young adults are increasingly likely find themselves shopping for health insurance if they want to be covered. To ensure that young adults receive the information they need to make optimal, informed decisions, this cohort must receive substantial and continuous guidance and encouragement to enroll. Moreover, legal protections must be in place to ensure these consumers are not victim to misleading or intentionally confusing marketing. Otherwise, more and more young adults will be un- or under-insured.

Zuckerman and Dana Goin, *Low ACA Knowledge and Health Literacy Hinder Young Adult Marketplace Enrollment*, Health Affairs Blog, February 12, 2014, (https://www.healthaffairs.org/do/10.1377/hblog20140212.037152/full/).

[54] Deloitte, *supra* note 36 at p.6.

[55] Sharon K. Long, Genevieve M. Kenney, Stephen Zuckerman, Dana E. Goin, Douglas Wissoker, Fredric Blavin, Linda J. Blumberg, Lisa Clemans-Cope, John Holahan, and Katherine Hempstead, *The Health Reform Monitoring Survey: Addressing Data Gaps to Provide Timely Insights into the Affordable Care Act*, Health Affairs, January 2014, (https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.0934). The authors of this report found that only 29 percent of adults age 18-30 were confident in their understand of the terms while about 50 percent of adults age 50-64 were confident.

[56] Long, *supra* note 44.

[57] Erin Hemlin, *Young Invincibles letter to the Department of Labor and the Employee Benefits Security Administration RE: Definition of "Employer under Section 3(5) of ERISA - Association Health Plans (RIN 1210-AB85*), Young Invincibles, March 6, 2018, (https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/rules-and-regulations/public-comments/1210-AB85/00508.pdf).

[58] Schultz*, supra* note at 31.

[59] The Kaiser Family Foundation, *Employer Health Benefits; 2016 Annual Survey*, 2016, (http://files.kff.org/attachment/Report-Employer-Health-Benefits-2016-Annual-Survey).

[60] Robert Maxim and Mark Muro, *Rethinking Worker Benefits for an Economy in Flux*, Brookings, March 30, 2018, (https://www.brookings.edu/blog/the-avenue/2018/03/29/rethinking-worker-benefits-for-an-economy-in-flux/).

Case study: One young adult's odyssey shopping for health insurance in California

Consumers Union asked a young adult law student intern in the office to shop for and select a health insurance plan she would enroll in if she were shopping for health insurance (the intern was told not to actually purchase any policy). Consumers Union did not advise her which search term or terms to use, but rather left it to her to devise her own search path and to look for a policy with the coverage she thought she should have. This individual had no prior experience shopping for health insurance. She was instructed to use the following profile: Age: 25. Zip Code: 94102. Income: $50,000. Qualifying life event: Graduation from school. Health conditions: None. This search was conducted in English only.[61]

The intern conducted a total of three searches before settling on an insurance choice. Her first search, for "insurance," was very broad and yielded unhelpful hits. Her second search was for "health insurance (adult)". Using this query to find health insurance, the intern was met with promotions for low-cost insurance starting at $20 per month. However, when she followed those promotions to online health insurance brokerage sites, she never actually found an insurance product for such a low premium. What she did find was a confusing maze of marketing and choices, with few critical details with which to make her decision.

Finally, the intern tried a third search, this time using the query "health insurance for young adults." After searching for about three hours, this case study young adult very nearly selected a non-comprehensive plan, sold by an online broker that reached her through paid advertising. What stopped her was confusion between her insurance options and an uneasy feeling about the benefits being offered. A call to her mother confirmed her hunch that the insurance she was close to choosing "seemed very odd" relative to the health insurance policy with which her family had experience. For example, the low premium plan she explored covered just one visit to the doctor, offering to cover up to three visits for a higher premium. Her mother cautioned that such limitations of doctor visits were unwise, and that she should probably steer clear of that choice. She took a night to consider her mother's advice and decided she should keep researching her options, which she did on a second day of shopping.

In the end, the intern determined on her own accord that a Silver-level comprehensive health insurance product sold through Covered California was her best option. However, to get to that place, she researched her options for two days, over about five hours and used three separate searches, none of which surfaced CoveredCA.com. Rather, she got there via redirect from Healthcare.gov, which she found only on her third Google search. If this were a real

[61] The type of confusion described in this case study for a person whose primary language is English could easily be exacerbated for a limited English proficiency person.

shopping experience, it would have turned out well for this sample young adult. But, not all young adults have someone they can turn to for advice when they enroll, such as ours did, with a parent experienced with health insurance who could warn her about a skimpy plan. She, and likely many others, do not realize that Covered California's help line and navigators are there to help. Others also may not be willing or able to persevere through about five hours of researching before settling on a plan, and the fact that the intern was able to devote this amount of time to shop for insurance while at work is a luxury not available to many. Finally, this experience would likely be far more difficult if the shopper also faced a language barrier.

Approaches for Policymakers to Help Keep a Robust Individual Risk Pool and Help Californians Make Smart Choices

The following approaches can help keep a robust risk pool and ensure that Californians have the information they need to make the best choice for themselves and their families.

Proactive approaches Covered California could use to guide *all* consumers to comprehensive health insurance products

- *Use search engine optimization and other techniques to continually signal the relevance of Covered California content to search engines in order to ensure Californians searching for coverage, including young adults highly likely to use the web as their main information source, get to Covered California as their first source*: Covered California is the only channel for consumers to access premium and/or cost-sharing support and the only health insurance website certain to be devoid of junk insurance products. Yet, it is likely that a consumer who searches for "health insurance California" will have to wade through a number of other options that appear as paid advertisements before getting to the site for Covered California.[62] And other search terms such as "health insurance for young adults" did not lead to Covered California when the intern was researching in May, 2018. Making Covered California's website the first option a shopper sees is a worthy aspiration in order to educate and inform even casual browsers. A key way to do so is via search engine optimization (SEO). Because search engines like Google make changes to their algorithms almost every day,[63] Covered California should maintain and strengthen its diligence in signaling the relevance of its content to Google.

[62] See our case study on page 11 for details.

[63] Matt Southern, *Google's John Mueller Reminds: "We Make Changes Almost Every Day*," Search Engine Journal, March 9, 2017, (https://www.searchenginejournal.com/googles-john-mueller-reminds-make-changes-almost-every-day/189379/).

- *Continually update the Covered California marketing plan, expand touch points, ensure well-timed marketing to support peak enrollment periods*: Covered California's multi-faceted marketing plan includes earned and paid traditional media, social media, print, billboards and digital platforms, recognizing the reality that the likelihood of a consumer enrolling in health coverage increases when there are multiple "touch points." For young adults in particular, the most impactful touch points appear to be personalized messages delivered in person, by telephone, and through online communications.[64] Thus, customized renewal e-messages to young adult customers of Covered California may be beneficial in retaining them. Getting to consumers at a point near to need – which Covered California does, for example with inserts in Employment Development Department (EDD) unemployment mailings – is most helpful in promoting enrollment.

  In addition, research confirms that in promoting social programs such as health insurance, timing is everything. Young adults in particular are more likely to respond to messages that are timed right.[65] Consumers Union applauds Covered California's targeted outreach to graduates of colleges and universities in May 2018,[66] a well-timed communication aimed at capturing a segment of the approximately 400,000 young adults who qualified for a special enrollment period that month. Similarly, for open enrollment, it makes sense to begin marketing in September, leading-up to the new California open enrollment start date of October 15. Continuing active marketing past the busy holiday season into January will also help to capture the many consumers, including young adults, who defer the plan choice decision until the last minute.

<u>Legally protecting vulnerable consumers in the health insurance market</u>

- *Legislate limits on the sale of Short-term Limited Duration (STLD) and Association Health Plan (AHP) policies*: changes to federal regulations that loosen the rules on AHPs and STLD plans are contrary to the best interest of Californians for reasons described above. Enactment of policy changes at the state level – pending California bills SB 910 to ban short-term plans and SB 1375 to curb AHPs – are essential to counteract that widely-anticipated harm.
- *Close monitoring by the California Department of Insurance (CDI) and Department of Managed Health Care (DMHC) of the sale and marketing of non-compliant products,*

[64] Deloitte, *supra* note 36.
[65] *Id.* In 2016, the Centers for Medicaid & Medicare Services timed their outreach to when they knew consumers were paying attention, noting: "young adults are far more deadline sensitive than other consumers." The Centers for Medicare & Medicaid Services, Strengthening the Marketplace by Covering Young Adults, (June 21, 2016).
[66] Covered California*, Covered California press release: Covered California Launches New Campaign Focused on College Graduates to Make Sure They Get Health Coverage*, Sierra Sun Times, May 25, 2018, (http://goldrushcam.com/sierrasuntimes/index.php/news/local-news/14037-covered-california-launches-new-campaign-focused-on-college-graduates-to-make-sure-they-get-health-coverage).

including by web-brokers: early on, Covered California wisely declined to allow web-brokers to engage in direct enrollment in its products to prevent consumer confusion and ensure protections for its enrollees. Consumers Union expects that for the coming year web-brokers will play a large role in promoting and selling non-ACA compliant policies nationally. To the extent California law allows those products – be they indemnity, disease-specific, short-term or other types of limited health insurance – the regulator of those products, the California Department of Insurance, should ensure it has the detailed plan, and agent-specific data, to closely track and monitor their marketing and sales.[67] Arming policymakers and the public with this data is essential to evaluate the products and craft any needed policy fixes. Moreover, both CDI and DMHC can expect to get calls from consumers about health-sharing ministries, though neither has jurisdiction over them. Each agency should add a complaint code for these products in order to track their prevalence.

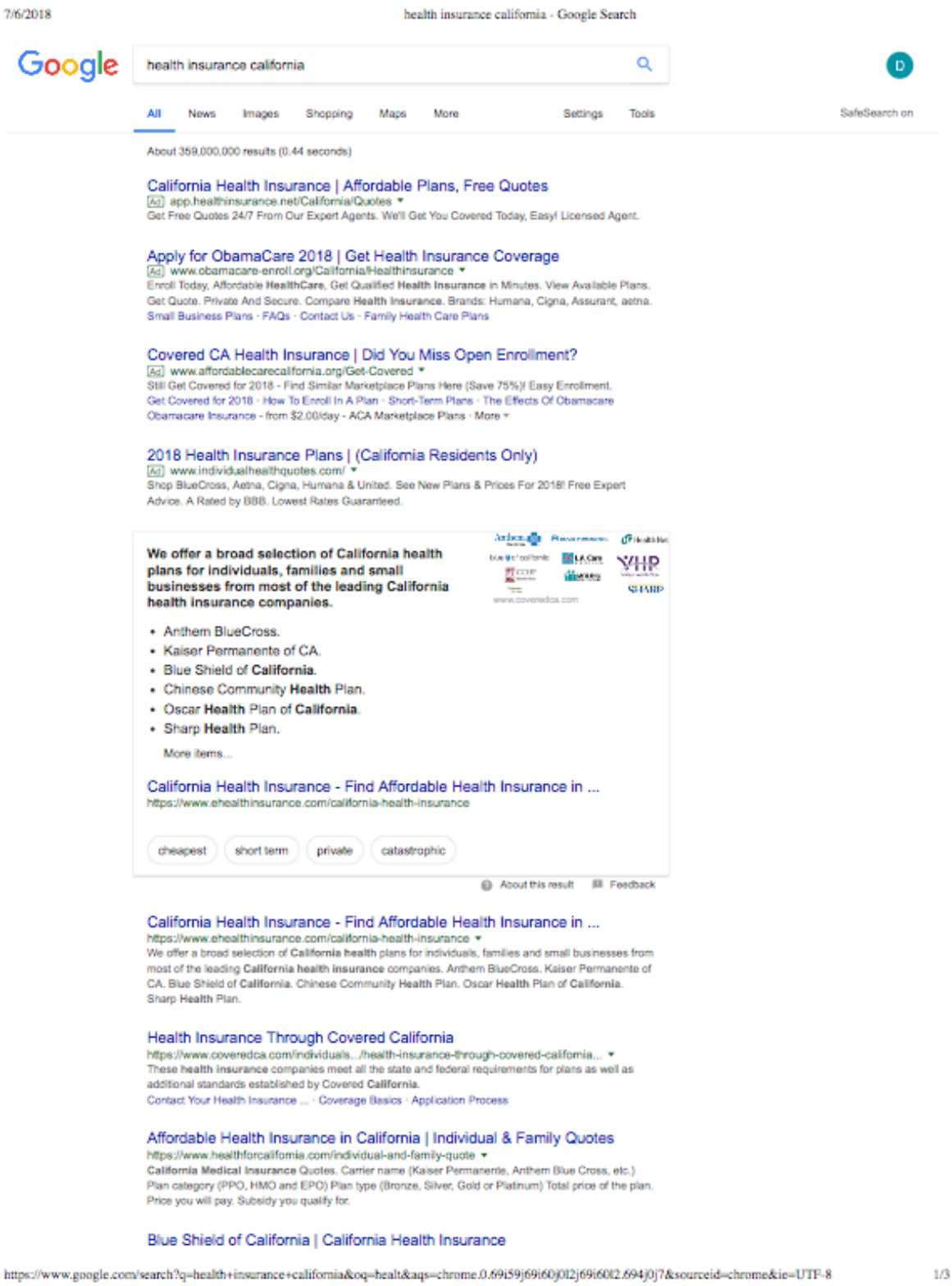
- *Impose controls by Covered California in certifying agents/brokers to sell its policies*: agents are a robust source of enrollees in Covered California, credited for 47 percent of all enrollments for 2018. With commissions for non-compliant policies running at 6-8 times that for ACA policies,[68] there is reason to expect increasing pressure on agents to promote these limited products. There are a range of requirements Covered California could impose on agents it certifies. On the light-touch end, they could require exchange-prescribed, standardized, detailed notices for consumers about the specific exclusions and limits of such plans. Covered California could also bar its certified agents from also selling non-compliant skimpy policies. There may be other steps in between, and Covered California should consider the range of options in the coming months.

Conclusion

Although federal actions continue to be taken that threaten to undermine the stability and affordability of the California health insurance market, California is not without tools to protect its citizens. By adopting proactive policies to guide *all* consumers to comprehensive health insurance products, and by also legally protecting vulnerable consumers in the health insurance market, the state of California's health insurance markets can remain strong.

[67] For more on these recommendations, see Consumers Union, *Recommended Consumer Protections for Web-based Agents and Brokers offering Exchange Coverage*, September 13, 2012, (https://consumersunion.org/research/recommended-consumer-protections-for-web-based-agents-and-brokers-offering-exchange-coverage/).
[68] *Supra* note 24.

Attachment 1



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