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# California Health Insurance Marketplace Affordability Fact Sheet

This fact sheet is intended to highlight the innovative strategies California uses to improve affordability of insurance coverage on their state insurance marketplace, called "Covered California." This is one of a five-state series, presented by Community Catalyst, intended to share information with policymakers about innovations states can employ to make health insurance more accessible for low- and moderate-income individuals. California defines "low- and moderate-income individuals" as individuals up to 250% FPL. Accessibility includes expanding eligibility to undocumented Californians. This brief focuses on solutions in the individual market.

# California's Insurance Environment

## California market characteristics:

- Population size: 39 million (2022)
- 1.8 million covered (2024)
- 6.2% uninsured (2022)
- \$91,905 median household income (2022)
- Individual mandate
- Plan standardization
- Medicaid-Marketplace integration model
- Democratic-controlled government

California has had its [state-based marketplace](#),<sup>1</sup> Covered California, and [Medicaid expansion](#)<sup>2</sup> since the Affordable Care Act (ACA) began in 2014 and maintains a state-imposed individual mandate and tax penalty for non-compliance [since 2020](#).<sup>3</sup> Covered California is integrated with Medicaid, meaning the marketplace can complete Medicaid enrollment. **Appendix A** contains more background on the marketplace and political context.

Covered California is an “active purchaser”, meaning it selectively contracts with, and [negotiates rates with participating insurers](#).<sup>4</sup> Californians in the individual market have benefited from among the lowest average rate increases in the nation over the past five years.<sup>5</sup> Out-of-pocket (OOP) costs for some services [are standardized across all available plans](#) at each metal level, including the three cost-sharing reduction (CSR) variants of silver plans.<sup>6</sup> These are the CSR Silver 94 Plan (for 100-150% FPL), the CSR Silver 87 Plan

<sup>1</sup> Public Policy Institute of California. “Health Care Reform in California”. May 2021. <https://www.ppic.org/publication/health-care-reform-in-california/#:~:text=Between%201.2%20and%201.6%20million,been%20linked%20to%20improved%20outcomes>.

<sup>2</sup> HealthInsurance.org. “Medicaid Eligibility and Enrollment in California”. <https://www.healthinsurance.org/medicaid/california/>

<sup>3</sup> State of California Franchise Tax Board. “California Individual Health Care Mandate: Letters arriving soon to connect California residents with qualifying health insurance and new penalty estimator.” Sep. 23, 2021. <https://www.ftb.ca.gov/about-ftb/newsroom/tax-news/january-2020/california-individual-healthcare-mandate-penalty-estimator.html>

<sup>4</sup> Covered California. “Covered California Announces 2023 Plan Rates: Lower Than National Average Amid Uncertain Future of American Rescue Plan Benefits.” Jul. 19, 2022. <https://www.coveredca.com/newsroom/news-releases/2022/07/19/covered-california-announces-2023-plan-rates-lower-than-national-average-amid-uncertain-future-of-american-rescue-plan-benefits/>

<sup>5</sup> Covered California. “Covered California’s Health Plans and Rates for 2024: More Affordability Support and Consumer Choices Will Shield Many From Rate Increase.” Jul. 25, 2023. <https://www.coveredca.com/newsroom/news-releases/2023/07/25/>

<sup>6</sup> Covered California. “2024 Patient-Centered Benefit Designs and Medical Cost Shares.” <https://www.coveredca.com/pdfs/Health-Benefits-table.pdf>

(150-200% FPL) and the CSR Silver 73 Plan (200-250% FPL). Further discussion of the role of active purchasing in Covered California is provided in **Appendix B**.

## Policies driving coverage affordability and accessibility

California has implemented several policies to improve access to affordable coverage. These policies aim to reduce cost-sharing, expand affordable coverage to previously excluded groups, and facilitate overall enrollment. Advocates' work with Covered California focuses on ensuring its health plan contracts address racial and ethnic health disparities as well as barriers to accessing care.

### Strengthening affordability of covered benefits

In 2020, Covered California began offering state-funded premium subsidies to enrollees with household income up to 600% of the federal poverty level, using revenue from the state's general fund. When the American Rescue Plan (ARP) was enacted in 2021, it increased the value of federal premium tax credits (PTC) and expanded eligibility beyond 400% FPL. Because these new subsidies under the ARP were more substantial than what California had provided, the state [stopped providing the state-funded premium subsidies](#).<sup>7</sup>

#### Cost-Sharing Reduction Program

Starting in 2024, Covered California implemented state-funded [cost-sharing reductions](#) (CSRs) to enrollees with household income up to 250% of the poverty level.<sup>8</sup> These build on federal CSR benefits. Through January 20, 2024, [more than 850,000](#) of Covered

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<sup>7</sup> California Legislative Analyst's Office. "The 2023-24 Budget Assessment of Covered California Budget Solution." February 13, 2023. <https://lao.ca.gov/Publications/Report/4681>

<sup>8</sup> Health Access California. "Covered California Votes to Lower Health Care Cost-Sharing for Hundreds of Thousands". Jul. 20, 2023. <https://health-access.org/covered-california-votes-to-lower-health-care-cost-sharing-for-hundreds-of-thousands/>

California’s 1.7 million enrollees have qualified for these new CSRs and more than half of these receive an enhanced Silver CSR plan for \$10 or less per member per month.<sup>9</sup>

Funding	<ul style="list-style-type: none"> <li>• Tax revenue from the individual mandate funds the state CSRs</li> <li>• The state allocated \$82.5 million for 2024 and plans to increase that to <a href="#">\$165 million for 2025</a>.<sup>10</sup></li> </ul>
Policy levers	<ul style="list-style-type: none"> <li>• The population most directly affected are those between 138% and 250% FPL (the majority of Covered California enrollees).<sup>11</sup></li> <li>• State subsidized CSR plans built on Silver-level coverage have no deductibles and all have lower copays.</li> <li>• In 2024, Covered California facilitated movement for 35,000 eligible enrollees from other metal tier plans into Silver CSR plans based on the move’s increase in benefit at the same or lower monthly cost for enrollees.</li> </ul>
Impacts	<ul style="list-style-type: none"> <li>• The new CSRs are expected to benefit 600,000 to 650,000 people.</li> <li>• Many people transitioning from Medi-Cal (Medicaid) to Covered California will be eligible for coverage for little to no cost, along with enhanced silver plan benefits.</li> </ul>

California’s state-funded CSRs progressively alleviate cost-sharing burdens for various income thresholds. However, designing the CSRs across types of cost sharing has been a challenge due to the federal actuarial value (AV) calculator for metal tiers. The state regularly weighs the tradeoffs between offering more generous CSRs for fewer people or a less generous CSR for more people. Covered California gathers input on plan design from various consumer groups, including populations with the highest-cost conditions, populations who benefit most from preventive care, or those at risk for developing chronic conditions.<sup>12</sup> Advocates are grateful that the 2025 calculator will allow for more plan generosity. Evidence of the impact of CSR programs is provided in **Appendix C**.

<sup>9</sup> Covered California. “Enrollment Surge Continues as Covered California Approaches Jan. 31 Deadline for Open Enrollment.” Jan. 25, 2024. <https://www.coveredca.com/newsroom/news-releases/2024/01/25/end-of-oe/>

<sup>10</sup> Covered California. “Covered California to Launch State-Enhanced Cost-Sharing Reduction Program in 2024 to Improve Health Care Affordability for Enrollees”. Jul. 20, 2023. <https://www.coveredca.com/newsroom/news-releases/2023/07/20/covered-california-to-launch-state-enhanced-cost-sharing-reduction-program/>

<sup>11</sup> Health Access California, 2023.

<sup>12</sup> Health Access, the Western Center on Law and Poverty, the National Health Law Program, and the California Pan-Ethnic Health Network are some of the consumer advocacy groups in the coalition.

## Coverage and subsidies for underserved groups

### Medicaid coverage for undocumented Californians

Immigrants without access to health insurance often [forgo needed medical care](#) because of the high cost of health care.<sup>13</sup> California has been gradually extending access to Medi-Cal (Medicaid) for those previously ineligible due to immigration status.<sup>14</sup> It was the first state to do so in 2016, allowing coverage for undocumented children and, as of 2024, the benefit can be accessed by undocumented Californians of all ages.<sup>15</sup> Medi-Cal covers about 40 percent of the state’s population, or over [15 million people](#).<sup>16</sup> Advocates are working on outreach to undocumented Californians who earn too much to qualify for Medi-Cal, as Covered California can also assess eligibility for county-level coverage options. A broader discussion of the impact of these policies is provided in **Appendix D**.

## Reducing barriers to enrollment

### Easy Enrollment Program

Starting with the 2023 tax year, for returns filed in 2024 or later, California tax filers can check a “health care coverage info” box that allows their tax return information to be [shared with Covered California](#).<sup>17</sup> If the filer checks this box, Covered California then uses the filer’s information to determine potential eligibility for Medi-Cal or a subsidized Marketplace plan. Covered California will reach out to the filer to assist them with the enrollment process regardless of subsidy eligibility. The policy is [intended to streamline](#) the enrollment process, and improve access for low- and moderate-income consumers

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<sup>13</sup> Center on Budget and Policy Priorities. “States Are Providing Affordable Health Coverage to People Barred From Certain Health Programs Due to Immigration Status”. Feb. 1, 2024. <https://www.cbpp.org/research/immigration/states-are-providing-affordable-health-coverage-to-people-barred-from-certain>

<sup>14</sup> Cal Matters. “If expanding quality health care access is California’s goal, Medi-Cal is not the solution.” Mar. 22, 2024. <https://calmatters.org/commentary/2024/03/medi-cal-undocumented-immigrant-expansion/>. Medi-Cal was made available for undocumented children in 2016, then to adults aged 19-25 in 2019, and then adults 50 or older in 2022. As of January 2024, it is available to the remainder of this population, 26-49 year olds.

<sup>15</sup> Public Policy Institute of California. “In First-in-Nation State Law, All Low-Income Residents Qualify for Medi-Cal”. Jan. 3, 2024. <https://www.ppic.org/blog/in-first-in-nation-state-law-all-low-income-residents-qualify-for-medi-cal/#:~:text=California%20began%20extending%20Medi%20Cal,as%20of%20this%20past%20Sept%20ember.>

<sup>16</sup> California Budget & Policy Center. “Continuing the Path Toward Universal Health Coverage in California.” Oct. 2023. <https://calbudgetcenter.org/resources/continuing-the-path-towards-universal-health-coverage-in-california/>

<sup>17</sup> 2023 California Resident Income Tax Return. <https://www.ftb.ca.gov/forms/2023/2023-540.pdf>

who otherwise may not know about their eligibility for low-cost health insurance.<sup>18</sup> More on the potential impacts of enrollment programs can be found in **Appendix E**.

## Recommendations and lessons learned

“ [Active purchasing] is the gift that keeps on giving.

Equity and affordability are integral to California’s health policy development process. They pursue equity through the lens of targeted universalism by pursuing broad system changes but also looking to address specific needs for individual populations. The cost of living in California is higher than most

of the rest of the country, so advocates report affordability challenges in the state, even at 400% FPL. California has drastically improved access to coverage, and stretched state dollars towards this goal, by making Medi-Cal available to state residents who meet the program’s income limits, regardless of their immigration status or asset levels. The state has also significantly improved affordability by eliminating premiums for certain Medi-Cal populations and eliminated deductibles for Covered California enrollees between 138-250% FPL through its state funded subsidies.

Consumer advocates report that Covered California’s status as an active purchaser has increased momentum to shape how health care is provided and paid for. It is “the gift that keeps on giving” because advocates sit on the health plan management teams, center customer needs, and then directly leverage health plan contracts to improve equity and quality. For example, active purchasing enabled plan standardization, constraints on low value providers, and prescription drug copay caps, all of which improve health equity.

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<sup>18</sup> HealthInsurance.org. “Easy enrollment program”.  
<https://www.healthinsurance.org/glossary/easy-enrollment-program/>

# Appendices

The following appendices provide additional detail about the information presented in the fact sheet for those who would like more context. For more information on Covered California and related programs, policies, and legislation, see the following links:

1. Covered California [Data and Research](https://hbex.coveredca.com/data-research/) - includes publicly available data and legislative reporting (<https://hbex.coveredca.com/data-research/>)
2. [California Health Interview Survey](https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis) (<https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>)
3. [Public Policy Institute of California](https://www.ppic.org/) (<https://www.ppic.org/>)
4. Standardized information and private blog posts across states
  - a. [ACA Signups](https://acasignups.net/search/node/washington) (<https://acasignups.net/search/node/washington>)
  - b. [Health Insurance Marketplaces by State](https://www.healthinsurance.org/states) (<https://www.healthinsurance.org/states>)
  - c. [XpostFactoid](https://xpostfactoid.blogspot.com/search?q=washington) (<https://xpostfactoid.blogspot.com/search?q=washington>)
  - d. [State Marketplace Network](https://statemarketplacenetwork.org/): Collective group of 21 SBMs from across the country supported by the National Academy for State Health Policy (<https://statemarketplacenetwork.org/>)

## Appendix A: California Health Insurance

### Context

#### California Insurance Environment

Covered California currently insures nearly [1.8 million](#) people—with 306,382 newly enrolled individuals in 2024, and almost 1.5 million renewing coverage.<sup>19</sup> In 2022, an estimated [800,000 Californians were eligible](#) but not enrolled in this coverage.<sup>20</sup> Enrollees can

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<sup>19</sup> CA Department of Managed Health Care. “Covered California. Presentation to Department of Managed Health Care Financial Solvency Standards Board.” Feb. 28, 2024. [https://www.dmhc.ca.gov/Portals/0/Docs/DO/FSSBFeb2024/AgendaItem4\\_CoveredCaliforniaUpdate.pdf](https://www.dmhc.ca.gov/Portals/0/Docs/DO/FSSBFeb2024/AgendaItem4_CoveredCaliforniaUpdate.pdf)

<sup>20</sup> UC Berkeley Labor Center. “Undocumented Californians Projected to Remain the Largest Group of Uninsured in the State in 2022”. Apr. 13, 2021. <https://laborcenter.berkeley.edu/undocumented-californians-projected-to-remain-the-largest-group-of-uninsured-in-the-state-in-2022/#:~:text=In%20contrast%20to%20the%20high,%2Dscope%20Medi%2DCal%20coverage.>

choose from [twelve health insurance issuers](#) through Covered California as of the date of publication.<sup>21</sup>

## Political Context & Public Opinion

California's affordability policies and marketplace evolution take place within the context of a [historically Democratic](#)-controlled governorship and legislature.<sup>22</sup> [Several important elections](#)<sup>23</sup> are on the 2024 horizon, but the state is not anticipated to experience any dramatic shifts in political leaning. Thus, it will likely continue its efforts in expanding health coverage and access in progressive ways.

According to the most recent California Health Policy Survey, [top health policy issues of concern](#) are strain of the state mental health system, rising healthcare costs, racial health inequity, the health workforce shortage, and climate change.<sup>24</sup> The state is [expected to struggle financially](#) this year, but no significant cuts are being made to the state's health programs.<sup>25</sup> California, being home to nearly a [quarter](#) of the nation's foreign-born population,<sup>26</sup> is also [maintaining its commitment to expanding Medi-Cal eligibility](#) to all income-eligible residents regardless of age or immigration status.<sup>27</sup>

## History of Premium Subsidies

California has had an evolving approach to state-funded subsidies over the last several years. In 2020, Covered California began offering state-funded premium subsidies to enrollees with household income up to 600% FPL, using revenue from the state's general fund. These subsidies were *in addition to* the federal premium tax credits (PTC) for people with income up to 400% of the poverty level. Thus, these state-funded subsidies were the only assistance provided to those with higher incomes (400-600% FPL) before 2021.

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<sup>21</sup> Covered California. "Information About Qualified Health and Dental Plan Issuers".  
<https://hbex.coveredca.com/insurance-companies/>

<sup>22</sup> Ballotpedia. "Party control of California state government". May 7, 2024.  
[https://ballotpedia.org/Party\\_control\\_of\\_California\\_state\\_government](https://ballotpedia.org/Party_control_of_California_state_government)

<sup>23</sup> Ballotpedia. "California 2024 Elections" <https://ballotpedia.org/California>

<sup>24</sup> California Health Care Foundation. "Top Five Takeaways from CHCF's 2024 California Health Policy Poll." Feb 1, 2024. <https://www.chcf.org/blog/top-takeaways-california-health-policy-poll/>

<sup>25</sup> UC College of the Law San Francisco. *The Source on Healthcare Price & Competition*. "Governor Newsom's Healthcare Budget Proposal for 2024-25." Jan 22, 2024.  
<https://sourceonhealthcare.org/governor-newsoms-healthcare-budget-proposal-for-2024-25/>

<sup>26</sup> Cal Matters. "Two ways California aids undocumented immigrants". Jan 24, 2024.  
<https://calmatters.org/newsletter/california-immigrants-undocumented-aid/>

<sup>27</sup> California Budget & Policy Center. "First Look: Understanding the Governor's 2024-25 State Budget Proposal". Jan 2024. <https://calbudgetcenter.org/resources/first-look-understanding-the-governors-2024-25-state-budget-proposal/>



The American Rescue Plan (ARP) was enacted in 2021, temporarily increasing the value of federal PTC and eliminating the income cap for eligibility. Under the ARP, the federal subsidies alone surpassed the previous combination of federal PTC and state subsidies, so California [stopped providing the state-funded premium subsidies](#).<sup>28</sup>

## Appendix B: Active Purchasing Background

Covered California negotiates premium rate changes with plans as part of its active purchasing strategy. Covered California's rate change was lower than the national average (10%) among 13 states that had filed their rates in the [2023 press release](#).<sup>29</sup> Several other states only conduct limited reviews of proposed rates or accept all rate submissions. This year makes five years that Covered California has maintained an average annual rate increase of only 3.6%. Throughout these years, Covered California individual market consumers have benefited from some of the lowest average rate increases in the country.

Active purchasing enables Covered California to provide better clarity, useful comparison, and clear competition across plans for consumers. They are also able to encourage access to preventative care, which can reduce racial and ethnic health disparities and the need for chronic care. Advocates report that it is a challenge, however, to create a benefit plan that addresses the needs of multiple groups.

## Appendix C: Cost-Sharing Reduction Considerations

Literature thoroughly documents that high deductibles [impose financial burdens](#) and

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<sup>28</sup> California Legislative Analyst's Office. "The 2023-24 Budget. Assessment of Covered California Budget Solution". Feb 13, 2023. <https://lao.ca.gov/Publications/Report/4681>

<sup>29</sup> Covered California. "Covered California Announces 2023 Plan Rates: Lower Than National Average Amid Uncertain Future of American Rescue Plan Benefits". Jul 19, 2022. <https://www.coveredca.com/newsroom/news-releases/2022/07/19/covered-california-announces-2023-plan-rates-lower-than-national-average-amid-uncertain-future-of-american-rescue-plan-benefits/>

deter use of essential health care.<sup>30</sup> It further reports that even small co-pays (as little as \$1 or \$5) [reduce health services utilization](#) and that token premiums are a [substantial barrier to access](#), as the administrative burden of payment is high.<sup>31,32</sup> Costs are an enrollment barrier for former Medicaid enrollees seeking other forms of coverage, so state-funded subsidies in California may be especially advantageous for those who churn between Marketplace and Medicaid coverage. With California bolstering Medi-Cal services over the past few years under 1115 waiver demonstrations and other authorities, the marketplace's new state-funded subsidies help support [smoother transitions](#) between the two by easing the financial burden that accompanies this change in coverage.<sup>33</sup>

## Appendix D: Undocumented Californian Coverage Considerations

In 2023, [22% of US immigrant adults](#) reported skipping or postponing care and 40% of these reported that their health worsened as a result of skipping or postponing care.<sup>34</sup> In the same year, among non-elderly adults, 18% with documented immigration status and 50% of those with undocumented status were uninsured compared to only 8% of all US citizens. Kaiser Family Foundation [research](#) found that “the cost of providing insurance to immigrant adults through Medicaid expansion” was found to be “less than half per person cost of doing so for U.S-born adults.”<sup>35</sup> More estimates suggest that “state-funded expansion to all immigrants regardless of status in California could reduce poverty among noncitizen immigrants and their families.”

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<sup>30</sup> Health Affairs. “How New Mexico Dramatically Reduced Marketplace Deductibles At Zero Cost To The State”. Jul 20, 2022. <https://www.healthaffairs.org/content/forefront/new-mexico-dramatically-reduced-marketplace-deductibles-zero-cost-state>

<sup>31</sup> Center for American Progress. “How States Can Build Bridges by Smoothing Medicaid-to-Marketplace Coverage Transitions”. Feb 14, 2023. <https://www.americanprogress.org/article/how-states-can-build-bridges-by-smoothing-medicaid-to-marketplace-coverage-transitions/>

<sup>32</sup> Health Affairs. “Small Marketplace Premiums Pose Financial and Administrative Burden”. 2024: 43(1). <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2023.00649?journalCode=hlthaff>

<sup>33</sup> Center for American Progress. Feb 2023.

<sup>34</sup> Kaiser Family Foundation. “Health and Health Care Experiences of Immigrants: The 2023 KFF/LA Times Survey of Immigrants”. Sep 17, 2023. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/>

<sup>35</sup> Kaiser Family Foundation. “State Health Coverage for Immigrants and Implications for Health Coverage and Care”. May 1, 2024. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/>

A [2023 Survey of Immigrants](#) showed that coverage increases and postponing or forgoing care decreases for immigrants in states with more expansive coverage policies for immigrants.<sup>36</sup> Additionally, immigrants in these states are more likely to receive care and have a trusted provider compared to their counterparts living in states with less expansive coverage policies. However, even though California has now expanded eligibility to low income undocumented immigrants of all ages, [distrust remains](#) in the immigrant community over fear of deportation or risking residency status.<sup>37</sup> Immigrant advocacy groups in the state are investing in and deploying [trusted community members](#) to have conversations with low-income undocumented communities to spread the word about their potential Medi-Cal eligibility.<sup>38</sup>

## Appendix E: Enrollment Program Considerations

It is too early to thoroughly measure effectiveness of increasing coverage through easy enrollment programs such as California's, but [preliminary evidence suggests](#) these are more cost-effective and less controversial than other policies like subsidies, individual mandates, and public options.<sup>39</sup> Maryland implemented its easy enrollment policy with overwhelming bipartisan support.

Tax filing itself reaches [41% of those uninsured](#) whose income is up to 150% FPL; and it reaches 90% of those uninsured whose income is between 150% and 200% FPL, nationally.<sup>40</sup> This means enrollment by leveraging the tax filing process is promising,

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<sup>36</sup> Kaiser Family Foundation. "Understanding the U.S. Immigrant Experience: The 2023 KFF/LA Times Survey of Immigrants". Sep 17, 2023. <https://www.kff.org/racial-equity-and-health-policy/poll-finding/kff-la-times-survey-of-immigrants/>

<sup>37</sup> Capital & Main. "700,000 Undocumented Californians Recently Became Eligible for Medi-Cal. Many May Be Afraid to Sign Up." Apr 9, 2024. <https://capitalandmain.com/more-than-700000-undocumented-californians-recently-became-eligible-for-medi-cal-many-may-be-afraid-to-sign-up>.

<sup>38</sup> Ibid.

<sup>39</sup> Urban Institute. "Expanding Health Coverage through Marketplace Facilitated Enrollment Programs". Dec 12, 2023. <https://www.urban.org/research/publication/expanding-health-coverage-through-marketplace-facilitated-enrollment-programs>

<sup>40</sup> The Commonwealth Fund. "Automatic Enrollment in Health Insurance: A Pathway to Increased Coverage for People with Low Income". Mar 11, 2024. <https://www.commonwealthfund.org/publications/fund-reports/2024/mar/automatic-enrollment-health-insurance-pathway-increased-coverage>

particularly for low income filers. [Maryland](#) was the first state to institute such a program in 2020; and in its first year, over 60,000 people chose to share their information with the marketplace.<sup>41</sup> Over 4,000 people ended up enrolling in coverage, including 11% found eligible for subsidized marketplace plans (that, in 2020, were only available for households up to 400% FPL). The state saw a boost in enrollment among Black people: 23% of those who enrolled by easy enrollment were Black, compared to only 17% who signed up during the open-enrollment period. This preliminary evidence suggests that easy enrollment programs improve access by streamlining enrollment and may be especially important for historically marginalized groups. For example, the immigrant population in California may particularly benefit from this policy because of the recent expanded Medi-Cal eligibility.

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<sup>41</sup> The Commonwealth Fund. "State "Easy Enrollment" Programs Gain Momentum, Lay Groundwork for Additional Efforts to Expand Coverage". Aug 3, 2021. <https://www.commonwealthfund.org/blog/2021/state-easy-enrollment-programs-gain-momentum-lay-groundwork-additional-efforts-expand>