Covered Clips

A Weekly Summary of News and Activities for the Cover Arizona Coalition

Weeks of January 18th and January 25th

**January 31st Market Deadline This Weekend**

Arizona Alliance of Community Health Centers

There are only a few days left until the open enrollment period for the Marketplace ends. Due to several factors, eligibility for special enrollment periods will be more strictly enforced (<http://blog.cms.gov/2016/01/19/clarifying-eliminating-and-enforcing-special-enrollment-periods/>). In addition, our CMS project officer has confirmed that there will not be an SEP around the April 15 tax filing deadline offered this year. Now is an extremely crucial time to reach communities we have yet to reach.

The deadline on January 31st is **11:59 PM** Arizona time. To find locations that are open for enrollment on the 30th and 31st, visit <http://bit.ly/FinalWeekendAvailability>

**Push to Reduce Number of Uninsured Kids in Arizona Set**

Arizona Daily Star

Arizonans can expect an effort this legislative session to restore KidsCare, a government insurance program for children whose parents earn too much to qualify for Medicaid.

Arizona is the only state in the country that does not have an active federal Children’s Health Insurance Program (CHIP), and children’s advocates say that’s why so many kids in the state remain uninsured. KidsCare is Arizona’s CHIP program.

KidsCare provides more comprehensive and affordable coverage than plans available to families on the federal health insurance exchanges, according to a report released Thursday by the Georgetown center and the Phoenix-based Children’s Action Alliance.

Officials with the children’s group say they are working with two state lawmakers on introducing a bill in the upcoming legislative session that would lift the KidsCare enrollment freeze.

Arizona’s rate of uninsured children is 10 percent, the third highest rate in the country — only Texas and Alaska are worse, according to Georgetown University’s Center for Children and Families. The national rate of uninsured children is 6 percent.

“Even with financial help, research shows that Arizona marketplace plans cost much more for families than KidsCare in most cases and may not offer benefits that are as comprehensive or child focused,” the report says.

That conclusion was backed up in a November report by the U.S. Centers for Medicare & Medicaid Services that found consistently lower out-of-pocket spending for children on CHIP versus those on health insurance marketplace (exchange) plans.

The report also said that benefit packages for CHIP are generally more comprehensive for “child specific” services such as dental, vision and therapy.

Tucson pediatrician Dr. Eve Shapiro says she currently sees uninsured children whose parents avoid taking them to the doctor unless it’s absolutely necessary. A pervasive problem is among working families that earn too much to qualify for Medicaid, and yet can’t afford plans and their associated out-of-pocket costs on the health exchange, she said.

“Normally their kids would be on KidsCare but it’s like they are in a hole and can’t access any insurance,” Shapiro said. “These are all working people. One of them has a child with ongoing medical problems. It is really a problem.”

Some families call wanting advice over the phone in order to avoid a bill, she said.

“That puts us in a difficult position as well,” she said.

The federal government would pay the cost of reinstating KidsCare, says Dana Naimark, president and chief executive officer of the Children’s Action Alliance.

“The KidsCare laws are still on the books. The federal Affordable Care Act doesn’t allow you to eliminate CHIP,” Naimark said. “Arizona snuck in because it had put the freeze in place before the Affordable Care Act was signed.”

At one time, KidsCare enrolled nearly 50,000 children from low-income families whose parents earned slightly more than the cutoff for Medicaid, a government health insurance program for extremely low-income people. In Arizona, Medicaid is called the Arizona Health Care Cost Containment System (AHCCCS).

Tucson resident Jennifer Linch’s children were once enrolled in KidsCare and she was happy with the coverage. They are now without coverage.

Subtitles

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Captions

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Chapters

* Chapters

Linch’s husband works for a heating and cooing company and he is uninsured, too. Linch has insurance through her job as a medical assistant but adding dependents is too expensive and she could not find affordable plans on the health exchange.

“If I quit my job or had another baby, we’d be able to get AHCCCS,” said Linch, a 34-year-old mother of three. “But I don’t think I should have to do that just to get health insurance.”

Another program also covered the parents of children on KidsCare. But in a series of budget-cutting decisions, the Arizona Legislature decided to end coverage for KidsCare parents in 2009 and the following year froze enrollment in KidsCare. By July 2011, the KidsCare waiting list had grown to more than 100,000 children.

A temporary KidsCare program, KidsCare II, was created in 2013, but expired when most provisions of the federal Affordable Care Act took effect at the end of January 2014. Enrollment in KidsCare remained frozen and is expected to dwindle to zero. KidsCare now enrolls 775 children, according to the most recent AHCCCS data.

Many of the children previously eligible forKidsCare are now eligible for AHCCCS coverage, while others are transferred to the marketplace where their families can enroll them in coverage, said Daniel Ruiz, a spokesman for Gov. Doug Ducey.

“The governor is receptive to ideas to improve coverage so long as the options are fiscally responsible and provide reliability and certainty in health-care matters,” Ruiz said.

<http://tucson.com/news/state-and-regional/push-to-reduce-number-of-uninsured-kids-in-arizona-set/article_db9ba100-b90c-5b4a-a588-7c0b0b0bd68f.html>

**Cover Kids Coalition Members: Organizations Supporting Reinstatement of KidsCare**

Children’s Action Alliance

AARP, Arizona

American Academy of Pediatrics, Arizona

Arizona AFL-CIO

Arizona Alliance of Community Health Centers

Arizona Alliance for Retired Americans

Arizona Association of Providers for People with Disabilities

Arizona Asthma Coalition

Arizona Coalition to End Sexual and Domestic Violence

Arizona Community Action Association

Arizona Council of Human Service Providers

Arizona Dental Association

Arizona Family Health Partnership

Arizona Friends of Foster Children Foundation

Arizona Grandparent Ambassadors

Arizona Hospitals and Healthcare Association

Arizona Medical Association

Arizona Public Health Association

Arizona Rural Health Association

Arizona School Boards Association

Association of Arizona Food Banks

Association for Supportive Child Care

Bayless Healthcare Group

Canyon Pediatrics

Casa de los Niños

Catholic Community Services

Chicanos Por La Causa

Child Crisis Arizona

Children’s Action Alliance

Children’s Cancer Network

Child and Family Resources

David's Hope

Empowered Educators

Empowerment Systems

Father Matters

Frameshift Group

Greater Phoenix Urban League

Health System Alliance of Arizona

Jewish Family & Children's Service

Jordan Developmental Pediatrics

Keogh Health Connections

Make Way for Books

March of Dimes, Arizona Chapter

Mending Hearts Family Services, Inc.

Mental Health America of Arizona

Mental Health Guild, Inc.

The Monsignor Edward J. Ryle Fund

National Association of Social Workers, Arizona Chapter

Outer Limits School

Phoenix Day

Pima County Access Program

Pima County Pediatric Society

Prevent Child Abuse Arizona

Protecting Arizona's Family Coalition

Raising Special Kids

Southwest Human Development

Stanley Gering, MD

St Luke’s Health Initiatives

The Arizona Partnership for Immunization

The Arizona Coalition to End Homelessness

United Way of Tucson and Southern Arizona

Valle del Sol

Valley Interfaith Project

West Valley Neighborhoods Coalition

Women’s Health Coalition

Yuma Community Food Bank

Organizations can join this list by [**filling in this form**](https://docs.google.com/forms/d/1HY0jIQl_0a01Fwowq56-enVXxp_wj81V5mQGqf6whgo/edit?c=0&w=1&usp=send_form) and clicking “submit.”

**CBO Lowers Marketplace Enrollment Growth Projections, Increases Medicaid Growth Projections (Updated)**

Health Affairs

***Implementing Health Reform (January 28 update).***On January 15, 2016, the Marketplace made available a [new tool](https://www.healthcare.gov/tax-tool/) on HealthCare.gov to help taxpayers with completing form 8962 to reconcile their advance premium tax credits or form 8965 to determine whether they qualify for the affordability individual responsibility exemption.

The tool allows taxpayers to find, for both 2014 and 2015, how much the second-lowest cost silver plan would have cost in their location for their family. Taxpayers may need this amount to calculate the premium tax credit for which their household was eligible. The tool also allows taxpayers to determine how much the lowest-cost bronze plan in their location would have cost, and thus whether health coverage was affordable for purposes of the affordability exemption to the individual responsibility requirement. Taxpayers can print, save, or email their results.

***January 27 update.***On January 27, 2016, the Centers for Medicare and Medicaid Services (CMS) released its [open enrollment snapshot](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-27.html) for week 12 of the 2016 open enrollment period, covering January 17, 2016 to January 23, 2016. During week 12, 144,971 individuals selected plans through the HealthCare.gov enrollment platform. This increased net plan selections by 103,172 to a total of 8,939,274 for 2016 to date. The next update covering the last days of open enrollment is likely to report much higher numbers.

For the 2016 open enrollment period, CMS is offsetting new plan selections during a reporting week with insurer and consumer-initiated cancellations during the same week. This should result in a closer correlation between weekly reported plan selections and the final report on effectuated enrollments than was true last year when plan cancellations were not subtracted from plan selections until the effectuated enrollment report was released.

CMS released its November 2015 Medicaid and CHIP [enrollment report](https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/november-2015-enrollment-report.pdf). Medicaid and CHIP enrollment as of the last day of the November 2015 reporting period stood at 70.8 million, including 29.3 million children. Medicaid enrollment has increased by 14.1 million since October 2013 for the 48 states reporting both 2013 and 2015 data. Enrollment has increased by 34 percent in states that had implemented Medicaid expansion as of that date, and by 10.1 percent in states that had not.

***Original Post.***On January 25, 2016, the Congressional Budget Office (CBO) released [The Budget and Economic Outlook, 2016 to 2026](https://www.cbo.gov/publication/51129). The report does not update completely the Affordable Care Act (ACA) estimates found in the CBO’s [March 2015 Baseline Report](https://www.cbo.gov/sites/default/files/cbofiles/attachments/43900-2015-03-ACAtables.pdf) (a complete update will not occur until this March’s report), but it does provide some new information.

The CBO had estimated in its March 2015 baseline report that 21 million individuals would be covered through the marketplaces by 2016. Enrollment has been much lower than projected, a fact noted frequently by ACA critics. The January 25, 2016 report clarifies that the 21 million number had included 15 million who would be covered through the marketplaces with premium tax credits and an additional 6 million who would purchase unsubsidized coverage through the marketplaces.

The CBO now projects that 13 million will be covered through the marketplaces for 2016, including 11 million with subsidized coverage and 2 million without. Half of the 8 million enrollee discrepancy between the March 2015 and January 2016 enrollment numbers is due to a reduced estimate in the number of individuals projected to enroll in the marketplaces without subsidies.

The CBO expects that most of these individuals will now purchase coverage directly with an insurer. The CBO also dialed back its projections for marketplace enrollment for 2015 from 11 million to 9.5 million, with the difference entirely due to a reduction in the projected number of unsubsidized enrollees.

The CBO’s projection of 13 million marketplace enrollees is still higher than the [9.4 to 11.4 million](http://healthaffairs.org/blog/2015/10/15/hhs-offers-its-expectations-for-2016-open-enrollment/) that the Centers for Medicare and Medicaid Services (CMS) project will be covered by the end of 2016, but 2016 enrollment is so far coming in at the high end of the CMS projections, so final enrollment might be somewhere in between the CBO and CMS estimates. Reduced enrollment will, of course, reduce the cost of the program — the CBO projects a reduction of $7 billion over the next 10 years.

While the CBO has reduced short-term marketplace enrollment growth projections, it is increasing its projections of the growth of the Medicaid program. Medicaid spending grew by $48 billion (or 16 percent) in 2015, after increasing by $36 billion (or 14 percent) in 2014. Enrollment of newly eligible individuals grew by 55 percent between 2014 and 2015, from 6.1 to 9.6 million. The CBO projects Medicaid spending to increase by 9 percent from 2015 to 2016, but only expects one million additional monthly enrollees. CBO is increasing its 2025 projection for Medicaid enrollment under the ACA expansions from 11.5 to 14.5 million, and its 2025 projection for increased spending for these enrollees in 2025 from $97 to $114 billion.

The CBO does not project in its January report how many people are or will remain uninsured. Reduced expectations in marketplace enrollment could increase the number of uninsured, but increased Medicaid enrollment and off-exchange individual market enrollment would reduce it. The CBO report also notes that the unemployment rate is projected to fall to 4.5 percent in 2016, below its “natural rate” of 4.8 percent. This would mean that more people have employer coverage, further reducing the number of the uninsured (and explaining some of the slack in marketplace enrollment.)

The report notes the effect of the moratorium on Affordable Care Act (ACA) taxes in the budget bill on revenues — a reduction in the health insurance fee from $11 million in 2016 to $1 million in 2017 and further reductions from the delay of the excise tax on high-cost health plans and the medical device tax. This is only a fraction of the $425 billion in increased revenues and $324 billion in increased outlays that CBO projects to result from the 2016 Budget bill over the next 10 years. The CBO projects that a repeal of the three health care taxes would reduce further revenues by $256 billion over the next decade.

The CBO report continues to [project](http://healthaffairs.org/blog/2015/12/09/aca-update-effects-on-ability-to-pay-medical-bills-and-labor-supply-enrollment-snapshot-and-more/) that the ACA will result in reduced labor force participation, specifically because it increases the marginal tax rate for high-income employees and the effective tax rate increase for individuals who lose Medicaid or health insurance subsidies. The CBO also notes that a number of other factors, such as the aging of the population and the lingering effects of the recession, will also depress labor force participation, but that strong employment demand will offset these forces.

**HealthCare.gov State-by-State Snapshot**

HHS

|  |  |
| --- | --- |
| **Week 12** | **Cumulative Plan Selections****Nov 1 – Jan 23** |
| Alabama | 182,895 |
| Alaska | 21,853 |
| Arizona | 185,459 |
| Arkansas | 68,622 |
| Delaware | 26,538 |
| Florida | 1,623,718 |
| Georgia | 543,142 |
| Hawaii | 13,194 |
| Illinois | 358,353 |
| Indiana | 185,710 |
| Iowa | 51,964 |
| Kansas | 93,852 |
| Louisiana | 198,511 |
| Maine | 80,399 |
| Michigan | 329,017 |
| Mississippi | 99,967 |
| Missouri | 268,445 |
| Montana | 55,891 |
| Nebraska | 82,884 |
| Nevada | 79,055 |
| New Hampshire | 52,331 |
| New Jersey | 268,847 |
| New Mexico | 50,603 |
| North Carolina | 575,374 |
| North Dakota | 20,393 |
| Ohio | 226,421 |
| Oklahoma | 135,448 |
| Oregon | 138,862 |
| Pennsylvania | 417,707 |
| South Carolina | 215,503 |
| South Dakota | 24,267 |
| Tennessee | 248,387 |
| Texas | 1,174,314 |
| Utah | 162,006 |
| Virginia | 394,896 |
| West Virginia | 35,217 |
| Wisconsin | 227,129 |
| Wyoming | 22,100 |

**Local Market Marketplace Enrollment Numbers**

HHS

|  |  |  |
| --- | --- | --- |
| **Local Markets in HealthCare.gov States**  | **State** | **Cumulative Plan Selections****Nov 1 – Jan 23** |
| Abilene-Sweetwater | Texas | 9,923 |
| Albany | Georgia | 15,854 |
| Albuquerque-Santa Fe | New Mexico | 43,245 |
| Alexandria | Louisiana | 9,252 |
| Alpena | Michigan | 1,954\* |
| Amarillo | Texas | 14,024 |
| Anchorage | Alaska | 14,141 |
| Atlanta | Georgia | 410,182 |
| Augusta | Georgia | 31,166 |
| Austin | Texas | 115,970 |
| Bangor | Maine | 22,631 |
| Baton Rouge | Louisiana | 42,225 |
| Beaumont-Port Arthur | Texas | 14,249 |
| Bend | Oregon | 10,216 |
| Billings | Montana | 15,916 |
| Biloxi-Gulfport | Mississippi | 9,385 |
| Birmingham (Ann and Tusc) | Alabama | 72,619 |
| Bluefield-Beckley-Oak Hill | West Virginia | 7,458 |
| Boise | Idaho | 875\*\* |
| Boston (Manchester) | Massachusetts | 41,806 |
| Buffalo | New York | 1,258 |
| Burlington-Plattsburgh | Vermont | 4,906 |
| Butte-Bozeman | Montana | 9,354 |
| Casper-Riverton | Wyoming | 4,883 |
| Cedar Rapids-Wtrlo-Iwc & Dub | Iowa | 15,848 |
| Champaign & Sprngfld-Decatur | Illinois | 23,447 |
| Charleston | South Carolina | 44,225 |
| Charleston-Huntington | West Virginia | 15,967 |
| Charlotte | North Carolina | 195,030 |
| Charlottesville | Virginia | 15,543 |
| Chattanooga | Tennessee | 37,347 |
| Cheyenne-Scottsbluf | Wyoming | 6,292 |
| Chicago | Illinois | 286,011 |
| Cincinnati | Ohio | 46,006 |
| Clarksburg-Weston | West Virginia | 5,849 |
| Cleveland-Akron (Canton) | Ohio | 81,049 |
| Columbia | South Carolina | 41,711 |
| Columbia-Jefferson City | Missouri | 21,359 |
| Columbus | Georgia | 19,364 |
| Columbus | Ohio | 44,444 |
| Columbus-Tupelo-West Point | Mississippi | 13,348 |
| Corpus Christi | Texas | 18,690 |
| Dallas-Ft. Worth | Texas | 346,817 |
| Davenport-R. Island-Moline | Iowa/Illinois | 16,769 |
| Dayton | Ohio | 22,059 |
| Denver | Colorado | 6,946 |
| Des Moines-Ames | Iowa | 19,288 |
| Detroit | Michigan | 170,893 |
| Dothan | Alabama | 9,173 |
| Duluth-Superior | Minnesota | 6,582 |
| El Paso (Las Cruces) | Texas | 60,860 |
| Elmira (Corning) | New York | 1,187 |
| Erie | New York | 8,643 |
| Eugene | Oregon | 19,368 |
| Evansville | Indiana | 14,072 |
| Fairbanks | Alaska | 2,655 |
| Fargo-Valley City | North Dakota | 10,618 |
| Flint-Saginaw-Bay City | Michigan | 30,024 |
| Ft. Myers-Naples | Florida | 86,868 |
| Ft. Smith-Fay-Sprngdl-Rgrs | Arkansas | 22,230 |
| Ft. Wayne | Indiana | 21,615\* |
| Gainesville | Florida | 18,852 |
| Glendive | Montana | 530\* |
| Grand Rapids-Kalmzoo-B.Crk | Michigan | 66,611 |
| Great Falls | Montana | 7,763\* |
| Green Bay-Appleton | Wisconsin | 50,190 |
| Greensboro-H.Point-W.Salem | North Carolina | 103,011 |
| Greenville-N.Bern-Washngtn | North Carolina | 41,674 |
| Greenvll-Spart-Ashevll-And | North Carolina | 113,433 |
| Greenwood-Greenville | Mississippi | 6,979 |
| Harlingen-Wslco-Brnsvl-Mca | Texas | 52,106 |
| Harrisburg-Lncstr-Leb-York | Pennsylvania | 61,620 |
| Harrisonburg | Virginia | 11,910 |
| Hattiesburg-Laurel | Mississippi | 10,947 |
| Helena | Montana | 2,608 |
| Honolulu | Hawaii | 13,194 |
| Houston | Texas | 313,740 |
| Huntsville-Decatur  | Alabama | 36,575 |
| Idaho Falls-Pocatello | Idaho | 2,735\* |
| Indianapolis | Indiana | 85,176 |
| Jackson | Mississippi | 39,189 |
| Jackson | Tennessee | 11,238 |
| Jacksonville | Florida | 97,240 |
| Johnstown-Altoona | Pennsylvania | 19,149 |
| Jonesboro | Arkansas | 5,573 |
| Joplin-Pittsburg | Missouri | 15,192 |
| Juneau | Alaska | 2,999 |
| Kansas City | Kansas/Missouri | 102,165 |
| Knoxville | Tennessee | 49,472 |
| La Crosse-Eau Claire | Wisconsin | 23,394 |
| Lafayette | Indiana | 3,151\* |
| Lafayette | Louisiana | 24,803 |
| Lake Charles | Louisiana | 6,701 |
| Lansing | Michigan | 14,636 |
| Laredo | Texas | 14,130 |
| Las Vegas | Nevada | 55,675 |
| Lima | Ohio | 1,589\* |
| Lincoln & Hastings-Krny | Nebraska | 36,979 |
| Little Rock-Pine Bluff | Arkansas | 33,191 |
| Louisville | Kentucky | 8,495 |
| Lubbock | Texas | 12,814 |
| Macon | Georgia | 22,036 |
| Madison | Wisconsin | 33,477 |
| Marquette | Michigan | 9,444 |
| Medford-Klamath Falls | Oregon | 14,035 |
| Memphis | Tennessee | 59,942 |
| Meridian | Mississippi | 3,969 |
| Miami-Ft. Lauderdale | Florida | 605,675 |
| Milwaukee | Wisconsin | 83,503 |
| Minneapolis-St. Paul | Minnesota | 11,063 |
| Minot-Bismarck-Dickinson | North Dakota | 11,450\* |
| Missoula | Montana | 19,735 |
| Mobile-Pensacola (Ft Walt) | Alabama | 62,880 |
| Monroe-El Dorado | Louisiana/Arkansas | 20,332 |
| Montgomery-Selma | Alabama | 19,309 |
| Myrtle Beach-Florence | Florida | 39,504 |
| Nashville | Tennessee | 98,484 |
| New Orleans | Louisiana | 81,849 |
| New York | New York | 212,643 |
| Norfolk-Portsmth-Newpt News | Virginia | 77,841 |
| North Platte | Nebraska | 1,679 |
| Odessa-Midland | Texas | 12,088 |
| Oklahoma City | Oklahoma | 68,484 |
| Omaha | Nebraska | 37,084 |
| Orlando-Daytona Bch-Melbrn | Florida | 303,271 |
| Ottumwa-Kirksville | Missouri | 3,655 |
| Paducah-Cape Girard-Harsbg | Illinois/Kentucky/Missouri | 20,633 |
| Panama City | Florida | 21,073 |
| Parkersburg | West Virginia | 2,815\* |
| Peoria-Bloomington | Illinois | 13,024 |
| Philadelphia | Pennsylvania | 276,400 |
| Phoenix (Prescott) | Arizona | 131,758 |
| Pittsburgh | Pennsylvania | 78,170 |
| Portland | Oregon | 90,737 |
| Portland-Auburn | Maine | 58,899 |
| Presque Isle | Maine | 4,092 |
| Quincy-Hannibal-Keokuk | Illinois/Missouri/Iowa | 7,213 |
| Raleigh-Durham (Fayetvlle) | North Carolina | 154,176 |
| Rapid City | South Dakota | 7,484 |
| Reno | Nevada | 21,744 |
| Richmond-Petersburg | Virginia | 75,163 |
| Roanoke-Lynchburg | Virginia | 48,356 |
| Rochestr-Mason City-Austin | Minnesota/Iowa | 1,337\* |
| Rockford | Illinois | 12,599 |
| Salisbury | Maryland | 6,834 |
| Salt Lake City | Utah | 162,482 |
| San Angelo | Texas | 4,524 |
| San Antonio | Texas | 105,952 |
| Savannah | Georgia | 45,169 |
| Sherman-Ada | Texas | 9,193 |
| Shreveport | Louisiana | 34,951 |
| Sioux City | Iowa | 10,084 |
| Sioux Falls(Mitchell) | South Dakota | 18,105 |
| South Bend-Elkhart | Indiana | 24,034 |
| Spokane | Washington | 1,269\* |
| Springfield | Missouri | 53,145 |
| St. Joseph | Missouri | 3,756 |
| St. Louis | Missouri | 123,916 |
| Tallahassee-Thomasville | Florida | 25,995 |
| Tampa-St. Pete (Sarasota) | Florida | 261,849 |
| Terre Haute | Indiana | 9,629 |
| Toledo | Ohio | 17,831 |
| Topeka | Kansas | 11,830 |
| Traverse City-Cadillac | Michigan | 25,248 |
| Tri-Cities | Tennessee | 24,835 |
| Tucson (Sierra Vista) | Arizona | 31,478 |
| Tulsa | Oklahoma | 46,872 |
| Tyler-Longview(Lfkn&Ncgd) | Texas | 22,969 |
| Victoria | Texas | 2,140 |
| Waco-Temple-Bryan | Texas | 25,744 |
| Washington, DC (Hagerstown) |  | 167,140 |
| Wausau-Rhinelander | Wisconsin | 20,580 |
| West Palm Beach-Ft. Pierce | Florida | 180,674 |
| Wheeling-Steubenville | Ohio | 6,285 |
| Wichita Falls & Lawton | Texas | 10,142 |
| Wichita-Hutchinson Plus | Kansas | 35,925 |
| Wilkes Barre-Scranton | Pennsylvania | 45,274 |
| Wilmington | Delaware | 31,982 |
| Yakima-Pasco-Rchlnd-Knnwck | Oregon | 1,741\* |
| Youngstown | Ohio | 13,031 |
| Yuma-El Centro | Arizona | 3,706 |
| Zanesville | Ohio | 1,242 |

***\*****Because there was a change of 11 or fewer enrollments for Week 12, data for Week 11 was used as a placeholder to adhere to privacy standards.*

***\*\*****Because there was a change of 11 or fewer enrollments for Week 11 and 12, data for Week 10 was used as a placeholder to adhere to privacy standards.*

**Study: Too Many State Latino Children Remain Uninsured**

Arizona Public Media

The number of Hispanic children covered by medical insurance has increased in Arizona, but the state’s uninsured rate remains above the national average.

Arizona is among the top 10 states with the largest number of Hispanic children, estimated at more than 703,000, according to a [study by Georgetown University’s Health Policy Institute and the National Council of La Raza](http://ccf.georgetown.edu/all/gains-in-health-latino-children-gain-more-opportunities/).

More Hispanic children nationwide had health coverage in 2014 than 2013, due in large part to the Affordable Care Act. Of the 10 states with the largest number of Hispanic children, four states had rates of uninsured children below the national average and two were not statistically different than the average.

Arizona was one of four states in 2014 with uninsured rates “significantly higher” than the national average of 9.7 percent, at 12.7 percent. The Arizona uninsured rate dropped 2.4 percent from 2013, the researchers said.

There are an estimated 89,000 Hispanic children in Arizona with no health coverage.

Across all Arizona children, 10 percent do not have health insurance. Nationally that rate is 6 percent.

Arizona is the only state that does not accept federal funding for the Children’s Health Insurance Program, called KidsCare, which the study authors cite as contributing to the state’s above-average rate. A bill is before the Arizona Legislature to restore KidsCare for families that make too much to qualify for Medicaid.

Joe Fu is the health policy director for the Children’s Action Alliance, an Arizona advocacy organization that supports restoration of KidsCare.

“We do know that among Hispanic children there are higher rates of un-insurance, so I think that the (KidsCare) program would really be helpful not just for all children in the state but also to help address the high rates of un-insurance among Hispanic kids as well,” Fu said.

Fu said health care coverage “addresses the physical, mental and developmental health needs of all kids. Health coverage helps improve their educational outcomes and they perform better at school and are not sick.”

https://news.azpm.org/p/news-spots/2016/1/19/80237-study-more-arizona-hispanic-children-have-health-insurance/

**Obamacare Left Intact as US Supreme Court Rejects Appeal**

Bloomberg

The U.S. Supreme Court refused to take up a new constitutional challenge to Obamacare, turning away an appeal that said lawmakers used flawed legislative procedures to pass the measure.

Opponents of President Barack Obama’s health-care law were seeking to sway a court that has upheld core parts of the measure twice since 2012, [most recently](http://www.bloomberg.com/news/articles/2015-06-25/obamacare-tax-subsidies-upheld-by-u-s-supreme-court-ibc9o863) in June. In the latest case, they argued that the law violated the constitutional requirement that revenue-raising legislation start in the House before proceeding to the Senate.

In declining to hear that contention, the high court all but ensured that the Affordable Care Act, or Obamacare, will remain intact through the November election. The rebuff leaves health care as one of the core issues in the presidential and congressional campaigns.

The latest challenge was pressed by the [Pacific Legal Foundation](http://www.pacificlegal.org/), an advocacy group based in Sacramento, California, on behalf of Matt Sissel, an Iowa artist and small-business owner.

The suit had gained little traction in the lower courts, even as it provoked a party-line divide on the legal reasoning. A federal trial judge in Washington upheld the law, as did a unanimous panel of three Democratic-appointed judges.

A larger panel of judges then voted not to reconsider the case. Although the four Republican appointees on the 11-member Washington appeals court would have heard arguments, they also said they would have upheld the law for different reasons.

At issue was a rarely invoked constitutional provision known as the origination clause, which says that “all bills raising revenue shall originate in the House of Representatives.”

Revenue-Raising Bill?

Sissel’s lawyers said Obamacare qualified as a revenue-raising bill, in part, because of the 2012 Supreme Court decision interpreting the law as imposing a tax on people who forgo health insurance.

The three-judge panel rejected that argument, saying that under past Supreme Court cases, the origination clause applies only when a law’s “primary purpose” is to raise revenue. Judge Judith Rogers said money collected by the government was a “byproduct” of the law’s effort to encourage participation in the health insurance system.

The four Republican appointees, led by Judge Brett Kavanaugh, called that conclusion “untenable,” saying the measure would raise almost $500 billion over 10 years.

Kavanaugh said, however, that the law had met the requirement that it originate in the House. When the Senate took up the issue in 2009, it started with a House bill on an unrelated matter and substituted what became the core of Obamacare. The House then [approved](http://www.bloomberg.com/news/articles/2010-03-22/house-approves-landmark-u-s-health-care-legislation-update3-) it, and Obama signed the measure into law.

“Congress’s longstanding practice has been to permit Senate amendments of exactly the kind at issue here,” Kavanaugh said.

The case is Sissel v. Department of Health and Human Services, 15-543.

**About 33,000 Arizonans to Lose Food Stamps – Two-Thirds in Maricopa County**

Social-service agencies are bracing for a wave of confusion and appeals for food when a food-stamp benefit expires this spring.

Nearly 33,000 Arizonans will lose their eligibility for food stamps this year, with 21,000 in Maricopa County facing the cut as of April 1.

The change is due to Arizona's improving employment rate, which ended the ability of certain adults to collect food stamps through the federal Supplemental Nutrition Assistance Program. As of Jan. 1, a three-month clock started on the eligibility of "able-bodied adults without dependents" to get food stamps.

The thinking is with an improving economy, people should be able to find work and end their reliance on government support.

But human-services groups, from food banks to homeless advocates to the Valley of the Sun United Way, are concerned word of the pending cutoff date won't reach some beneficiaries, many of whom change homes frequently or are homeless. That means they would only learn of the loss of benefits when they go to the grocery store in April, human-services professionals said Friday in a news conference.

To head that off, the groups will be working to find the beneficiaries and get them enrolled in a training program, work or a volunteer capacity that would allow the food stamps to continue. As long as a person works 80 hours a month, the individual can continue to receive food stamps, said Angie Rogers, president and CEO of the Arizona Association of Food Banks.

"I would imagine there will be some confusion," Rogers said after the news conference. People with felony records and drug convictions have a hard time finding jobs even in the best of economies, she said, and tracking down homeless recipients could be challenging.

“Our food banks are going to remain concerned about this, as we hit that three-month point," she said. "When those folks need emergency nutrition, will they come to our food banks?”

There are exceptions. The cutoff does not apply to people over age 50 or under age 18, to pregnant women, or to students, among others.

The end of benefits for able-bodied adults returns Maricopa County, as well as Pima and Yavapai counties, to the policy that was in place prior to the start of the Great Recession. But once the unemployment rate rose in 2009, Arizona triggered a requirement in the federal law that extended food-stamp benefits to a wider population.

In Pima County, the three-month cutoff takes effect on July 1; it's Oct. 1 in Yavapai County.

<http://www.azcentral.com/story/news/arizona/politics/2016/01/16/33000-arizonans-lose-food-stamps-two-thirds-maricopa-county/78865968/?utm_campaign=2016-01-19%20Stateline%20Daily&utm_medium=email&utm_source=Eloqua>

**Mapping Third Open Enrollment Period Plan Selections by County**

Enroll America

Nearly [**8.7 million consumers**](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-13.html) in states that use the HealthCare.gov enrollment platform chose a marketplace plan during the first ten weeks of the third open enrollment period (OE3). The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services recently released [**ZIP code–level counts**](https://aspe.hhs.gov/basic-report/plan-selections-zip-code-health-insurance-marketplace-january-2016) of total plan selections from November 1 to January 9.

[**Last week**](https://www.enrollamerica.org/blog/2016/01/nationwide-enrollment-reaches-11-3-million/), we took a look at how many states had surpassed their OE2 enrollment totals as of December 26, 2015 (the latest date for which data are available for all 50 states). Now, these ZIP code–level counts give us the opportunity to look at how enrollment is going so far at a more granular level. The available data tell a clear success story of OE3’s momentum. More than half of the counties with available data (56 percent) have already reached at least 90 percent of the total plan selections they saw during OE2. These counties are represented below in dark blue.

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<https://www.enrollamerica.org/blog/2016/01/mapping-third-open-enrollment-period-plan-selections-by-county/?utm_source=email&utm_medium=20160119_EA_Newsletter&utm_campaign=email>

**Federal Official Clarify Rules on Getting New Health Coverage after a Move**

Kaiser Health News

After the open enrollment period ends on Sunday for buying coverage on the health insurance marketplaces, people can generally sign up for or switch marketplace plans only if they have certain major life changes, such as losing their on-the-job coverage or getting married. Following insurance industry criticism, last week the [federal government said it will scrutinize](https://www.regtap.info/uploads/library/ENR_RetiredSEPs_011916_v1_5CR_011916.pdf) people’s applications for such “special enrollment periods” more closely, including one of the most commonly cited reasons — relocating to a new state.

The Centers for Medicare and Medicaid Services (CMS) [issued new guidelines](https://www.regtap.info/uploads/library/ENR_FAQ_ResidencyPermanentMove_SEP_5CR_011916.pdf) to help consumers and those who assist them in enrolling understand what qualifies as a permanent relocation versus a temporary one.

People who move to a new state and “intend to reside” there may be eligible for a special enrollment period on the marketplace to pick a new plan. There’s no waiting period to establish residency for coverage after people move.

Still, determining residency intentions could be a head scratcher. CMS clarified that traveling to a state for business, pleasure or to get medical care will not meet the residency requirements for a permanent move.

People may have more than one residence and may qualify for marketplace coverage in both places. Someone who keeps two homes in different states and spends entire seasons or lengthy periods of time in each could sign up for marketplace coverage in either or both states after each move, according to CMS.

Students and other children younger than 21 are generally assumed to have the same state of residence as their parents. However, if “you’re under 21, you can attest you live elsewhere and intend to reside there,” you may qualify for a [special enrollment period](http://chirblog.org/recent-guidance-about-marketplace-residency-requirement-and-special-enrollment-period-when-moving/) to buy a new marketplace plan, said Sabrina Corlette, research professor at Georgetown University’s Center on Health Insurance Reforms.

[Insurers have complained](http://www.nytimes.com/2016/01/10/us/politics/insurers-say-costs-are-climbing-as-more-enroll-past-health-act-deadline.html) that people are waiting until they become sick, then claiming they’re entitled to a special enrollment period for marketplace coverage. In response, the federal government announced that a number of events [will no longer trigger a special enrollment period](http://khn.org/morning-breakout/after-insurer-outcry-feds-offer-rules-to-rein-in-special-enrollment-sign-ups/), including certain errors in marketplace income and tax credit determinations.

In addition, the administration said it will examine a sample of records from consumers who were deemed eligible for special enrollment periods because of a permanent move or a loss of coverage to determine if the rules were properly applied. If consumers should not have been granted access to a special sign-up period, they could be subject to penalties for perjury, CMS said.

<http://khn.org/news/federal-officials-clarify-rules-on-getting-new-health-coverage-after-a-move/?utm_campaign=KHN:+First+Edition&utm_source=hs_email&utm_medium=email&utm_content=25729141&_hsenc=p2ANqtz-_hk9ZgFvtt2xjsK58iud-eGOfQRVWplHxcIeSE1Fc1A0RI&tr=y&auid=16417166>

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Have something you want us to possibly add to next week’s newsletter? Email Kim VanPelt at kim.vanpelt@slhi.org.