Expanding, funding, and modernizing Medicaid, revitalizing the Private Individual Market, and protecting and growing Employer-Sponsored Insurance can ensure health care coverage for 25 million eligible uninsured individuals. Health care reform efforts should be staged, allowing for appropriate and rational implementation timelines, ensuring stability for the system, and avoiding disruption to consumers. Solutions to advance the important goals of expanding and enhancing the quality of health care to achieve affordable, universal coverage include:

**Expand, Fund, and Modernize Medicaid**

Medicaid coverage costs 43 percent less than Exchange coverage. 12 million more individuals could be covered by expanding Medicaid in all remaining States that have not yet expanded coverage (3.5 million), providing adequate funding and flexibility to ensure stability for beneficiaries, and auto-enrolling eligible individuals into Medicaid (8.5 million).

- Encourage the remaining 14 States to expand Medicaid.
- Provide Medicaid Managed Care Plans with broader flexibilities, including the ability to design localized, flexible health benefits, develop performance-based networks, align provider payment rates, and promote fully integrated medical and social services care models.
- Adequately fund Medicaid programs to ensure stability for beneficiaries.
- Implement job training or job matching programs, and transportation and child care assistance programs, rather than eligibility-limiting work requirements.
- Leverage State and Federal data to confirm consumers’ eligibility and avoid delays in providing coverage.
- Establish multiple application pathways – allowing consumers to enroll in-person, online, by phone, or through the mail – to facilitate a determination of eligibility during the enrollment and re-enrollment process.
- Provide consumer assistance, including State-wide and targeted outreach, to reach communities – such as residents in isolated rural areas and non-English speakers – to facilitate enrollment and re-enrollment.
- Expand presumptive eligibility to all States, to more Medicaid populations, and in more care settings.
Revitalize the Private Individual Market in States

The number of uninsured individuals is increasing, while Exchange enrollment has declined for the past three years. 8 million more individuals could be covered by allowing insurers to offer a broader array of innovative, flexible, affordable Private Individual Market products, establishing Complex Coverage Pools (CCPs), and transitioning enrollees and Exchange funding to Medicaid.

- Use Federal waiver authority to allow insurers to offer an array of lower cost, Private Individual Market products that maintain consumer protections and are eligible for Federal funding.
- Maintain transitional relief policies.
- Create CCPs – administered by a State-enabled public-private partnership – to provide better care for approximately 1 million individuals with clinically complex conditions.
- Use existing Federal waiver authority and leverage existing Federal and State Medicaid funding, Federal Exchange funding, and enrollee contributions to establish a Medicaid buy-in program in States where Exchanges are underperforming.

Protect and Grow Employer-Sponsored Insurance (ESI)

More than 90 percent of employees are satisfied with their coverage. 5 million more individuals could be covered by incentivizing employers to maintain their health plans and by lowering costs to attract enrollment.

- Support the current tax treatment of ESI.
- Expand coverage to include lower cost alternatives and encourage employers to establish progressive premiums, where lower income workers pay a smaller, more affordable share of the total premium.
- Facilitate employer efforts to lower the cost of coverage by eliminating regulations that hinder innovation – such as employee engagement and wellness program limitations – and adequately finance Federal health programs to limit private sector subsidization of provider reimbursement levels.
- Expand access to – and adoption of – Health Savings Accounts (HSAs).