

RECORD UNEMPLOYMENT RISE

Assessment of COVID-19 Recession on Health Insurance Coverage Enrollments

June 2020

Center for Insurance Policy and Research at the National Association
of Insurance Commissioners

NAIC
National Association of
Insurance Commissioners

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EXECUTIVE SUMMARY

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The coronavirus disease (COVID-19) has brought the largest economic shock to the U.S. since the Great Depression (1929–1933). More than 42 million U.S. workers have filed unemployment claims between March 21 and May 30, 2020. Given that most non-elderly Americans receive their health insurance through employer-sponsored plans, increases in unemployment can lead to significant decreases in health insurance coverage. Newly unemployed workers and their family members have several options to replace lost employer-sponsored health insurance coverage, including enrolling in: an insurance plan provided by a partner’s workplace; the federal Consolidated Omnibus Budget Reconciliation Act (COBRA); federal Affordable Care Act (ACA) exchanges or other individual market coverage; and public programs, including Medicaid and the Children’s Health Insurance Program (CHIP).¹ Deciding to go without health insurance is also an option, albeit not necessarily one that offers as much protection for family finances and health.

To date, three main studies by Health Management Associates (HMA), the Urban Institute and the Kaiser Family Foundation (KFF) have provided estimates by state of COVID-19’s impact on health coverage status and eligibility, as well as enrollment in employer-based coverage, Medicaid and ACA marketplaces. Given that assessing this health insurance market impact is important for state insurance regulators, here we provide a comparison between the values from the three studies and the reported ACA marketplace enrollment outcomes in March, April and May from data available for 12 state-based marketplaces.

Overall, we find that:

- For the seven states that have a reporting period covering March and April, the total new marketplace enrollment across all seven states is 26% of the KFF eligibility estimates, 32% of the Urban Institute estimates and 98% of the HMA estimates. (Three of the seven states had enrollments that were 1.4 to 2.1 times higher than the HMA estimates.)
- For the other five states that have a reporting period that also includes May, the total new marketplace enrollment is 12% of the KFF eligibility estimates, 37% of the HMA estimates and 14% of the Urban Institute estimates.

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¹https://content.naic.org/article/consumer_insight_do_you_need_comprehensive_health_coverage_during_pandemic_you_have_options.htm

- Maryland and Connecticut also reported their new Medicaid enrollment that covers March, April and May. Taking an average of the new Medicaid enrollment as a share of each of the three studies' estimates, the new enrollment of Connecticut (reporting through the end of May) is 35% of the three estimates, and the new enrollment for Maryland (reporting through the middle of May) is 10.5% of the three estimates.
- Given that more than half of the total unemployment for all 12 states examined here occurred after the week ended March 28, 2020, and many of those that became unemployed since this date may also qualify for the loss of qualifying health coverage special enrollment period (SEP) afforded to them by law for typically a 60-day time period, we expect many new enrollments are still to come over the next few months.
- Taking Minnesota as an example, we estimate an additional 18,879 new enrollees through the loss of minimum essential coverage (MEC) SEP are still to come by July 22, or about two times of the total new marketplace enrollment for Minnesota that has been reported.

We note that our comparison is only for a partial snapshot of marketplace data in both geography and time and that the enrollment and unemployment data is constantly being updated. Our goal here is not to assess the validity of the existing estimates, but rather to give state insurance regulators a view of the latest available comparable enrollment data to allow for better informed policy decision making moving forward.



OVERVIEW

The outbreak of COVID-19 in March in the U.S. caused a huge shock to the U.S. economy. Unprecedented levels of weekly unemployment claims reflect the impact of COVID-19 and the effort to contain it. As of May 23, it has been 10 straight weeks of jobless claims in the millions (Figure 1).² According to the U.S. Department of Labor (DOL) Bureau of Labor Statistics (BLS), the unemployment rate in April increased by 10.3 percentage points to 14.7% (May 8 report³), and this is the highest rate and largest over-the-month increase since January 1948.⁴ This number also exceeds the high-water mark hit at the worst of the Great Recession (2007–2009) at about 10%.⁵ May unemployment is comparable albeit lower, falling to 13.3% in the June 5 BLS report.⁶

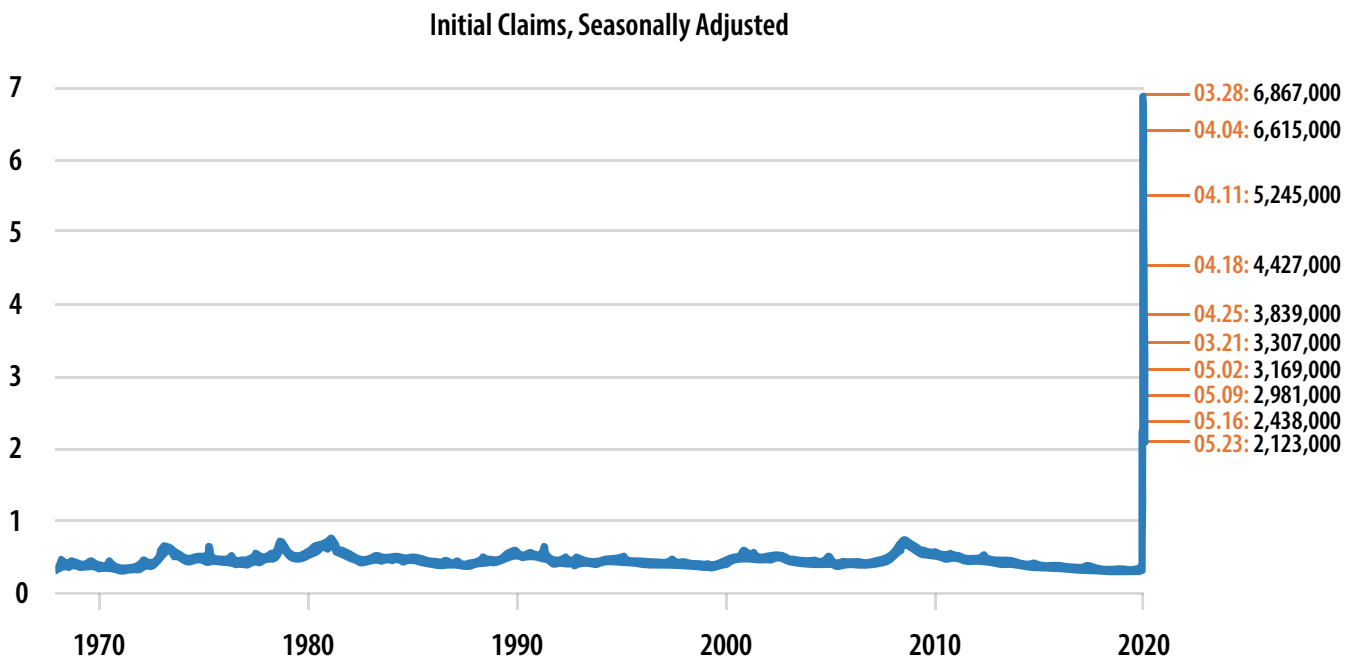


Figure 1: U.S. Jobless Claims Skyrocket

About half (49%) of Americans receive health insurance coverage through an employer.⁷ As workers lose their jobs, many will lose their employer-sponsored health insurance (ESI). One potential option is to continue their ESI for about 18 months after employment ends through COBRA continuation coverage by paying COBRA premiums out of their own pocket. Others will be eligible for Medicaid, a countercyclical program where enrollment is expected to grow with an economic downturn, particularly in the states that have adopted the Medicaid eligibility expansion under the ACA. Some will be eligible for subsidized coverage through the ACA marketplace, while others will be unable to replace their ESI and become uninsured.

² By including the latest available data, as of June 20, 2020, it has been 14 weeks of jobless claims in the millions, although it is on a declining trend.

³ https://www.bls.gov/news.release/archives/empsit_05082020.pdf

⁴ <https://www.bls.gov/opub/ted/2020/unemployment-rate-rises-to-record-high-14-point-7-percent-in-april-2020.htm>

⁵ https://www.bls.gov/spotlight/2012/recession/pdf/recession_bls_spotlight.pdf

⁶ <https://www.bls.gov/news.release/pdf/empsit.pdf>

⁷ <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>

SUMMARY OF FINDINGS OF THREE MAIN HEALTH INSURANCE IMPACT STUDIES

To date, three main studies by HMA, the Urban Institute and the KFF have provided estimates by state of COVID-19's impact on health coverage status and eligibility, as well as enrollment in ESI coverage, Medicaid and ACA marketplaces. Here we provide a brief overview of the methodology employed and main findings of these three studies:

1. [HMA](#) estimated in early April how the economic downturn driven by COVID-19 could impact the enrollment in Medicaid, ACA marketplaces and ESI, as well as the change in the number of uninsured, based on three U.S. unemployment rate scenarios: 10%, 17.5% and 25%. Overall, HMA estimates that Medicaid enrollment could increase by 11 million to 13 million across all states over the next several months depending on several factors, such as: the experiences and resources regarding Medicaid enrollment of the displaced workers; state efforts to streamline the eligibility process; the impact of the Family First Coronavirus Response Act, state and federal policy clarifications; and federal Centers for Medicare & Medicaid Services (CMS) responses. Uninsured numbers could increase to 40 million, with bigger impacts from the non-expansion states, as one-third of the job losses are in the non-expansion states. The overall marketplace enrollment is estimated to be flat because of the roughly equal levels between new entrants and people shifting from the marketplace to Medicaid due to job loss. Specific enrollment and uninsured changes for each state under the three unemployment rate scenarios are also provided.
2. The [Urban Institute](#) also estimated how health coverage could change (including Medicaid, ACA marketplace and other private insurance, ESI, and uninsured) as 30 million workers filed initial unemployment claims between March 15 and April 25 amid the COVID-19 recession. It estimates national and state-level coverage changes if the unemployment rate rises from its pre-Covid-19 level at about 3.5% nationally to 15%, 20% percent or 25%. For each of these three unemployment scenarios, the Urban Institute estimates: 1) a base case scenario in which a 1 percentage-point increase in the unemployment rate leads to a 0.61 percentage-point decline in the ESI rate for adults and a 0.52 percentage-point decline for children; and 2) a high scenario in which a 1 percentage-point increase in unemployment rate leads to a 0.99 percentage-point decrease in the ESI rate for adults and children combined. It estimates 160 million people under age 65 had ESI coverage before the pandemic in March 2020, resulting in 25 million in the base case. Among the 25 million in the base case, 12 million will enroll in Medicaid, 6 million will gain coverage through marketplace or other private insurance, and 7 million will become uninsured (28%). Additionally, for the 20% unemployment scenario, in the base case the Urban Institute estimates that less than one-quarter of the workers and their dependents will become uninsured in the 37 Medicaid expansion states, while the estimated amount of the uninsured will be about 40% in the non-expansion states. Specific enrollment and uninsured changes for each state under the three unemployment rate scenarios are also provided.

3. The [KFF](#) analyzed the size of the population eligible for subsidized coverage, including Medicaid and marketplace subsidies, following job loss among people in families where someone filed an unemployment insurance (UI) claim between March 1 and May 2. It estimates that nearly 78 million people lived in a family in which someone lost a job, and 61% (or 47.5 million) of them were covered by ESI prior to job loss. Among the 47.5 million, 19.2 million could retain ESI through a family member's ESI, and 26.8 million could be newly uninsured due to ESI loss. Among the newly uninsured, the KFF estimates as of May, nearly half (12.7 million) are eligible for Medicaid, an additional 8.4 million are eligible for marketplace subsidies, and 5.7 million are not eligible for subsidized coverage. It estimates 150,000 of the 5.7 million are in the coverage gap, as wages prior job loss plus UI benefits interact with the existing Medicaid and marketplace income thresholds. However, the number in the coverage gap grows to 1.9 million in January 2021, when the UI benefits cease for most people and assuming the UI filers have not found work. Medicaid eligibility is projected to grow to 16.8 million by January 2021, and marketplace subsidy eligibility decreases to 6.2 million. The estimated state level changes in coverage eligibility based on the states' employment and Medicaid expansion status is also provided.



COMPARISON BETWEEN THE STUDY ESTIMATES & REPORTED MARKETPLACE ENROLLMENT

Twelve state-based marketplaces—California; Colorado; Connecticut; Washington, DC; Maryland; Massachusetts; Minnesota; New York; Nevada; Rhode Island; Washington; and Vermont—have released their March, April and, where applicable, May enrollment information. We have compared the actual marketplace enrollment of each of these 12 states with the estimates from the three studies as presented in Table 1 and Table 2.

Comparison Methodology: [The Commonwealth Fund](#)⁸ has collected the most recently reported state-based marketplaces enrollment information for eight of the 12 states, and we use this reported data for our comparison. For the other four states—[Connecticut](#), [Maryland](#), [Nevada](#) and [New York](#)—we use the latest data available from various sources. Overall, we have enrollment data for seven of the 12 states covering March and April, and five states include additional enrollment data for May.

For our comparison to the HMA estimates, we use the unemployment rate of each state from the U.S. BLS⁹ for April to match the nearest unemployment scenario in the HMA state-level estimates (10%, 17.5% or 25%) and obtain the associated marketplace change estimates for that state. The HMA's marketplace estimates include all individual marketplace enrollees and according to the HMA report "ACA Marketplace Enrollment Accounts for Nearly 90% of All Individual Market." For our comparison to the UI estimates, we use the April unemployment rate of each state to match the unemployment scenarios (15%, 20% or 25%) in their base case estimates. Eleven out of 12 states are at the 15% unemployment scenario, and Nevada is at the 25% unemployment scenario. The marketplace estimates in the UI report also include both the ACA exchange and other private insurance. The KFF report, instead of estimating the take-up among different coverage options, examines the eligibility for the ACA marketplace subsidies among people who lost ESI due to job loss and potentially became uninsured. Here we use KFF eligibility estimates as of May.

Comparison Results: Table 1 and Table 2 present the comparison between the new marketplace enrollment data for March, April and May as identified and the appropriate corresponding values from the three study estimates. Table 1 is for the states that have a reported period during March and April; Table 2 is for the states that include some enrollment data of May.

⁸ State data reported vary in whether it includes all SEPs, the COVID-19 SEP, and/or the loss of MEC SEP; for example, Nevada only includes the enrollment for the COVID-19 SEP.

⁹ Unemployment rate (UR), the latest data available from the U.S. Bureau of Labor Statistics: April Unemployment for States, Seasonally Adjusted: <https://www.bls.gov/web/laus/laumstrk.htm#laumstrk.f.p>

Table 1: New State-Based Marketplace Enrollment in March and April Compared to Three Estimates

State	Reporting Period	New Marketplace Enrollment (March, April)	State UR ⁷ (April 2020)	HMA Estimates (Mid-2020, prior to economic recovery)	Urban Institute Estimates (Under COVID-19 recession 2020)	KFF Eligibility ¹⁰ (As of May 2020)
CA	3.20-4.24	84,000	15.5	165,000	499,000	701,000
CO	3.20-4.30	14,263	11.3	10,000	104,000	73,000
D.C.	2.6-4.19	2,072	11.1	-1,000	10,000	1,000
MA	3.1-4.28	20,200	15.1	40,000	97,000	89,000
MN	3.23-4.21	9,482	8.1	18,000	89,000	79,000
NY	3.16-5.1	200,000	14.5	103,000	219,000	291,000
RI	3.14-4.22	2,533	17.0	6,000	14,000	21,000
TOTAL		332,550		341,000	1,032,000	1,255,000
PERCENT				98%	32%	26%

Table 2: New State-Based Marketplace Enrollment in March, April and May Compared to Three Estimates

State	Reporting Period	New Marketplace Enrollment (March, April)	State UR (April 2020)	HMA Estimates (Mid-2020, prior to economic recovery)	Urban Institute Estimates (Under COVID-19 recession 2020)	KFF Eligibility ⁹ (As of May 2020)
CT	3.19-5.31	7,345	7.9	8,000	46,000	47,000
MD	3.16-5.15	11,160	9.9	18,000	95,000	72,000
NV	3.1-5.15	6,017	28.2	36,000	65,000	85,000
WA	3.10-5.6	19,500	15.4	56,000	116,000	150,000
VT	3.20-5.11	888	15.6	2,000	8,000	12,000
TOTAL		44,910		120,000	330,000	366,000
PERCENT				37%	14%	12%

As shown in Table 1, six out of seven states' new marketplace enrollment is lower than the KFF marketplace subsidy eligibility estimation. The District of Columbia's new marketplace enrollment is higher than KFF eligibility estimates (2,072 vs. 1,000). Overall, the sum of the seven states' new marketplace enrollment is 26% of KFF ACA marketplace subsidy eligibility estimates. With regard to the UI estimates, the new marketplace enrollment is lower than the UI estimates for all seven states, and the total new marketplace enrollment of the seven states is 32% of the total UI estimates in Table 1. For the comparison with the HMA estimates, four out of seven states' new marketplace enrollment is lower than the HMA estimates. The other three states are Colorado (14,263 vs. 10,000); Washington, DC (2,072 vs. -1,000); and New York (200,000 vs. 103,000). In total, the number of new marketplace enrollees of the seven states is slightly lower than the number estimated by the HMA, at about 98% of HMA estimates.

¹⁰ ACA marketplace tax credit eligible

In Table 2, new marketplace enrollment is lower than each of the three estimates for all five states. Overall, the total new marketplace enrollment of the five states is 12% of the KFF market subsidy eligibility estimates, 14% of the Urban Institute estimates and 37% of the HMA estimates.

[Connecticut](#) and [Maryland](#) also released their recent Medicaid enrollment data that covers March, April and May. We compare this new Medicaid enrollment information with the estimates from the three studies for each of the two states, as presented in Figure 2 and Figure 3. Overall, the new Medicaid enrollment number is lower than the three estimates for both states, particularly for Maryland. For Connecticut, the new Medicaid enrollment is 30% of the KFF eligibility estimates, 41% of the Urban Institute estimates and 33% of the HMA estimates. For Maryland, the new Medicaid enrollment is 9% of the KFF eligibility estimates, 12% of the UI estimates and 10% of the HMA estimates. Taking an average of these percentages for each of the two states, Connecticut’s new Medicaid enrollment is 35% of the three estimates, and Maryland’s new Medicaid enrollment is 10.5% of the three estimates. It is worth noting that Connecticut’s reporting period is to the end of May, while Maryland’s is through the middle of May.

3.19-5.31 New Medicaid Enrollment VS. Three Estimates – Connecticut (7.9% Unemployment in April 2020)

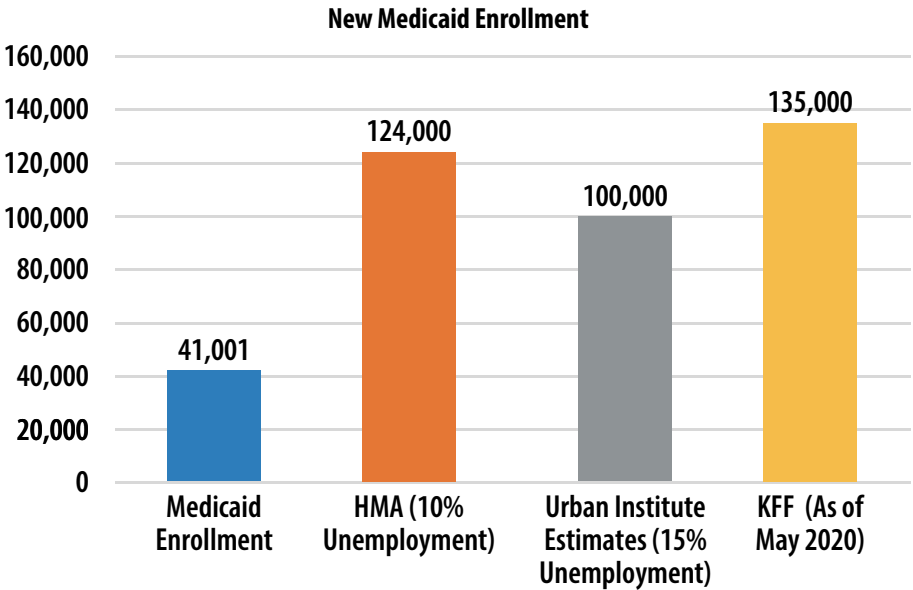


Figure 2: Comparison Between the Actual Medicaid Enrollment (3.19-5.31) and the Three Estimates for Connecticut

3.16-5.15 New Medicaid Enrollment VS. Three Estimates – Maryland (9.9% Unemployment in April 2020)

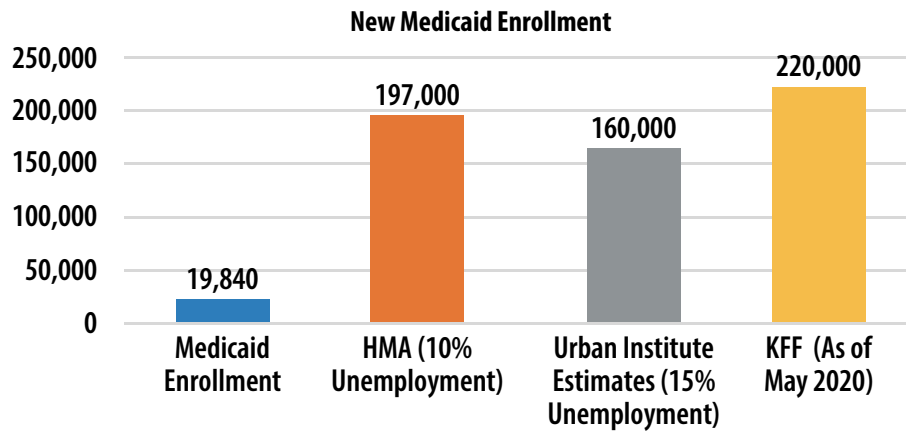


Figure 3: Comparison Between the Actual Medicaid Enrollment (3.16-5.15) and the Three Estimates for Maryland

Discussion of Results

We do note that the actual enrollments presented above account for more than those who lost their ESI during this time frame, especially given that all states examined above also opened COVID-19 SEPs. This makes a direct comparison to the unemployment related enrollment estimates more difficult as all of the captured enrollments cannot be explained by ESI losses alone. Despite this, given that HMA and UI enrollment estimates are assumed the changes upon all enrollment channels are exhausted in 2020, it is not surprising to see the actual enrollments to date only going through early May being less across the board than study estimates.

More importantly, the question becomes: How much more enrollment is expected given the unemployment data? We address this question in two ways: 1) assessing the cumulative UI claims over time; and 2) using the existing data to estimate an example of how much enrollment is left to come for the state of Minnesota.

Cumulative UI Claims:

For each of the 12 states, we plot out the cumulative percent of each week's initial unemployment claims, from the first week of March (week ended March 7) till the week ended May 23. The first week of the coronavirus pandemic is the week ended March 21,¹¹ and filed initial weekly UI claims reflect the claims of the previous week, thus we look at the cumulative percent of the UI for the week ended March 28.

Figure 4 shows the cumulative UI claims for the three states with COVID-19 SEPs that have already ended during the reporting period—Colorado, Connecticut and Minnesota. Till the week ended March 28, the unemployment only accounts for 17%, 20% and 33% across the three states of the total filed UI claims till May 23.

¹¹ A national emergency was declared by the president on March 13, 2020

Cumulative Unemployment Claims

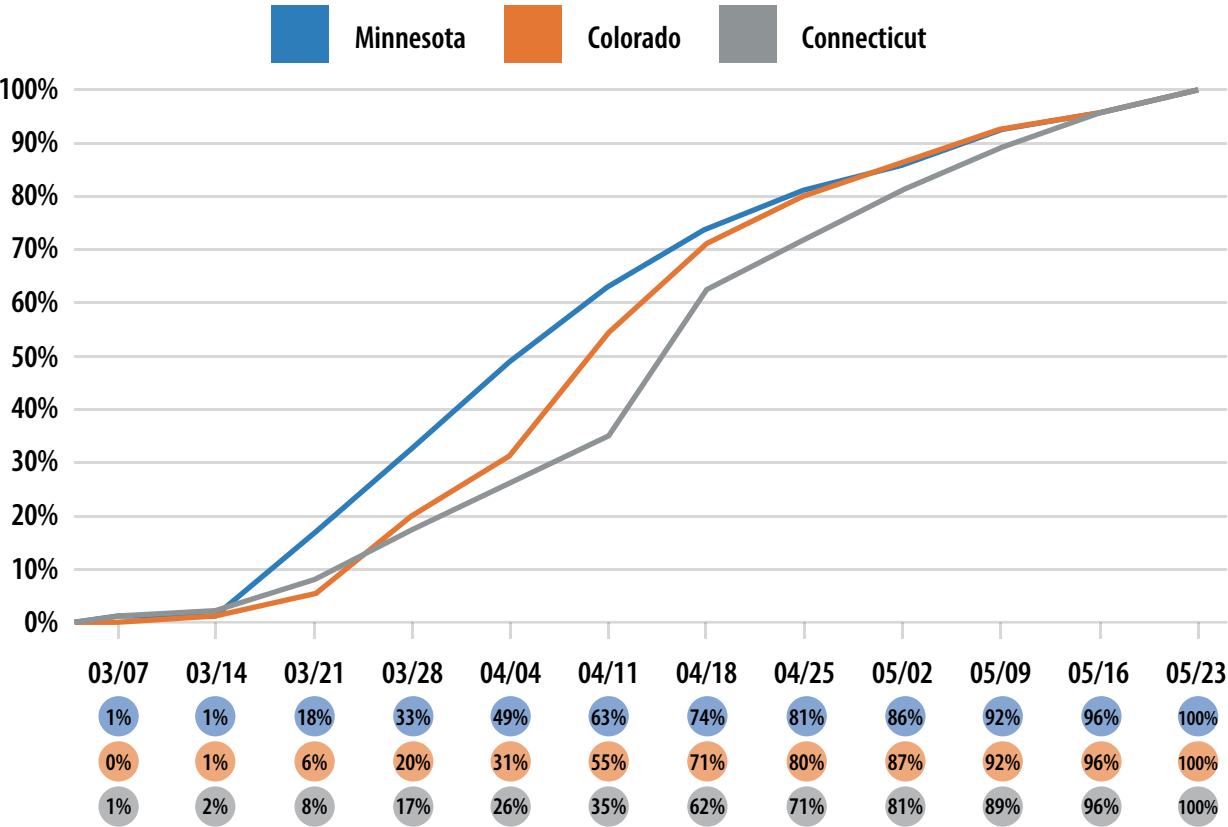


Figure 4: Cumulative Unemployment Claims – Minnesota, Colorado, Connecticut

Figure 5, Figure 6 and Figure 7 present the weekly cumulative UI claims for the other nine states, with three states per figure. Overall, the cumulative unemployment till the week ended March 28 accounts for less than 39% of the total UI claims till May 23, ranging from 19% to 39% across the nine states.

Cumulative Unemployment Claims

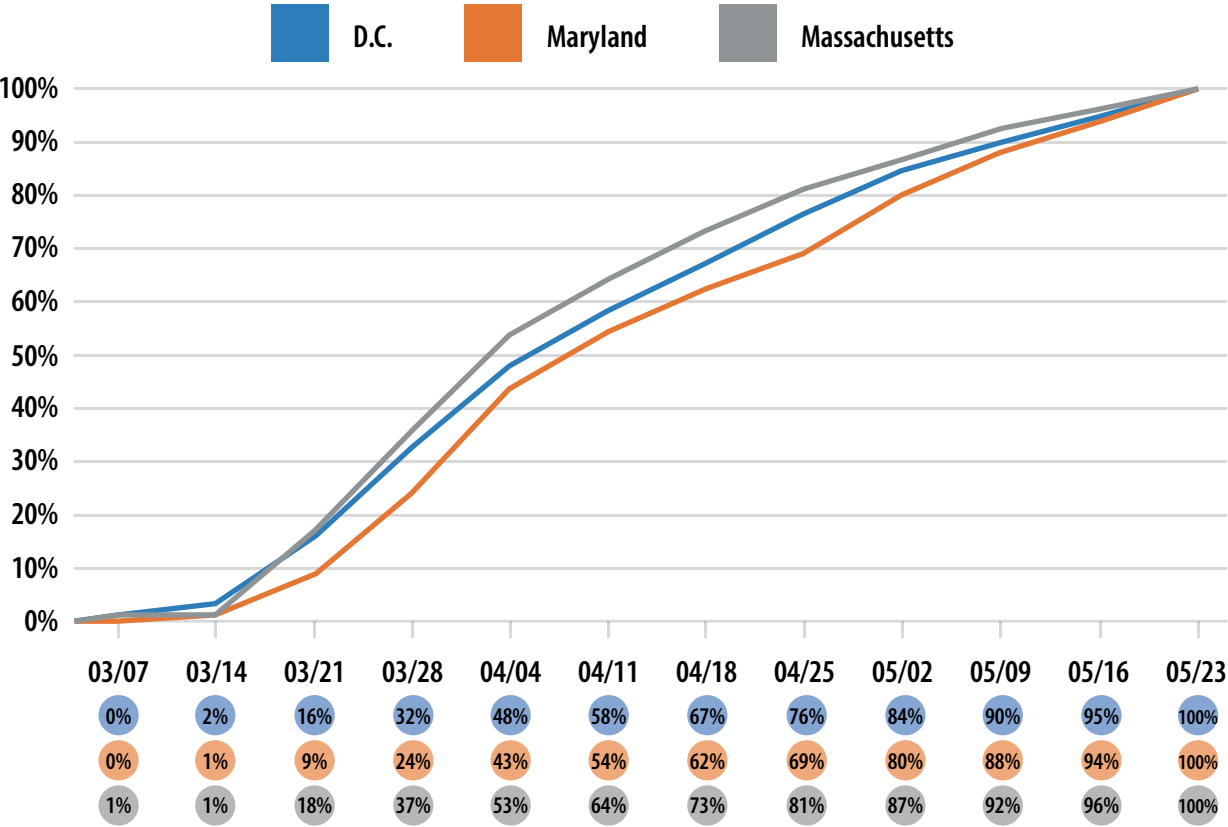


Figure 5: Cumulative Unemployment Claims – DC, Maryland, Massachusetts

Cumulative Unemployment Claims

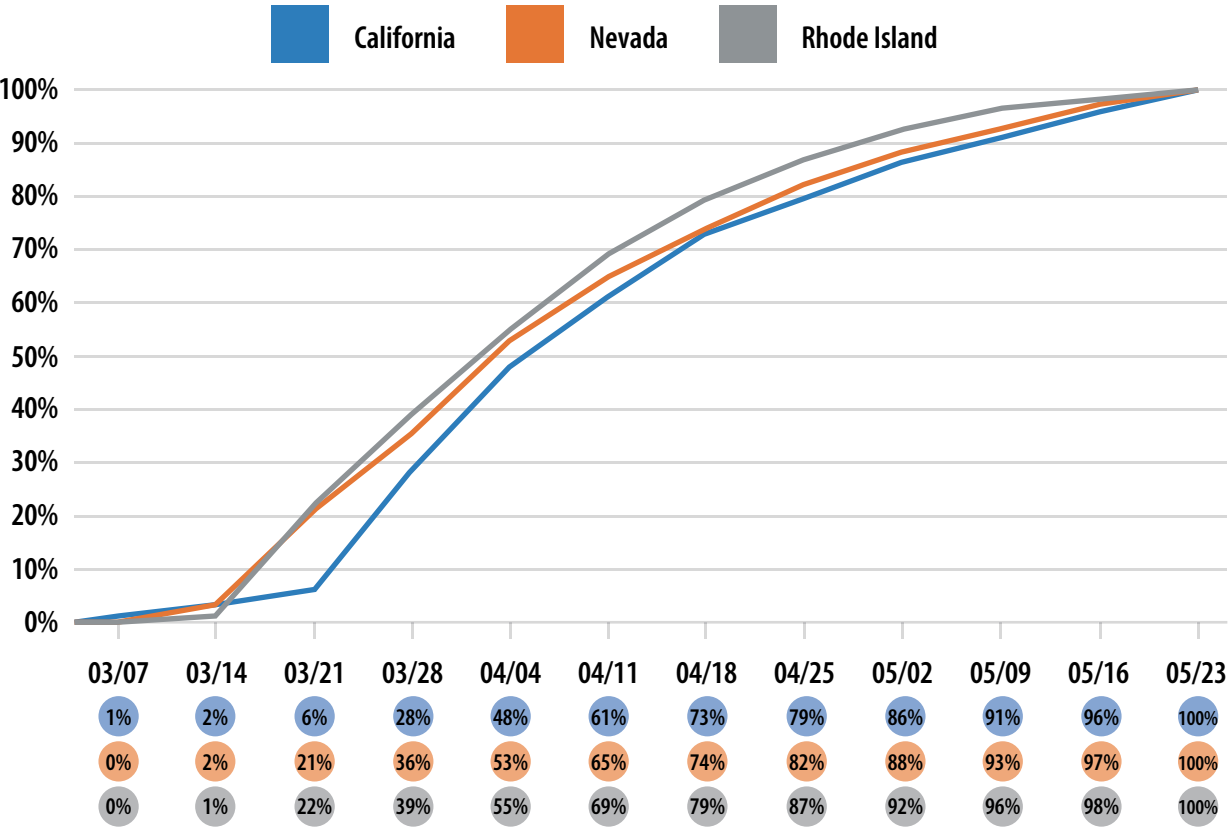


Figure 6: Cumulative Unemployment Claims – California, Nevada, Rhode Island

Cumulative Unemployment Claims

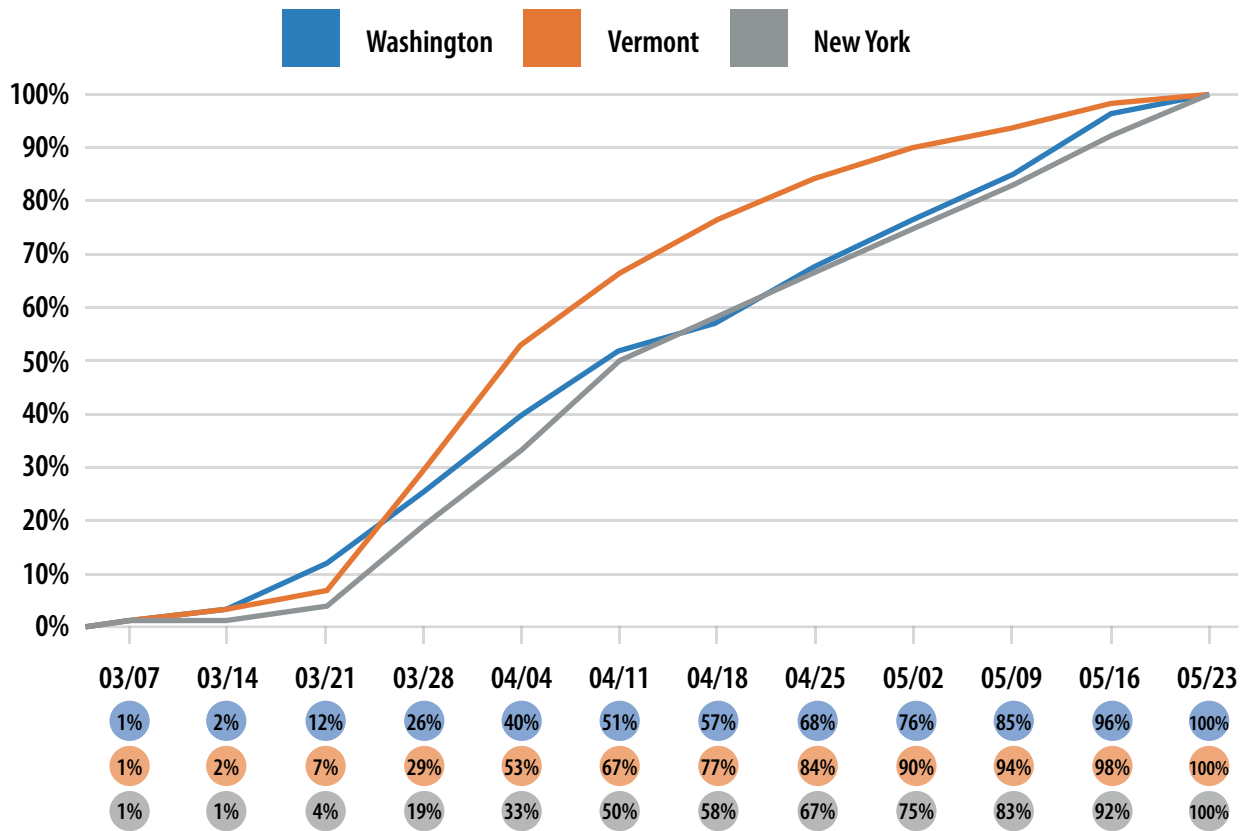


Figure 7: Cumulative Unemployment Claims – Washington, Vermont, New York

As shown in the above four cumulative unemployment claims figures, the cumulative share of unemployment claims till the week ended March 28 is below 40% across all 12 states, ranging as low as 17% in Connecticut to as high as 39% in Rhode Island.

People who lost their employer-sponsored health insurance due to job loss can also enroll in a marketplace plan through the loss of the MEC SEP and will typically have 60 days SEP window from the job loss. Thus, we can use the cumulative percent of the UI for the week ended March 28 to help identify how many potential enrollees remain. That is, one minus this cumulative percent is the percent of the UI filers that will have their 60 MEC SEP window end on May 21 and beyond. Given that more than half of the total unemployment for all 12 states examined here occurred after the week ended March 28, as shown in Figure 4, Figure 5, Figure 6 and Figure 7, we expect a number of new enrollments are still to come over the next few months.

Remaining Enrollment Estimate – Minnesota:

Among the three states whose COVID-19 SEP has already ended in the reporting period, Minnesota is the only one that has reported the new marketplace enrollment information separately for the COVID-19 SEP and other SEPs. Therefore, we use this Minnesota data to assess the enrollment through the loss of MEC SEP as an example.

From Table 1, we see that there were 9,482 total new enrollments in Minnesota. However, there were 3,459 people enrolled through the other SEPs, such as the loss of MEC from March 23 through April 21. We will use this value to estimate the projected enrollment through MEC SEP for the UI filed week ended March 21. Importantly, here we are assuming that the vast majority of the total 3,459 other SEP enrollment (which again covers enrollment from March 23 through April 21) is coming from this March 21 UI claim week. Since the normal SEP enrollment process is a challenging process and can take weeks as people have to provide hard-to-get documentation (i.e., a letter from a former employer or health insurer) of their status and get it verified by the CMS,¹² we believe this assumption to be reasonable.

First, we need to assess how many of the 3,459 would be due to MEC SEP. According to one [report](#) in 2014, nearly half (49%) of SEP applicants selected the “loss of coverage” as the qualifying life event. As job loss hit historical levels in the past three months, this percent is certainly to be higher. As a conservative estimate, we assume the MEC SEP accounts for 50% of the total other SEPs enrollment. Thus, for Minnesota, the estimated MEC SEP enrollment for the reporting period (March 23 through April 21) is 1,730 (which is calculated by $3,459 \times 0.5$). The 60-day SEP window for the first week of pandemic UI filers (the week ended on March 21) will end on May 20.

Next, given that we have the MEC SEP enrollment till April 21, the first week UI filers still have 29 days to enroll in a marketplace plan if they have not done so by April 21. Given this, we estimate the projected MEC SEP enrollment for the whole 60-day-period out of the first week UI filers is 3,347 (which is calculated by $\frac{1730}{31/60}$). Consequently, we estimate that the share of the first week UI filers who have signed up a health insurance plan through MEC SEP is about 3% (which is calculated by $3,347/115,773$).

We apply our 3% estimate as the enrollment rate for each of the remaining weeks’ UI initial claims to get the total projected MEC SEP enrollment over the remaining time. The projected numbers of new marketplaces enrollees through MEC SEP out of each week’s UI filers for Minnesota are listed in Table 3. As shown in Table 3, it is estimated that 18,879 (20,609-1,730) new MEC SEP enrollees are still to come by July 22 for Minnesota. It is about two times of the total new marketplace enrollment for Minnesota reported (9,482) in Table 1, but clearly still less than study estimates.

¹² <https://www.cbpp.org/research/health/congress-should-bolster-aca-marketplace-coverage-amid-covid-19>

State	UI Filed Week Ended	UI Initial Claims	60 Day SEP Window Ended	Projected Enrollment through MEC SEP
MN	03/21/20	115,773	05/20/20	3,347
MN	03/28/20	109,095	05/27/20	3,273
MN	04/04/20	110,260	06/03/20	3,308
MN	04/11/20	93,133	06/10/20	2,794
MN	04/18/20	74,829	06/17/20	2,245
MN	04/25/20	48,595	06/24/20	1,458
MN	05/02/20	41,492	07/01/20	1,245
MN	05/09/20	37,669	07/08/20	1,130
MN	05/16/20	28,893	07/15/20	867
MN	05/23/20	27,211	07/22/20	816
TOTAL		686,950		20,609

Table 3: Projected MEC SEP Enrollment Out of Each Week’s UI Filers for Minnesota

We note two main limitations of our estimate: 1) the MEC SEP enrollees could come from any week that is beyond the week ended on March 21 but before April 21. Thus, there could be a double-counting issue; and 2) for the weeks beyond April 21, we are assuming a constant 3% of UI claims over time even though the dynamics of enrollment have changed since COVID-19 has exhausted, and the MEC SEP is the only channel to enroll a health plan if people only have these two options before COVID-19 SEP ended.

CONCLUDING COMMENTS

Given that assessing this health insurance market impact is important for state insurance regulators, we have provided a comparison between the main available estimated ESI-related new enrollment values to the reported ACA marketplace enrollment outcomes in March, April and May for 12 state-based marketplaces. Overall, we find the new marketplace enrollments to be about one-third or less of the expected outcomes given the unemployment that has ensued and the associated ESI coverage loss. We note that our comparison is only a partial snapshot of marketplace data in both geography and time and that enrollment data is constantly being updated. We have additionally provided some parameters around what future enrollment may look like.

For the federally facilitated marketplaces that were not a focus of this enrollment comparison, the new enrollment data was released by the CMS in [a special trend report](#) in June 2020. It is reported that from the end of the open enrollment period (OEP) through May of the 2017–2020 coverage years, the new enrollment through the loss of MEC SEP is higher for 2020 than any of the previous years with approximately 487,000 new enrollees, which represents an increase of 46% from the same period of 2019. By month, the largest increase in loss of MEC SEP enrollment for 2020 occurred in April with 154,000 new enrollees; as the labor market improved, the number of people using the loss of MEC SEP declined in May to 103,000 but continued to be significantly higher—by 43 percent—than in May 2019. This data, however, is not available at the state level.

Our goal in our enrollment comparison is not to assess the validity of the existing estimates, but rather to give state insurance regulators a view of the latest available comparable enrollment data to allow for better informed policy decision making moving forward. For example, if people are eligible either for ACA marketplace subsidies or Medicaid, but still uninsured, it could be because of several factors, including: 1) they lack the knowledge of the coverage options and may not seek coverage; 2) they may face difficulties during the application and enrollment process; or 3) even with subsidies, they may find the marketplace coverage is still unaffordable.

Possible regulatory options that have been outlined include expanding outreach, streamlining the SEP process, enhancing marketplace subsidy as proposed by [various bills](#), and temporarily/permanently expanding Medicaid in the non-expansion states. States' activities to promote enrollment of eligible individuals could raise awareness of coverage options and help people make informed decisions about which options are best for them. Examples among others include guidance on health insurance options for individuals who have lost health coverage, such as [Wisconsin's brief guide](#), [California's coverage option brief guide](#), [Oregon coverage solution brief](#); and mass media outreach campaigns, such as [California's new ad campaign](#) to encourage uninsured to sign up coverage. Additionally, almost all states have a web page on their response to COVID-19 to provide up-to-date COVID-19-related health insurance information.