

## “COVID Coverage” Is Not Enough: The American People Need Comprehensive Health Insurance During the Coronavirus Pandemic and Resulting Economic Crash

At lightning speed, COVID-19 created both health and economic crises for our nation. In less than six months after the virus was first diagnosed in America:<sup>1</sup>

- » **More than 125,000 U.S. residents lost their lives to the disease<sup>2</sup> — exceeding the number of Americans who died in the Vietnam War, 9/11, and the wars in Iraq and Afghanistan combined.<sup>3</sup>**
- » State and local health departments reported more than 2.5 million COVID-19 cases,<sup>4</sup> and the director of the U.S. Centers for Disease Control and Prevention estimated that more than 24 million people had become infected.<sup>5</sup> **The latter figure is the equivalent of every man, woman, and child living in all the Southwest and Rocky Mountain states coming down with COVID-19.<sup>6</sup>**
- » **The number of unemployed adults more than tripled,** rising from 6 million in February to 23 million, 21 million, and 18 million in April, May, and June, respectively. During each of the three past months, the number of unemployed adults was higher than in any month before COVID-19’s arrival.<sup>7</sup>

**The economic crash resulting from the pandemic led an estimated 5.4 million workers to become uninsured — by far the largest coverage loss in U.S. history.** After just three months, the number of adults joining the ranks of the uninsured was already 39% higher than the highest previous *annual* increase ever recorded.<sup>8</sup>

**Unless Congress acts swiftly, these coverage losses will take a terrible toll on families’ health and economic security.** Comprehensive health insurance protects against crushing medical bills

and provides access to care for both COVID-19 and other medical conditions. Regardless of the pandemic, patients still have cancer and heart disease, babies are still being born, and children still need comprehensive coverage to grow up healthy and strong.

Aside from a modest increase in federal funding for Medicaid, **no COVID-19 Congressional package signed into law thus far has helped struggling families keep their comprehensive health insurance.**

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Congress has improved access to testing and treatment of those diagnosed with COVID-19. These were important and positive steps but, on their own, they are grossly insufficient. **Congressional action to protect comprehensive insurance is urgently needed for four reasons.**

## 1. Comprehensive Health Insurance Protects Communities from COVID-19

- » **Without the affordable access to diagnosis and care furnished by comprehensive health insurance, people who begin to feel sick will delay seeking medical attention.**

Coverage loss results in a four-fold increase in the likelihood of delaying or going without necessary care because of cost (28% vs. 7%).<sup>9</sup>

- » **Delays in seeking diagnosis and care endanger uninsured patients who do not yet know they are infected with COVID-19.**

Accessing medical advice is essential to determine whether someone with potential COVID-19 symptoms must seek immediate care. COVID-19 patients' delays in seeking care earlier this year likely contributed to death rates at home far above historic levels.<sup>10</sup>

- » **When uninsured patients who are unaware they have COVID-19 delay diagnosis and treatment, the virus infects others.** A highly contagious virus "left undetected" can "spread to family, neighbors, and other contacts. Their *lack of insurance is a known risk to their own health, but it must now also be recognized as a risk to the nation's health,*" according to leading academic experts analyzing the impact of insurance gaps on infectious disease.<sup>11</sup> In April

2020, 14% of respondents polled by Gallup/West Health said cost would deter them from seeking care for symptoms like coughing and fever. Precisely such symptoms frequently mark the arrival of COVID-19. That proportion rose to 22% among low-income respondents, young adults, and people of color — groups particularly likely to be uninsured.<sup>12</sup>

- » **When people with serious health problems cannot get health insurance elsewhere, they often obtain health benefits by returning to work.** The same health problems that drive them back to work also put them at risk of serious health harm or even death if their contact with a customer or co-worker exposes them to the virus.<sup>13</sup> By the same token, customers and colleagues face heightened risks when sick people return to work because it is their only source of comprehensive insurance.

## 2. Comprehensive Health Insurance Protects Against Other Diseases

- » **Many people with serious health problems unrelated to COVID-19 have cut back on treatment.** This has dangerously delayed cancer care, organ transplants, kidney dialysis, brain surgery, and treatment of chronic diseases like diabetes and high blood pressure.<sup>14</sup>
- » **Health insurance gaps place patients at risk.** Losses of comprehensive health insurance are compounding a sharp drop in access to medical care, as clinicians report that the chronically ill have "trouble getting treatment due to job loss [or] health insurance loss."<sup>15</sup>

*For the unemployed and uninsured, the burden of unpaid medical bills now compounds enormous financial challenges.*

» **Unless Congress protects comprehensive health insurance, health problems unrelated to COVID-19 will take a significant toll in preventable death and disease.** Costs deter many uninsured people from seeking necessary care, as noted earlier. The uninsured are thus far more likely to have health problems worsen until hospitalization is required. Uninsured patients have cancer, heart disease, and other serious conditions diagnosed at later stages, when treatment is more likely to fail. A growing body of evidence shows that, without insurance, people have a significantly higher risk of death from a broad range of conditions that have nothing to do with Coronavirus.<sup>16</sup> Diseases unrelated to COVID-19 will thus cause needless suffering and even death unless Congress acts swiftly to protect comprehensive health insurance.

### **3. Comprehensive Health Insurance Protects Against Financial Hardship**

» **Families who lose health insurance frequently face financial hardship.** In 2017, “nonelderly uninsured adults were over twice as likely as those with insurance to have problems paying medical bills (29% vs. 14%), with nearly two thirds of uninsured who had medical bill problems unable to pay their medical bills at all (65%),” according to the Kaiser Family Foundation.<sup>17</sup> A later Kaiser survey

found that, in 2019, three in five uninsured adults were very or somewhat worried about their ability to afford “utility bills like electricity and heat” or their “rent or mortgage” (60% and 61%, respectively).<sup>18</sup> Among uninsured patients hospitalized due to auto accidents or other trauma, 70% incur out-of-pocket medical costs that consume more than 40% of their entire annual income.<sup>19</sup> At some point during the year, collection agencies contact 20% of the uninsured about unpaid medical bills, and 21% of the uninsured report that they had to change their way of life because of medical bills.<sup>20</sup>

» **For the unemployed and uninsured, the burden of unpaid medical bills now compounds enormous financial challenges.** From February to May, the number of adults out of work grew by 21.9 million.<sup>21</sup> A staggering 120 million adults, or 48% of all U.S. residents over the age of 18, have lost employment income since mid-March.<sup>22</sup> In May, a Census Bureau survey found that 26 million families did not have enough to eat during the week before the survey,<sup>23</sup> and 38 million adults reported little or no confidence in their ability to pay the next month’s mortgage or rent.<sup>24</sup> Adding loss of health insurance and resulting unpaid medical bills to this extraordinary level of American deprivation threatens unconscionable harm to tens of millions of families.

- » **No one should be forced to choose between getting necessary health care and putting food on the table or keeping the lights on** — but millions of us will face precisely such decisions unless Congress safeguards comprehensive health insurance.

#### 4. Comprehensive Health Insurance Protects American Jobs

- » **Already, our health care system has suffered terrible financial losses.** Fully 43% of the first quarter’s historic 5.0% drop in Gross Domestic Product involved a precipitous decline in health care revenue.<sup>25</sup> More than 1 million health-care jobs disappeared between February and June — greater losses than in any private economic sector outside the restaurant industry.<sup>26</sup>
- » **With one in seven American workers still employed in health care, numerous jobs remain at risk** if Congress does not provide the comprehensive health coverage needed for doctors, hospitals, and clinics to stay open and well-staffed. As of June 2020, 16.5 million people, or 14% of all private-sector workers, were employed in health care — more than the number who worked in all retail or all manufacturing combined.<sup>27</sup>
- » **Comprehensive health insurance provides revenue for hospitals, doctors, clinics, and other health care providers.** By triggering major revenue reductions in a huge economic sector, health insurance losses cause additional layoffs, with millions of health care workers joining the ranks of the unemployed, along with others in businesses that rely on the health care industry to thrive. *An upcoming Families USA report will estimate job losses, nationally and by state, if Americans lose comprehensive health insurance as projected.*

#### To Safeguard Comprehensive Health Insurance, the Next COVID-19 Package Must Include the Following Core Elements:

- 1. Full COBRA subsidies,** as proposed in the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act passed by the House. Assistance that pays laid-off workers’ premium costs in full is critical for most of them to retain health insurance. Otherwise, many must forego health insurance to pay for such priorities as food, shelter, and electricity.
- 2. Increased premium tax credits (PTCs) for low- and moderate-income consumers,** as proposed in H.R. 1425, the Patient Protection and Affordable Care Enhancement Act. Even before COVID-19, low-income consumers were the group of PTC-eligible people most likely to be uninsured.<sup>28</sup> The PTC increases in H.R. 1425 would finally make private coverage a realistic and affordable option for most laid-off workers and other uninsured people who are ineligible for COBRA and Medicaid.<sup>29</sup>
- 3. \$600 million in annual funding for consumer assistance** to help laid-off workers enroll in coverage.<sup>30</sup> Such workers are often traumatized by job loss<sup>31</sup> and focused on core survival needs. Many lack the bandwidth to learn about health coverage programs and complete the paperwork needed for enrollment. In the past, intensive one-on-one help has proven essential and effective to sign up families who were uninsured because of job loss.<sup>32</sup>

4. **A special enrollment period (SEP) that lets uninsured families quickly obtain private health coverage through the federal health insurance exchange**, which serves residents of 38 states. Twelve out of 13 state-based exchanges have provided such an SEP, which let more than 300,000 uninsured enroll. If the federal exchange had operated a similar SEP, approximately 500,000 to 600,000 additional uninsured would likely have signed up for coverage before the end of June.<sup>33</sup>
5. **A substantial boost to federal matching funds for state Medicaid programs**, with accompanying guardrails to maintain coverage. Nearly all states are legally required to balance their budgets, even when recession cuts revenue and raises the cost of need-based programs. Enhanced federal funding is thus essential for Medicaid to avoid major cutbacks and continue serving the lowest-income uninsured.

*Comprehensive health insurance is disappearing for millions of families, endangering their health, economic security, employment — and even their survival. The next COVID-19 package must protect comprehensive health coverage.*

## Endnotes

- <sup>1</sup> The numbers in the text show totals between the January 20 initial American diagnosis and the end of June 2020. Holshue, M. L., et al. “First Case of 2019 Novel Coronavirus in the United States.” *New England Journal of Medicine*. 382;10:929–936. March 5, 2020. <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2001191>
- <sup>2</sup> Centers for Disease Control and Prevention. “Cases and Deaths in the U.S.,” *Coronavirus Disease 2019 (COVID-19)*. Updated June 29, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/us-cases-deaths.html>
- <sup>3</sup> Office of Public Affairs, U.S. Department of Veterans Affairs. “America’s Wars.” November 2019. [https://www.va.gov/opa/publications/factsheets/fs\\_americas\\_wars.pdf](https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf); Mann, C. T., “U.S. War Costs, Casualties, and Personnel Levels Since 9/11.” Congressional Research Service, April 18, 2019. <https://fas.org/sgp/crs/natsec/IF11182.pdf>
- <sup>4</sup> Centers for Disease Control and Prevention. “Cases and Deaths in the U.S.,” op. cit.
- <sup>5</sup> Sun, L. H., and J. Achenbach. “CDC chief says coronavirus cases may be 10 times higher than reported.” *Washington Post*, June 25, 2020. <https://www.washingtonpost.com/health/2020/06/25/coronavirus-cases-10-times-larger/>
- <sup>6</sup> Arizona, New Mexico, Nevada, Utah, Colorado, Idaho, Wyoming, and Montana together have 24.3 million residents of all ages. U.S. Census Bureau, Population Division. “Estimates of the Total Resident Population and Resident Population Age 18 Years and Older for the United States, States, and Puerto Rico: July 1, 2019 (SCPRC-EST2019-18+POP-RES).” Release Date: December 2019. <https://www2.census.gov/programs-surveys/popest/tables/2010-2019/state/detail/SCPRC-EST2019-18+POP-RES.xlsx?#>
- <sup>7</sup> U.S. Bureau of Labor Statistics. “Seasonally Adjusted Unemployment Level: 1948 to 2020.” *Labor Force Statistics from the Current Population Survey, Series LNS13000000*. <https://data.bls.gov/cgi-bin/surveymost>. In addition, more adults were outside the labor market in April, May, and June than during any month previously recorded. Bureau of Labor Statistics. “Seasonally Adjusted Not in Labor Force: 1975 to 2020.” *Labor Force Statistics from the Current Population Survey, Series LNS15000000*. <https://data.bls.gov/pdq/SurveyOutputServlet>.
- <sup>8</sup> Dorn, S. “The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History.” Families USA, July 2020.
- <sup>9</sup> Claxton, G., B. Sawyer, and C. Cox. “How does cost affect access to care?” Kaiser Family Foundation, January 22, 2019. <https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/#item-start>.
- <sup>10</sup> Gillum, J., L. Song, and J. Kao. “There’s Been a Spike in People Dying at Home in Several Cities. That Suggests Coronavirus Deaths Are Higher Than Reported.” *ProPublica*. April 14, 2020. <https://www.propublica.org/article/theres-been-a-spike-in-people-dying-at-home-in-several-cities-that-suggests-coronavirus-deaths-are-higher-than-reported>
- <sup>11</sup> Wynia, M. K., and L. Gostin. “The Bioterrorist Threat and Access to Health Care.” *Science*. 31 May 2002: Vol. 296, Issue 5573, pp. 1613. DOI: 10.1126/science.1072921.
- <sup>12</sup> Witters, D. “In U.S., 14% With Likely COVID-19 to Avoid Care Due to Cost.” *Gallup News*, April 28 2020. <https://news.gallup.com/poll/309224/avoid-care-likely-covid-due-cost.aspx>
- <sup>13</sup> Kliff, S. “Why the Sickest Workers May Be Among the First Back on the Job.” *New York Times*. June 18, 2020.
- <sup>14</sup> Grady, D. “The Pandemic’s Hidden Victims: Sick or Dying, but Not From the Virus.” *New York Times*. April 20, 2020, Updated May 14, 2020. <https://www.nytimes.com/2020/04/20/health/treatment-delays-coronavirus.html>
- <sup>15</sup> Schoenberg, N. “As non-COVID-19 patients return to Chicago-area emergency rooms, doctors see skyrocketing blood pressure and other side effects of delays in care. ‘It’s terrible, and it’s frightening.’” *Chicago Tribune*. May 27, 2020. <https://www.chicagotribune.com/coronavirus/ct-life-coronavirus-other-illnesses-untreated-05272020-20200527-sgebypielnfyng7lgerikpsm-story.html>
- <sup>16</sup> For good summaries of prior research, see Soni, A., L. R. Wherry, and K. I. Simon. “How Have ACA Insurance Expansions Affected Health Outcomes? Findings From The Literature.” *Health Affairs*. 39, No. 3 (2020): 371–378; Gruber, J., and B. D. Sommers, 2019. “The Affordable Care Act’s Effects On Patients, Providers, and the Economy: What We’ve Learned So Far,” *Journal of Policy Analysis and Management*, vol 38(4), 1028–1052; Garfield, R., K. Orgera, and A. Damico. “The Uninsured and the ACA: A Primer.” Kaiser Family Foundation, January 2019. <http://files.kff.org/attachment/The-Uninsured-and-the-ACA-A-Primer-Key-Facts-about-Health-Insurance-and-the-Uninsured-amidst-Changes-to-the-Affordable-Care-Act>; Woolhandler, S., and D. U. Himmelstein. “The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?” *Annals of Internal Medicine*. 2017;167:424–431. doi:10.7326/M17-1403. For examples of particular studies finding that the uninsured are significantly more likely to die of

various conditions, see Mohamed, M. K., et al. “The effect of under and uninsured status on survival in lung cancer while adjusting for other mortality risk factors.” *Journal of Clinical Oncology*, May 25, 2020. <https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15-suppl.e21734>; Gerry, J. M., et al. “Uninsured status may be more predictive of outcomes among the severely injured than minority race.” *International Journal of the Care of the Injured*, Volume 47, Issue 1. January 1, 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4698055/>; Chen, Z., et al. “Risk of health morbidity for the uninsured: 10-year evidence from a large hospital center in Boston, Massachusetts.” *International Journal for Quality in Health Care*, Volume 31, Issue 5. June 2019, <https://academic.oup.com/intqhc/article/31/5/325/5076203>; Powell, D.J., and S. Xirasagar, “Excess Deaths among the Uninsured before the Affordable Care Act (ACA), and Potential Post-ACA Reductions.” *Journal of Public Health Management and Practice*, Volume 23, No. 3. May/June 2017, <https://www.ingentaconnect.com/content/wk/phh/2017/00000023/00000003/art00003>; Shirazi, F., et al. “Among Hospitalized Patients with Alcoholic Cirrhosis, African Americans and Uninsured Patients Have Significantly Higher In-Hospital Mortality: An Analysis of the 2008–2014 Nationwide Inpatient Sample.” *AASLD Abstracts*, [https://www.gastrojournal.org/article/S0016-5085\(19\)40054-1/pdf](https://www.gastrojournal.org/article/S0016-5085(19)40054-1/pdf); Usher, M.G., et al. “Insurance Coverage Predicts Mortality in Patients Transferred Between Hospitals: a Cross Sectional Study.” *Journal of General Internal Medicine*, Volume 33. October 1, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258597/>; Desai, P., et al. “Inpatient outcomes and predictors of mortality in patients with gastrointestinal malignancies presenting with sepsis: A nationwide analysis.” *Journal of Clinical Oncology*. May 25, 2020, <https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15-suppl.4045>.

<sup>17</sup> Garfield, Orgera, and Damico. The Uninsured and the ACA: A Primer, op. cit.

<sup>18</sup> Kirzinger, A., et al. “Data Note: Americans’ Challenges with Health Care Costs.” Kaiser Family Foundation, June 11, 2019, [https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/#:~:text=The%20most%20recent%20KFF%20Health,prescription%20drugs%20\(24%20percent\)](https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/#:~:text=The%20most%20recent%20KFF%20Health,prescription%20drugs%20(24%20percent)).

<sup>19</sup> Scott, J., et al. “Cured into Destitution: Catastrophic Health Expenditure Risk Among Uninsured Trauma Patients in the United States.” *Annals of Surgery* Volume 267, No. 6, June 2018. <https://dl.uswr.ac.ir/bitstream/Hannan/39466/1/2018%20AnnalsOfSurgery%20Volume%20267%20Issue%206%20June%20%2818%29.pdf>

<sup>20</sup> Gunja, M. Z., et al. “How Medicaid Enrollees Fare Compared with Privately Insured and Uninsured Adults: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2016.” The Commonwealth Fund, April 2017. [https://www.commonwealthfund.org/sites/default/files/documents/\\_\\_\\_media\\_files\\_publications\\_issue\\_brief\\_2017\\_apr\\_gunja\\_how\\_medicaid\\_enrollees\\_fare\\_ib.pdf](https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_issue_brief_2017_apr_gunja_how_medicaid_enrollees_fare_ib.pdf)

<sup>21</sup> Bureau of Labor Statistics. “Employment Situation Summary Table A. Household data, seasonally adjusted.” *The Employment Situation – May 2020*. USDL-20-1140. June 5, 2020. <https://www.bls.gov/news.release/empsit.a.htm>; BLS. *The Employment Situation -- April 2020*. USDL-20-0815. May 8, 2020. [https://www.bls.gov/news.release/archives/empsit\\_05082020.htm](https://www.bls.gov/news.release/archives/empsit_05082020.htm).

<sup>22</sup> U.S. Census Bureau. “Employment Table 1. Experienced and Expected Loss of Employment Income, by Select Characteristics: United States.” *Household Pulse Survey: May 14–May 19*. May 27, 2020. (“Pulse Survey”) <https://www.census.gov/data/tables/2020/demo/hhp/hhp3.html>

<sup>23</sup> U.S. Census Bureau. “Food Table 2b. Food Sufficiency for Households, in the Last 7 Days, by Select Characteristics: United States.” Pulse Survey, op cit.

<sup>24</sup> U.S. Census Bureau. “Housing Table 2a. Confidence in Ability to Make Next Month’s Payment for Owner-Occupied Housing Units, by Select Characteristics: United States” and “Housing Table 2b. Confidence in Ability to Make Next Month’s Payment for Renter-Occupied Housing Units, by Select Characteristics: United States.” Pulse Survey, op cit.

<sup>25</sup> Bureau of Economic Analysis. “Gross Domestic Product, 1st Quarter 2020 (Second Estimate); Corporate Profits, 1st Quarter 2020 (Preliminary Estimate).” BEA-20-23. May 28, 2020. [https://www.bea.gov/sites/default/files/2020-05/gdp1q20\\_2nd.XlsX](https://www.bea.gov/sites/default/files/2020-05/gdp1q20_2nd.XlsX). BEA 20-19. April 29, 2020. [https://www.bea.gov/system/files/2020-05/gdp1q20\\_adv.pdf](https://www.bea.gov/system/files/2020-05/gdp1q20_adv.pdf).

<sup>26</sup> Both this 1 million total and the 16.5 million total later in the text combine ambulatory care services, hospitals, nursing and residential care facilities, and retail sales at health and personal care stores. Total retail employment declined by 1.2 million between February and June 2020. Bureau of Labor Statistics. “Employment, Hours, and Earnings from the Current Employment Statistics survey (National).” *Databases, Tables & Calculators by Subject*. <https://www.bls.gov/webapps/legacy/cesbtab1.htm>

<sup>27</sup> See seasonally adjusted preliminary estimates for June 2020 in Bureau of Labor Statistics, “Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail.” *The Employment Situation – June 2020*. USDL-20-1310. July 2, 2020. <https://www.bls.gov/news.release/empsit.t17.htm>.

<sup>28</sup> See Figure 2 in Dorn, S. “How States Can Use New Revenue to Lower Consumer Costs for Individual Health Insurance.” Families USA, March 2020, [https://familiesusa.org/wp-content/uploads/2020/03/COV\\_How-States-Individual-Market-Report\\_03-13-20a.pdf](https://familiesusa.org/wp-content/uploads/2020/03/COV_How-States-Individual-Market-Report_03-13-20a.pdf).

<sup>29</sup> This group includes former employees of companies that went out of business or stopped sponsoring health insurance; people who did not receive health insurance from their former employer; and people who worked for firms too small to be covered by COBRA or comparable state laws. COBRA is generally limited to companies with 20 or more workers. Some states have enacted legislation applying COBRA requirements to firms with fewer than 20 employees.

<sup>30</sup> For the first year of the ACA’s major coverage expansions, policymakers provided \$413 million in consumer assistance funding. Pollitz, K., J. Tolbert, and R. Ma. “Survey of Health Insurance Marketplace Assister Programs.” Kaiser Family Foundation, July 15, 2014. <https://www.kff.org/health-reform/report/survey-of-health-insurance-marketplace-assister-programs/> The current enrollment challenge is likely to require more resources, given the unusual intensity of effort required to enroll laid-off workers into health coverage and the need to provide assistance telephonically rather than in person.

<sup>31</sup> See, e.g., McKee-Ryan, F. M., et al. “Psychological and Physical Well-Being During Unemployment: A Meta-Analytic Study.” *Journal of Applied Psychology* 2005, Vol. 90, No. 1, 53–76; Papa, A., and R. Maitoza. July 2013. “The Role of Loss in the Experience of Grief: The Case of Job Loss.” *Journal of Loss and Trauma*, 18:152–169, 2013; Van Eersel, J. H. W., T. W. Taris, and P. A. Boelen. “Reciprocal relations between symptoms of complicated grief, depression,

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<sup>32</sup> When private groups and state agencies provided assistance to laid-off workers and early retirees, participation rates in the Health Coverage Tax Credit program more than doubled. Dorn, S. “Take-Up of Health Coverage Tax Credits: Examples of Success in a Program with Low Enrollment.” Urban Institute, December 2006. <https://www.urban.org/sites/default/files/publication/50981/411390-take-up-of-health-coverage-tax-credits.pdf>. See also Berk, J., and A. Rangarajan. “Evaluation of the ARRA COBRA Subsidy: Final Report.” Mathematica Policy Research, February 18, 2015. <https://www.dol.gov/sites/dolgov/files/EBSA/researchers/analysis/health-and-welfare/evaluation-of-the-arra-cobra-subsidy.pdf>; Graves, J. A., and S. S. Nikpay. “The Changing Dynamics Of US Health Insurance And Implications For The Future Of The Affordable Care Act.” *Health Affairs*. 36, No. 2 (2017): 297–305; Buettgens, M., S. Dorn, and H. Recht. “More than 10 Million Uninsured Could Obtain Marketplace Coverage through Special Enrollment Periods.” Urban Institute, November 2015, <http://www.urban.org/sites/default/files/publication/74561/2000522-More-than-10-Million-Uninsured-Could-Obtain-Marketplace-Coverage-through-Special-Enrollment-Periods.pdf>; and Young, C. L., and S. Lee. “Making ACA Enrollment More Automatic for the Newly Unemployed.” USC-Brookings Schaeffer Initiative for Health Policy, May 2020. [https://www.brookings.edu/wp-content/uploads/2020/05/Young-and-Lee\\_May\\_2020-1.pdf](https://www.brookings.edu/wp-content/uploads/2020/05/Young-and-Lee_May_2020-1.pdf).

<sup>33</sup> C. Gaba. “CMS SEP enrollment report to justify not offering a #COVID19 SEP actually proves that they should have.” *ACASignups.Net*. Updated June 26, 2020. <http://acasignups.net/20/06/26/cms-sep-enrollment-report-justify-not-offering-covid19-sep-actually-proves-they-should-have>

This publication was written by:

**Stan Dorn**, Director of the National Center for Coverage Innovation and Senior Fellow, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically):

Kimberly Alleyne, Senior Director, Communications

Justin Charles, Digital Media Associate

Katie Corrigan, Chief of Staff

Nichole Edralin, Senior Manager, Design and Publications

Eliot Fishman, Senior Director of Health Policy

Lisa Holland, Senior Communications Manager

Lisa Hunter, Senior Director of Strategic Partnerships

Frederick Isasi, Executive Director

Adina Marx, Communications Associate

Jen Taylor, Senior Director of Federal Relations

**FAMILIESUSA**  
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1225 New York Avenue NW, Suite 800  
Washington, DC 20005  
202-628-3030  
info@familiesusa.org  
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twitter / @FamiliesUSA