American Rescue Plan Act: Health Coverage Provisions Explained

by Edwin Park and Sabrina Corlette

On March 11, 2021, President Biden signed into law the American Rescue Plan (ARP) Act of 2021 (H.R. 1319). The wide-ranging, critically needed COVID-19 relief legislation includes a number of key provisions that strengthen both public and private health insurance coverage. Some of the new provisions build on actions Congress previously took in earlier COVID relief packages including the Families First Coronavirus Response Act (116-127).[1]

Among its Medicaid and the Children's Health Insurance Program (CHIP) provisions, the American Rescue Plan encourages states to finally take up the Medicaid expansion by offering even more favorable financial incentives than those already in place and allows states to provide longer postpartum health coverage for new mothers. Among its private insurance provisions, the American Rescue Plan provides full premium subsidies for COBRA coverage, substantially increases subsidies for the purchase of health plans offered through the Affordable Care Act's marketplaces, and targets additional marketplace subsidies to those receiving unemployment benefits.

This issue brief explains the American Rescue Plan's Medicaid, CHIP and private insurance provisions.

Medicaid and CHIP Provisions in the American Rescue Plan

The American Rescue Plan includes a number of provisions expanding and strengthening the Medicaid and CHIP programs. Some of these provisions are dependent on state action to fulfill their promise. These include financial incentives to spur more states to adopt the Medicaid expansion; a new state option to provide extended postpartum coverage to help address the maternal mortality crisis; extend through Medicaid coverage of COVID-19 vaccines and treatments for uninsured people; and provide enhanced federal financial support for home- and community-based services for those with long-term service and support needs. The new law will also require state Medicaid and CHIP programs to cover vaccines and treatments, with vaccines and their administration fully funded by the federal government, and help state Medicaid programs better address rising drug costs.

New or Enhanced Medicaid and CHIP Opportunities for States

- **Additional Federal Funding to States that Newly Adopt the Medicaid Expansion**

  There are currently 12 states that have still not adopted the Affordable Care Act's Medicaid expansion: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin and Wyoming. According to the Kaiser Family Foundation (KFF), if all of these states expanded Medicaid, more than 4.3 million uninsured adults would become newly eligible.[2]

  States already have an extremely generous, permanent federal matching rate of 90 percent for the expansion population on the table, and the American Rescue Plan provides a significant, additional fiscal incentive for the remaining states to newly cover these adults. States that newly expand Medicaid receive an additional five percentage point increase in their regular federal Medicaid matching rate (FMAP) for two years, no matter when they newly expand.[3] This increase is in addition to the temporary 6.2 percentage point FMAP increase enacted as part of the Families First COVID-19 relief legislation (P.L. 116-127) that is available through the duration of the COVID-19 public health emergency.[4] The matching rate for the expansion remains unchanged: the federal government continues to pay for 90 percent of Medicaid expansion costs; both the American Rescue Plan and Families First matching rate increases apply to the rest of the Medicaid program covering children, some parents, people with disabilities and seniors.

  The 5-percentage point increase does not apply to other Medicaid spending that is not subject to the regular FMAP such as administrative costs as well as to Disproportionate Share Hospital (DSH) spending. It also does not affect the federal matching rate under CHIP or matching rates under Title IV programs. The 5-percentage point increase is not taken into account when applying federal funding caps for the territories.

  KFF has issued estimates of how much current non-expansion states would receive in additional federal Medicaid funding under this provision if they newly adopt the expansion starting in federal fiscal year 2022, how much states would spend for their share of the cost of the expansion in the first two years, and the resulting net impact on state spending. These estimates find that the FMAP increase in the ARP is expected to more than offset expansion costs in all of the non-expansion states in the two-year period. In sum, if all 12 non-expansion states expand in 2022, states would receive a net overall gain of $9.6 billion.[5]

- **New Medicaid and CHIP Option for States to Extend Postpartum Coverage for 12 Months**

  The American Rescue Plan offers states a new "state plan" option to provide pregnancy-related Medicaid and CHIP coverage for one year after the end of pregnancy, extending coverage well beyond the current cutoff of 60 days. Previously, states could only receive federal matching funds to extend postpartum coverage beyond 60 days through a Section 1115 waiver, and though six states have applied to the Centers for Medicare and Medicaid Services (CMS), none have yet received approval.

States that opt to extend postpartum coverage through the new state plan option must do so for both Medicaid and CHIP (if they cover pregnant women through CHIP as six states do) and must provide full Medicaid benefits. States can take up this option starting in the first calendar year quarter one year after enactment, which is April 1, 2022. The option, however, is temporary and will be available to states for five years unless Congress acts to extend it at a later time. (The original House-passed version of the American Rescue Plan would have made this option available for seven years.)

This new option is an important step in responding to the alarming maternal mortality crisis in the U.S., which disproportionately affects women of color. When Medicaid and CHIP coverage ends at 60 days postpartum, many women are at risk of becoming uninsured and missing out on critical access to care that can prevent pregnancy-related deaths.[6] The Congressional Budget Office (CBO), for example, estimates that about 45 percent of women covered by Medicaid on the basis of pregnancy now become uninsured after the end of the 60-day postpartum coverage period.[7] Many states appear interested in the option but it will be critical that the states with high rates of maternal mortality adopt the option as soon as it takes effect.

- **Expansion of the State Medicaid Option for Coverage of COVID-19 Testing for the Uninsured to Include Coverage for COVID-19 Vaccines and Treatment**
  The Families First legislation included a Medicaid option for states to cover COVID-19 testing for the uninsured through the duration of the public health emergency.[8] The federal government picks up 100 percent of the cost. The American Rescue Plan expands this fully federally-funded option to cover COVID-19 vaccines and their administration, and treatment, including prescription drugs, and treatment for conditions that complicate COVID-19 treatment.

- **Additional Federal Medicaid Support for Home- and Community-Based services (HCBS)**
  The American Rescue Plan provides states the option of receiving a 10 percentage point increase in their Medicaid matching rate for home- and community-based services furnished to Medicaid beneficiaries with long-term service and support (LTSS) needs. (An earlier version of the provision included in the original House-passed bill would have provided a 7.35 percentage point increase.) This increase would be on top of the 6.2 percentage point Families First FMAP increase available for the duration of the public health emergency but the resulting matching rate cannot exceed 95 percent. This option for an increased matching rate for HCBS services is available for one year starting April 1, 2021. In addition, the federal funding caps for the territories would not apply to this HCBS matching rate increase.

  HCBS services eligible for the matching rate increase include home health, personal care, HCBS services provided through several types of Medicaid waivers, case management, rehabilitative care, services provided through PACE programs (Programs of All-Inclusive Care for the Elderly), and other services specified by the Secretary of Health and Human Services. As a condition of the increase, states are required to use this additional federal funding to implement, or supplement the implementation of, activities that enhance, expand or strengthen home- and community-based services. States are also required to use the increased federal funding to supplement, not supplant their level of HCBS spending as of April 1, 2021.

- **Increased Federal Support for Certain Indian Health and Native Hawaiian Health Providers.**
  The American Rescue Plan Act temporarily applies for two years the 100 percent FMAP available to Indian Health Service (IHS) providers for furnishing care to Medicaid beneficiaries to services furnished by Urban Indian Health Programs. Such providers are grantees of the IHS and serve IHS-eligible patients on Medicaid, but they are not formally part of the IHS and as a result, payments to these providers do not otherwise receive the 100 percent FMAP that other IHS providers do. The provision would also provide for two years a 100 percent FMAP for services furnished by Native Hawaiian Health centers. The funding becomes available at the start of the first fiscal year quarter after date of enactment, which is April 1, 2021.

- **Other Federal Opportunities for States**
  The law also gives states the option to provide community-based mobile crisis intervention services to individuals experiencing mental health or substance use disorder crises for five years (with an 85 percent FMAP for the first three years). It also appropriates $250 million to states so they can establish and implement "strike" teams to help respond to COVID-19 in nursing homes. Finally, the American Rescue Plan clarifies that during the public health emergency when the Families First FMAP increase is in effect, states' DSH allotments will be recalculated to ensure that total DSH payments remain at the same levels that would have been paid in the absence of the FMAP increase.

New Medicaid and CHIP Requirements

- **Required Medicaid and CHIP Coverage of COVID-19 Vaccines and Treatment without Cost-Sharing with Full Federal Funding for Vaccines**
  The Families First COVID-19 legislation required Medicaid and CHIP coverage of COVID-19 testing without cost-sharing. The American Rescue Plan builds on that earlier provision to explicitly require Medicaid and CHIP coverage of COVID-19 vaccines, treatment (including prescription drugs), and treatment of conditions that complicate COVID-19 treatment, without the imposition of cost-sharing charges.[9] (The Families First legislation indirectly required states to cover COVID-19 testing and treatment without cost-sharing in Medicaid as part of its maintenance-of-effort requirement, but that provision did not apply to separate state CHIP programs.)

  These requirements apply through the end of the first calendar year quarter that starts one year after the end of the COVID-19 public health emergency. (In contrast, the original Families First requirement related to Medicaid coverage of testing and treatment without cost-sharing extended only through the end of the fiscal year quarter in which the public health emergency ends.) In addition, the federal matching rate for COVID-19 vaccines and their administration is also increased to 100 percent. The 100 percent matching rate increase would be exempted from the territorial funding caps and in the case of CHIP, states' CHIP allotments would be adjusted to reflect this 100 percent matching rate. Finally, the package clarifies that any drugs used for COVID-19 treatment are subject to the Medicaid Drug Rebate Program, which would lower their cost for state Medicaid programs.

- **Increased Medicaid Drug Rebates for Manufacturers that Have Imposed Excessive Price Increases**
  The American Rescue Plan eliminates a cap on total drug rebates that manufacturers must pay state Medicaid programs under the highly effective Medicaid Drug Rebate Program (MDRP) starting January 1, 2024.[10] (An earlier version of the provision originally passed by the House would have been effective one year earlier on January 1, 2023.)

  One key element of the MDRP is its inflation-related rebate, under which manufacturers must pay additional rebates for both brand-name and generic drugs if their prices rise faster than general inflation. The intent of the inflation-related rebate is to discourage manufacturers from raising their prices excessively. However, under current law, total Medicaid drug rebates on both brand-name and generic drugs cannot exceed 100 percent of the Average Manufacturer Price. The cap effectively allows some drug manufacturers that have imposed very large price increases over time to not pay rebates equal to the full difference between their price increases and inflation, as the inflation-related rebate generally requires. CBO estimates that in 2019, this rebate cap allowed drug manufacturers to avoid paying more than $3 billion in rebates that they would otherwise have been required to pay to the federal government and the states.[11]

  Because the cap has effectively weakened the ability of the Medicaid Drug Rebate Program to discourage manufacturers from instituting excessive annual price increases, elimination of the cap has been recommended by the Medicaid and CHIP Payment and Access Commission (MACPAC).[12] It has also enjoyed significant bipartisan support.[13]

  The provision will likely produce about $20 billion in total federal and state prescription drug savings over the next 10 years, of which about $6.5 billion in savings would accrue to the states.[14] (No updated CBO estimates for this provision, however, are yet available.) These savings will provide significant help to state Medicaid programs in addressing their rising drug costs over time.

Private Health Insurance Provisions in the American Rescue Plan

The American Rescue Plan includes several policy changes to improve the affordability of private health insurance coverage and coverage access including:

- Subsidies to defray the cost of COBRA premiums for those who have lost employer-sponsored insurance
- Enhanced premium tax credits for individuals who enroll through the health insurance marketplaces
- Tax relief for individuals who received excess marketplace premium tax credits in 2020
- Free marketplace health insurance for individuals who receive unemployment insurance benefits in 2021
- $20 million in grants to states to modernize and update health insurance marketplace systems, programs, or technology

These changes are designed to expand the availability of affordable coverage options to individuals who have lost job-based coverage, are currently uninsured, or who are struggling to maintain their premium payments for marketplace coverage due to the pandemic. The COBRA subsidies will be available through September 2021, while the enhanced marketplace premium tax credits will be available in 2021 and 2022.

Subsidies for COBRA Premiums

Individuals who lose their job-based insurance because of a layoff or other qualifying event are able to continue their coverage under a federal law called the Consolidated Omnibus Budget Reconciliation Act or COBRA. Generally, such individuals have up to 60 days after their qualifying event to enroll, and are required to pay both their share and the employer's share of their plan premium, plus an administrative fee of up to 2 percent. Individuals may maintain their COBRA coverage for up to 18 months, so long as they continue paying the full premium. For most individuals, but particularly for anyone who has lost their job, these premium costs can be prohibitive. KFF estimates that the average annual premium for self-only employer-based coverage in 2020 was $7,470; for a family plan, premiums averaged $21,342.[15]

Under the American Rescue Plan, the government would subsidize 100 percent of COBRA premiums through September 30, 2021 for COBRA enrollees. Further, the law would allow individuals who missed the 60-day enrollment window for COBRA prior to the availability of subsidies to go back and enroll. For example, if someone was laid off from their job in August of 2020 but found the premiums too high to enroll at the time, he or she could come back and enroll for up to 60 days after being notified of the availability of the subsidies under the American Rescue Plan. Such individuals would not have to pay premiums back to the date they were originally eligible to enroll in COBRA, but coverage for any medical claims would only apply from their date of enrollment.

The ability to maintain employer group coverage offers several benefits. First, individuals can continue with their same doctors and avoid any disruption in treatment. Second, individuals who switch plans mid-year generally face a new deductible and out-of-pocket limit, but enrolling in COBRA allows any amounts the enrollee already paid towards the deductible or out-of-pocket limit under the group plan to be carried forward. Third, employer-based plans often come with broader provider networks and lower cost-sharing than marketplace plans, although marketplace enrollees with household income between 100 and 250 percent of the federal poverty level (FPL) (between $26,200-$65,500 for a family of four) may qualify for a lower cost-sharing plan.

However, for some individuals, enrolling in COBRA, even when subsidized at 100 percent, may not be the best option. As explained in more detail below, individuals who receive unemployment insurance benefits in 2021 may qualify for a free marketplace plan with extremely low cost-sharing. The American Rescue Plan's subsidies for COBRA premiums will expire on September 30th, and many enrollees will likely not be able to afford COBRA premiums past that date. Under current rules, individuals who lose COBRA coverage due to failure to pay premiums do not qualify for a special enrollment period (SEP) in the marketplace. The Biden Administration and state-based marketplaces could establish such a SEP via administrative action, to reduce potential coverage losses, but they have not yet done so.

Enhanced Marketplace Premium Tax Credits

The Affordable Care Act provides advance premium tax credits (PTCs) to qualified individuals and families that enroll in coverage through the health insurance marketplaces. These PTCs are available to people with modified adjusted gross income between 100 and 400 percent of the FPL (between $26,200 and $104,800 for a family of four), who are lawfully present in the U.S. and do not qualify for other affordable minimum coverage such as Medicaid, Medicare, or an employer plan. The ACA provides the tax credits such that an individual or family's premium contribution is capped based on a percentage of their income. That specified percentage varies, with lower-income families required to pay the lowest percent of income towards premiums. Specifically, absent enactment of the American Rescue Plan, families with incomes between 100-150 percent of FPL would be required to pay between 2.07 and 4.14 percent of their household income towards their plan premium. Families with household income between 300 and 400 percent FPL would pay 9.83 percent of their income towards their plan premium. Families with household income over 400 percent of the federal poverty level receive no PTCs and must bear the full cost of the plan premium. In 2021, the average, unsubsidized premium for the lowest-cost Silver-level plan on the marketplace is $5,232.[16]

The American Rescue Plan increases the PTCs available for marketplace enrollees by reducing the percentage of income that individuals and families are expected to contribute towards premiums, for plan years 2021 and 2022. Under the new premium schedule, families with incomes between 100 and 150 percent FPL would have their premium contribution reduced to $0, though they would still face cost-sharing. Families with incomes over 400 FPL would have their premium contribution capped at 8.5 percent FPL. See Table 1.

With the enhanced PTCs, people enrolled in the ACA marketplaces in 2021 and 2022 could experience significant reductions in premiums. For example, a 64-year-old earning an income of $19,300 (150 percent FPL) would have their net premium reduced from $800 to $0; a 64-year-old earning $58,000 (450 percent FPL) would have their premiums reduced from $12,900 per year to $4,950. CBO estimates that this provision will reduce the number of uninsured by 1.3 million people.[17] In addition, KFF estimates that approximately 8 million people either currently buy unsubsidized individual market plans or must pay full-price for ACA coverage, including 3.4 million people with incomes too high to qualify for subsidies.[18] These individuals will have a substantial reduction in their premium obligations under the American Rescue Plan. Additionally, individuals with incomes under 150 percent FPL who enroll in a Silver-level plan can qualify for cost-sharing reductions that increase their plan's actuarial value to 94 percent, at a $0 premium. Many more people at higher income levels will be able to find Bronze-level plans with a $0 premium.[19]

The federally facilitated marketplace (FFM) and state-based marketplaces face a considerable operational challenge to update their eligibility and enrollment systems to account for the enhanced subsidies. It may be some time—weeks or perhaps even months—between when the American Rescue Plan is signed into law and when an individual or family will be able to access the enhanced PTCs. Marketplace officials will need to provide clear and actionable information to consumers about when and how they can obtain the premium relief provided under the new law.

Table 1. Maximum Income Contribution Percentage by Household Income for Premium Tax Credits in 2021

Income Range (Percent of Federal Poverty Level)	Range of Maximum Income Distribution (Percent of Income)	
	Under Current Law*	Under Section 9661
100-133%	2.07	0
133-150%	3.10 – 4.14	0
150-200%	4.14 – 6.52	0 – 2.0
200-250%	6.52 – 8.33	2.0. – 4.0
250-300%	8.33 – 9.83	4.0 – 6.0
300-400%	9.83	6.0 – 8.5
400+%	–	8.5

Source: Congressional Budget Office.

* See irs.gov/pub/irs-drop/rp-20-36.pdf.

Premium Tax Credits: Reconciliation Relief for 2020

Under the ACA, when an individual seeks to enroll in marketplace coverage with a premium tax credit, the marketplace estimates the amount of PTC to allocate based on a projection of the individual's annual income and household size for the coming year. The PTCs are then advanced to the enrollee on a monthly basis. If an individual's actual income for the year is greater than what they projected, they could owe some or all of the excess PTCs back to the federal government in their annual tax filing, in a process called "reconciliation."

The American Rescue Plan removes the requirement that individuals pay back excess PTCs for tax year 2020. The law's authors recognized that, due to the pandemic, many individuals had disruptions in employment and income sources that made it difficult to predict their income for the year. They also recognized that for many families, economic challenges make it unusually difficult for them to face an unexpected tax bill. Indeed, CBO has estimated that this provision alone will save families $6.3 billion. For individuals who filed their 2020 tax returns and paid excess 2020 PTCs prior to passage of the American Rescue Plan, the IRS will need to determine how best to refund those payments.

Extra Subsidies for the Unemployed

The American Rescue Plan would increase the amount of PTCs available for individuals receiving unemployment insurance benefits in 2021. Such individuals would qualify for PTCs as if they have incomes of no more than 133 percent of FPL (or $34,846 for a family for four). In practice, this means that if they enroll in a plan equal to or less expensive than a benchmark Silver-level plan, they would qualify for PTCs that cover 100 percent of their premium payment. Furthermore, if they enroll in Silver-level coverage, these individuals would also qualify for cost-sharing reductions as if they have incomes at 133 percent FPL, meaning they could enroll in a plan with a 94 percent actuarial value.

This provision also provides help for some individuals under 100 percent FPL who live in states that have not yet expanded Medicaid. Although currently these individuals do not qualify for PTCs via the marketplaces, under the American Rescue Plan, any such individual who receives unemployment benefits in 2021 may qualify for PTCs to cover the full cost of their premium in 2021, so long as they enroll in a marketplace plan equal to or less expensive than a benchmark Silver-level plan.

Health Insurance Marketplace Modernization

The enhanced premium tax credits provided under the American Rescue Plan could help millions of individuals and families obtain affordable insurance or switch to a more generous, lower-cost plan. However, these changes will require the health insurance marketplaces to implement a number of updates to their eligibility and enrollment systems as well as to provide consistent and clear communications with current and potential enrollees. These are all changes that states that run their own marketplaces did not plan or budget for.

The American Rescue Plan would provide $20 million in grants to the 20 state-based marketplaces to "modernize or update" any "system, program, or technology" to ensure it is compliant with "all applicable requirements." These grant funds could be used by states that operate their own eligibility and enrollment platforms to update those platforms to provide the enhanced PTCs and transmit the necessary data to the enrollee's health plan. The funds could potentially also be used to expand and improve outreach and assistance for consumers about the coverage opportunities that the American Rescue Plan has made available.

About the Authors

Edwin Park is a Research Professor at the Georgetown University McCourt School of Public Policy and the Center for Children and Families (CCF), an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families.

Sabrina Corlette is a Research Professor at the Georgetown University McCourt School of Public Policy and a co-director of the Center on Health Insurance Reforms (CHIR), a team of nationally recognized experts on private health insurance and health reform.

Endnotes

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