UNIDOSUS
STRONGER COMMUNITIES. STRONGER AMERICA.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–9906–P, P.O. Box 8016
Baltimore, MD 21244–8016

RE: Comments of UnidosUS on Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond Proposed Rule (RIN 0938–AU60; CMS-9906-P)

We respectfully submit this comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule - Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond (hereinafter "UPP proposal").

UnidosUS, formerly the National Council of La Raza, is the nation's largest Hispanic civil rights and advocacy organization. Along with our Affiliate network of nearly 300 local, community-based organizations in 41 states, the District of Columbia, and Puerto Rico, UnidosUS works to build a stronger America by increasing opportunities for the nation's 58 million Latinos.

These comments focus primarily on elements of the proposed rule that would have the largest impact on health equity by increasing access to affordable health coverage for Latinos.

In the years following enactment of the Affordable Care Act (ACA), the U.S. experienced historic gains in the number of people who had access to affordable, comprehensive health insurance: between 2010 and 2016, 20 million Americans gained health insurance.[i]

Over the same period, the percentage of people without insurance decreased in every racial and ethnic group, with minority groups experiencing the biggest decreases. Latinos in particular experienced the steepest decline in those who lacked insurance, with a decrease of 13.5 percentage points (32.6% to 19.1%).

Yet racial and ethnic disparities persisted. Even in 2016, after considerable progress, Latinos were 2.7 times more likely to be uninsured than were non-Latino Whites.[ii]

These persistent disparities deepened in 2017, as the positive trends reversed course. Between 2016 and 2019, the overall uninsured rate for non-elderly people increased from 10% to nearly 11%.[iii] Similarly, the uninsured rate for Latinos increased from 19% in 2016, to 20% in 2019.[iv] (None of these data include the impact of the COVID-19 pandemic.)

As UnidosUS documented, the COVID-19 pandemic continues to disproportionately impact Latinos[v] and other people of color due to a[vi] combination of factors. First, Latinos are more likely to work in "essential" jobs that expose them to the virus.[vii] Latinos are also less likely to have important benefits to help them if or when they do become ill, including comprehensive health insurance[viii] and access to paid medical leave.[ix]

For these reasons, increasing access to affordable health coverage is a key component of the Administration's effort to beat the pandemic and build back better. Improving and expanding the ACA's marketplace enrollment opportunities would help more than 3 million Latinos who are eligible for subsidized ACA coverage but are not currently enrolled.[x]

CMS proposes several changes to improve and expand enrollment opportunities in Marketplace plans. We strongly support these changes and provide additional recommendations to strengthen these efforts. In brief, we make the following recommendations:

- **CMS should reinstate the requirement that each Exchange include at least two navigator entities and that at least one of them is a community and consumer-focused nonprofit group.**
- **CMS should reinstate the requirement that Navigators receiving grants maintain a physical presence in the Exchange service area to provide in-person outreach and enrollment support**
- **We agree with the Administration that the Direct Enrollment Exchange option would "harm consumers by unnecessarily fracturing enrollment processes," and fully support repeal of the Exchange Direct Enrollment option.**
- **CMS should extend open enrollment to January 31, in the FFMs and require coverage to begin February 1.**
- **CMS should provide targeted outreach immediately following auto-enrollment when a consumer's premium has increased informing them that they still have time to shop for a new plan.**
- **We strongly support the UPP Rule proposal to establish a new SEP for individuals and dependents who are eligible for APTCs and whose household income is under 150 percent of the federal poverty level (FPL). To support this new SEP, CMS must launch a robust outreach campaign to inform the public about the opportunity to enroll year-round. A component of this campaign should target historically uninsured populations such as Latinos with culturally and linguistically appropriate content.**
- **CMS should increase user fees to ensure adequate revenue for consumer information, outreach, and assistance activities, as well as maintenance and improvement to the Marketplace website and systems.**
- **CMS should update regulations should and require that a portion of the user fees be permanently required to fund the Navigator program.**
- **CMS should end the exclusion of Deferred Action for Childhood Arrivals (DACA) recipients from the definition of lawfully present for the purposes of eligibility for marketplace coverage.**
- **CMS should clarify that individuals granted Special Immigrant Juvenile Status (SIJS), as well as those applying for that status, are "lawfully present" for the purposes of ACA coverage.**

As an overarching matter, we note that the Kaiser Family Foundation estimates 10.9 million non-elderly uninsured people in the U.S. are eligible for some level of subsidy to help purchase a Marketplace plan,

and 30% of subsidy-eligible uninsured people are Latino.[xi] Therefore, it is essential that any outreach and enrollment efforts must include culturally and linguistically appropriate methods to effectively improve racial and ethnical health equity.

Navigator Program Standards (§ 155.210) Are a Critical Component of Access Infrastructure for Consumers throughout the Coverage Period

Navigators are an essential component of efforts to increase the number of Americans with health insurance. Research shows that more than one in four consumers sought help when attempting to enroll or re-enroll in ACA or Medicaid coverage in 2020.[xii]

Further, Latinos are significantly more likely than other groups to seek out and use enrollment assistance, including Navigators.[xiii] Navigators help to demystify the complexity of applying for and using health insurance, especially for those with potentially complex situations such as immigrants and mixed-status families, as well as individuals who have limited English proficiency. Navigators also can help reduce health disparities by improving health literacy for underserved communities, including Latino communities.[xiv]

The UPP proposal reinstates previous requirements for Navigators to assist consumers in certain post-enrollment activities. We support reinstatement of this rule, as it makes clear the role of Navigators and aligns with the reality on the ground. In particular, Navigators would be required to help consumers:

1) file appeals on Exchange eligibility determinations;

2) understand basic concepts and rights associated with health coverage (such as explaining complex terms like deductible or coinsurance or helping them navigate drug formularies and provider networks);

3) apply for an exemption to maintaining minimum essential coverage from the exchange;

4) help consumers reconcile advanced premium tax credits (APTCs); and

5) find assistance with tax filing.

Importantly, the final rule should also recognize and provide support for an ongoing role for Navigators. Survey data from 2020 showed that of the consumers who received assistance, 27% returned to their assister for post-enrollment questions.[xv] Promulgating rules that acknowledge the vital role Navigators play in providing assistance year-round would ensure that those activities are consistent across all programs and are adequately considered in determinations of grant funding. For this reason, it is also vital that the requirements for Navigators include both: 1) that they will help consumers enroll in health coverage; and 2) that they will be available to assist with post-enrollment activities.

Finally, while we support the proposal to require Navigators to engage in post-enrollment activities, we are concerned that CMS did not propose to restore three critical requirements for an effective program. Prior rules required that there must be at least two in-person Navigator organizations in each state; that

at least one of those organizations would be a trusted community nonprofit; and that Navigators maintain a physical presence in the state.

These requirements are essential, particularly for Latinos. Simply put, in-person, culturally competent enrollment assistance from a trusted community organization is essential to achieve robust Latino enrollment in Marketplace coverage. In-person assistance is also especially critical in rural and underserved communities in which many people do not have reliable access to a computer or telephone. Conversely, reducing the number of navigator entities with a physical presence in an Exchange service area would only make it more difficult for many Latinos to enroll in coverage.

In brief:

- **We strongly recommend that CMS reinstate the requirement that each Exchange include at least two navigator entities and that at least one of them is a community and consumer-focused nonprofit group.**
- **We urge CMS to reinstate the requirement that Navigators receiving grants maintain a physical presence in the Exchange service area to provide in-person outreach and enrollment support.**[xvi] This is consistent with its own analysis that "[e]ntities with a physical presence and strong relationships in the Federally-Facilitated Exchange (FFE) service areas tend to deliver the most effective outreach and enrollment results." If needed, CMS could allow specialized groups to provide targeted assistance to vulnerable populations under special circumstances across state lines, so long as the agency determines that it does not undermine access to community-based, in-person assistance.

Direct Enrollment Exchange Provisions (§ 155.221(j)) Should Be Repealed Due to the Numerous Ways that they Undermine the Purposes of the ACA

We strongly support the proposal to repeal the provision that allows "direct enrollment" Exchanges. This problematic provision would allow states to make sole use of private sector entities such as Web brokers to enroll consumers in Exchange coverage in lieu of centralized Exchanges.

This is problematic because, as CMS notes, direct enrollment websites often lack key consumer protections, including that:

- Many direct enrollment websites offer plans that do not comply with ACA standards and use screenings tools that are designed to shift consumers to non-ACA compliant plans[xvii] for which insurance agents and brokers receive higher commissions.[xviii]
- Direct enrollment websites undermine the ACA's "No Wrong Door" policy by diverting consumers from the Marketplace application that would facilitate access to, and eligibility for, other programs such as Medicaid and the Children's Health Insurance Program (CHIP), and instead drives consumers towards non-ACA products.
- Some direct enrollment websites prevent consumers from comparing all ACA-compliant products based on price and quality because they offer enrollment only in a sub-set of available plans.[xix]

For these reasons, **we agree with the Administration that the Direct Enrollment Exchange option would "harm consumers by unnecessarily fracturing enrollment processes," and fully support repeal of the Exchange Direct Enrollment option.**

The Proposal for an Expanded Open Enrollment Period (§ 155.410) Should Be through January 30, to Allow Additional Time to Enroll

CMS proposes to extend the annual open enrollment period for the Federally Facilitated Marketplaces (FFMs) to January 15th each year. We support this change and urge CMS to extend the deadline even further.

As the states' experience has shown, extending open enrollment greatly benefits consumers and helps reduce the number of uninsured.[xx] CMS should follow the lead of California and New Jersey, as states that extended enrollment times, and extend open enrollment to January 31 in the FFMs and require coverage to begin February 1.

Providing this additional time for open enrollment makes sense. Applying for health insurance and selecting a plan can be challenging and the choice of a plan can significantly impact both finances and health. Requiring people to make these important and complicated decisions in just a few weeks, and during the holiday season, makes it more difficult for consumers to get the best coverage for them.

Extending open enrollment to January 31 would be especially valuable for those consumers who are auto-reenrolled into coverage, but will receive a lower subsidy than they did in the prior year because the cost of their benchmark plan has dropped. These enrollees may have to contribute a higher level of premium towards coverage. Because these consumers are auto-reenrolled, they are often unaware of their higher premium contribution until they receive their bill in early January. We are concerned that extending the open enrollment period only through January 15th would not allow sufficient time for consumers to seek out assistance, shop, and select a different plan after they have obtained their January premium bill. In addition, CMS to extending the open enrollment period through January 31st, CMS should perform targeted outreach to consumers who have been auto-enrolled and their premium has increased to let them know they can still change plans for the upcoming year.

In brief:

- **We urge CMS to extend open enrollment to January 31st each year in the FFMs and require coverage to begin February 1.**
- **CMS should provide targeted outreach immediately following auto-enrollment when a consumer's premium has increased informing them that they still have time to shop for a new plan.**

We Strongly Support the Special Enrollment Period (SEP) for Low-Income People (§ 155.420) as It Would Greatly Assist in a More Inclusive Approach to Enrollment of the Most Vulnerable Consumers and Would Benefit Latinos

We strongly support the UPP Rule proposal to establish a new SEP for individuals and dependents who are eligible for APTCs and whose household income is under 150 percent of the federal poverty level (FPL). The low-income SEP would allow those eligible to enroll at any time during the year based on their income or upon learning of their eligibility.

Such a change would benefit Latinos, among many others. Some 30% of subsidy-eligible but uninsured individuals are Latino, and 42% have incomes below 200 percent of the FPL.[xxi] Thus, a new, year-round SEP for low-income people would help to narrow racial and ethnic disparities in insurance by increasing opportunities for enrollment and minimizing administrative burdens during SEP sign-up.
It would also help to mitigate barriers to enrollment. Data show that the SEPs that are currently available (excluding the COVID-19 SEP) can be so overly complex and restrictive that few people who qualify for SEPs use them. A national study by the Urban Institute estimated that fewer than 15 percent of the consumers who are eligible for a SEP do enroll.[xxii]

The change is supported by similar policies in the states. Data from other states shows that year-round enrollment does not lead to adverse selection, in which people who are less healthy enroll at disproportionate rates, weakening risk pools and increasing premiums. To the contrary, year round enrollment may, in fact, lead to healthier risk pools. For example, Massachusetts generally allows people with incomes up to 300 percent of poverty to enroll in Marketplace coverage year-round and still maintains a strong risk pool and lower premiums compared to other states.[xxiii] Moreover, data from 2020 state COVID-related SEPs in Colorado, the District of Columbia, and Massachusetts show that opening enrollment and reducing barriers to SEPs may attract younger, and subsequently healthier, enrollees.[xxiv]

Easing barriers to enrollment is an important strategy to provide coverage for the risks of COVID-19. According to CMS, more than 1.5 million people signed up for coverage via HealthCare.gov between February 15 and June 30 under the COVID-19 SEP.[xxv]

Finally, any additional enrollment opportunities will be successful in reaching historically uninsured population such as Latinos only if they are implemented alongside a robust outreach campaign. The information gaps are significant: polling commissioned by UnidosUS in Texas and Florida in July 2021 showed that only half of Latinos surveyed were aware of the 2021 COVID-19 Special Enrollment Period.

In brief:

- **We strongly support the UPP Rule proposal to establish a new SEP for individuals and dependents who are eligible for APTCs and whose household income is under 150 percent of the federal poverty level (FPL).**
- **To support the proposed monthly special enrollment period for household with income less than 150% of the federal poverty line, CMS must launch a robust outreach campaign to inform the public about the opportunity to enroll year-round. A component of this campaign should target historically uninsured populations such as Latinos with culturally and linguistically appropriate content.**

User Fee Rates for the 2022 Benefit Year (§ 156.50) Must Be Adequate to Support an Effective Program

The Marketplace user fee—a fixed percentage of premium revenue paid by insurers—supports critical functions, including operation of and improvements to the HealthCare.gov website, the Marketplace call center, the Navigator program, consumer outreach, and advertising.

Under the previous administration, CMS slashed user fees and virtually ceased marketing and outreach and slashed funding for Navigators, core Marketplace functions funded by user fees.[xxvi]
User fees are essential to operate the Marketplace, improve the consumer interface, provide consumer support, fund outreach, and overall ensure a smooth enrollment system for consumers. These include enhancing the consumer experience through improvements to the application and HealthCare.gov, as well as addressing other behind-the scenes issues.

Yet in the UPP Rule, CMS proposes a modest increase to user fees: 2.75 percent for FFMs. We question whether this will be sufficient to support these many needs and uses. The proposals in this rule will be successful only if they are supported by sufficient revenue for implementation. For example, extending Navigator roles to provide post-enrollment assistance and to provide assistance during the new monthly SEP for low-income people must be supported by Navigator grants that are adequate to support Navigator programs year-round.

Furthermore, above we recommend targeted outreach to consumers to inform them of the need to shop each year to ensure that coverage remains affordable, and that such outreach also be conducted as part of the implementation of an extended enrollment period and a new monthly SEP for low-income households. Such outreach efforts would need to be supported by user fees.
For this reason, CMS should ensure that the increase it is proposing is truly enough to support a robust and successful program. Furthermore, we urge CMS to require through regulation that a portion of the user fees permanently fund so that funding levels could never again fall to such devastatingly low levels as were seen under the previous Administration.

In brief:

- **CMS should increase user fees to ensure adequate revenue for consumer information, outreach, and assistance activities, as well as maintenance and improvement to the Marketplace website and systems.**
- **Regulations should require that a portion of the user fees be permanently required to fund the Navigator program.**

The Rule Should Address DACA Eligibility (45 CFR § 152.2) and those with Special Immigrant Juvenile Status, Clarifying that They are "Lawfully Present" for ACA Coverage Purposes

While not raised in the Notice of Proposed Rulemaking, **we urge CMS to issue an administrative action, such as an Interim Final Rule, making clear that the Deferred Action for Childhood Arrivals (DACA)**

UNIDOSUS
STRONGER COMMUNITIES. STRONGER AMERICA.

recipients should not be excluded from those considered to be "lawfully present" for the purposes of eligibility for marketplace coverage and other benefits.

While an estimated 89% of people with DACA were employed in 2019, only about half had health insurance[OBJ]—substantially lower than the total rate of insurance among all U.S. adults (89%).[xxvii] Without insurance, many people with DACA are unable to access affordable and timely health care and often delay care for fear of the financial cost and the impact of medical debt on their immigration status prospects.[xxviii]

We are all safer when everyone has access to health care—including coverage for COVID-19 testing, treatment, and vaccinations. Unless CMS acts as soon as possible to address the arbitrary exclusion of DACA recipients, hundreds of thousands of people will continue to face health risks resulting from the pandemic, many without the protection of health insurance coverage.

In the same action, we also urge the agency to clarify that individuals granted Special Immigrant Juvenile Status (SIJS), in addition to those applying for that status, are lawfully present for the purposes of ACA coverage, given that SIJS recipients are facing green card backlogs that were not considered when the original regulation was drafted.

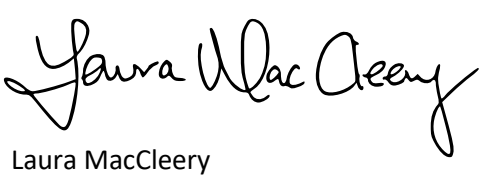
In brief:

- **CMS should end the exclusion of Deferred Action for Childhood Arrivals (DACA) recipients from the definition of lawfully present for the purposes of eligibility for marketplace coverage.**
- **CMS should clarify that individuals granted Special Immigrant Juvenile Status (SIJS), as well as those applying for that status, are "lawfully present" for the purposes of ACA coverage.**

Conclusion

The COVID-19 pandemic and the disproportionate impact on racial and ethnic minorities exposed historical inequities in the U.S. health care system. For us to build back better as a nation we must, among other things, fully commit to closing racial and ethnic disparities in access to health coverage and care. We support the proposals in this rule that expand and improve opportunities for enrollment. Thank you for the opportunity to comment on these important issues. Should you have any questions or need any further information, please contact Melissa McChesney mmcchesney@unidosus.org.

Sincerely,



Laura MacCleery
Senior Policy Director, Policy and Advocacy, UnidosUS

[i] Nicholas Bakalar, "*Nearly 20 Million Have Gained Health Insurance Since 2010"*, (New York: The New York Times, May 22, 2017), https://www.nytimes.com/2017/05/22/health/obamacare-health-insurance-numbers-nchs.html
[ii] Samantha Artiga, et al., *Health Coverage by Race and Ethnicity, 2010-2019*, (San Francisco: Kaiser Family Foundation, July 16, 2021), https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/
[iii] Ibid.
[iv] Ibid.
[v] The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. This document may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions that are present in the community.
[vi] Population Reference Bureau analysis of data from the U.S. Census Bureau and the U.S. Centers for Disease Control and Prevention, for UnidosUS, "By the Numbers: Latinos in the Time of Coronavirus," https://www.unidosus.org/campaigns/coronavirus-covid-19/Latino-COVID-19-Dashboard (accessed June 23, 2021).
[vii] David P. Bui et al., "Racial and Ethnic Disparities among COVID-19 Cases in Workplace Outbreaks by Industry Sector—Utah, March 6–June 5, 2020," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention 69, no. 33 (August 21, 2020): 1133–1138, https://www.cdc.gov/mmwr/volumes/69/wr/mm6933e3.htm.
[viii] Samantha Artiga, Jennifer Tolbert, and Kendal Orgera, *Hispanic People are Facing Widening Gaps in Health Coverage* (San Francisco: Kaiser Family Foundation, November 6, 2020), https://www.kff.org/policy-watch/hispanic-people-facing-widening-gaps-health-coverage/.
[ix] Ann P. Bartel et al., "Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets," *Monthly Labor Review*, Bureau of Labor Statistics, January 2019, https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm.
[x] Daniel McDermott and Cynthia Cox, *A Closer Look at the Uninsured Marketplace Eligible Population Following the American Rescue Plan Act*, (San Francisco: Kaiser Family Foundation, May 27, 2021), https://www.kff.org/private-insurance/issue-brief/a-closer-look-at-the-uninsured-marketplace-eligible-population-following-the-american-rescue-plan-act/
[xi] Ibid.
[xii] Karen Pollitz et al., *Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need,* (San Francisco: Kaiser Family Foundation, August 07, 2020), https://www.kff.org/report-section/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need-issue-brief/
[xiii] Ibid.
[xiv] Victor G. Villagra, et al., "Health Insurance Literacy: Disparities by Race, Ethnicity, and Language Preference," *The American Journal of Managed Care* 25, no. 3 (March 2019), https://www.ajmc.com/view/health-insurance-literacy-disparities-by-race-ethnicity-and-language-preference
[xv] Karen Pollitz et al., *Consumer Assistance in Health*
[xvi] 82 Fed. Reg. 51109
[xvii] Tara Straw, *Direct Enrollment in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm* (Washington DC: Center on Budget and Policy Priorities, March 15, 2019), https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes
[xviii] Sabrina Corlette et al., *Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks*, (Washington DC: Urban Institute, April 16, 2020),

https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks

[xix] Tara Straw, *Direct Enrollment in Marketplace Coverage Lacks Protections for Consumers*

[xx] Coleman Drake and David Anderson, *Next Year, Extend Open Enrollment of The ACA Marketplaces Into January,* Health Affairs (blog). Health Affairs. February 18, 2021, https://www.healthaffairs.org/do/10.1377/hblog20210211.159357/full/

[xxi] Daniel McDermott and Cynthia Cox, *A Closer Look at the Uninsured Marketplace Eligible Population*

[xxii] Matthew Buettgens, Stan Dorn, and Hannah Recht, *More than 10 Million Uninsured Could Obtain Marketplace Coverage through Special Enrollment Periods*, (Washington DC: Urban Institute, November 2015), https://www.urban.org/sites/default/files/publication/74561/2000522-More-than-10-Million-Uninsured-Could-Obtain-Marketplace-Coverage-through-Special-Enrollment-Periods.pdf

[xxiii] Sarah Lueck, *Proposed Change to ACA Enrollment Policies Would Boost Insured Rate, Improve Continuity of Coverage*, (Washington DC: Center on Budget and Policy Priorities, June 5, 2019), https://www.cbpp.org/research/health/proposed-change-to-aca-enrollment-policies-would-boost-insured-rate-improve

[xxiv] Connect for Health Colorado, "COVID Special Enrollment Period Observations and Lessons Learned," Board Committee Meeting Presentation, September 28, 2020, https://c4-media.s3.amazonaws.com/wp-content/uploads/2020/09/25064255/COVID-SEP-LL.pdf; DC Health Benefit Exchange Authority, *Enrollment Summary As of August 30, 2020*, (Washington DC: DC Health Benefit Exchange Authority, September 20, 2020), https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Enrollment%20data%20Sept%202020_0.pdf; Commonwealth Health Insurance Connector Authority, *Massachusetts Health Connector COVID-19 Special Enrollment Period: Final Enrollment Results*, (Boston, MA: Commonwealth Health Insurance Connector Authority, September 9, 2020), https://www.mahealthconnector.org/wp-content/uploads/Health-Connector-COVID-19-SEP-Brief.pdf

[xxv] U.S. Department of Health and Human Services, *Health Care Sign Ups Surpass 2 Million During 2021 Special Enrollment Period Ahead of Aug. 15 Deadline,* Press Release, July 14, 2021, https://www.hhs.gov/about/news/2021/07/14/health-care-sign-ups-surpass-2-million-during-2021-special-enrollment-period-ahead-of-aug-15-deadline.html

[xxvi] Karen Pollitz and Jennifer Tolbert, *Opportunities and Resources to Expand Enrollment During the Pandemic and Beyond*, (San Francisco, CA: Kaiser Family Foundation, January 25, 2021), https://www.kff.org/health-reform/issue-brief/opportunities-and-resources-to-expand-enrollment-during-the-pandemic-and-beyond/

[xxvii] Jennifer Tolbert, Kendal Orgera, and Anthony Damico, *Key Facts about the Uninsured Population* (San Francisco: Kaiser Family Foundation, November 6, 2020), https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

[xxviii] Marissa Raymond-Flesch et al., "There Is No Help Out There and If There Is, It's Really Hard to Find": A Qualitative Study of the Health Concerns and Health Care Access of Latino 'DREAMers'" *Journal of Adolescent Health* 55, no. 3 (September 1, 2014): 323–328, https://www.jahonline.org/article/S1054-139X(14)00235-3/fulltext.