

June 1, 2020



# SUMMARY OF SURVEY RESULTS AND ACCOMPANYING TEXT

**We asked respondents to provide their opinion along a scale of strongly agree to strongly disagree on the following statement:** *Opening special enrollment periods for health insurance marketplaces during the Covid-19 pandemic is not a necessary policy because there are sufficient existing special enrollment rules (e.g., loss of employer-based coverage) and Medicaid access that provide health insurance access to those who need it.*

— **28% Agree or Strongly Agree – Key Themes Included:**

- > Opening SEPs induces moral hazard and adverse selection.
- > The SEPs for ACA coverage are otherwise sufficient and the treatment for COVID-19 patients is happening via direct government payments to hospitals.
- > If the government wants to see catastrophic coverage provided to lower income people who did not buy insurance, it should just provide the coverage, not use the exchanges.

— **64% Disagree or Strongly Disagree – Key Themes Included:**

- > Most health care coverage in the United States is employer based and losing one's job due to the pandemic forces loss of health insurance. Other options – COBRA, Medicaid, ACA – can either be expensive, not immediately available, highly variable by state, or difficult to obtain.
- > Not all consumers benefit from the “existing special enrollment rules;” Many people will not have

- > A widely publicized COVID-related SEP may increase awareness of the availability of these sources among people who may not be familiar with but are now be eligible for them – many people are likely confused about their eligibility for exchange coverage after job losses.
- > The health of the general public is a public good amid a pandemic. All of society benefits. At a societal level, there can be negative externalities during the pandemic of uninsured individuals being unable to access the health system effectively and hence the priority for getting these people insured should be higher than usual. In addition, access to testing, treatment and professional medical advice may encourage the adoption of behaviors that reduce the spread of the disease.
- > There remain many uninsured people who ought to be insured. Take up of coverage was insufficient prior and any additional tools to increase coverage have high returns, including adding an open enrollment period.
- > The risk of substantial hospitalization needs has risen in an unexpected way for many of these families due to Covid-19. Opening special enrollment for these groups would provide important financial protection and the relative role of health-based adverse selection, compared to changes in financial circumstances, is probably much lower for a special enrollment period now.
- > A special open enrollment period should be limited to a fixed time-period and accompanied by mechanisms to ensure consistent enrollment and premium payment throughout the remainder of the coverage year to reduce problems related to adverse selection.
- > Allowing special enrollment would not be likely to increase adverse selection as most people who get the virus do not need extensive treatment and because any such costs are more than outweighed by savings that health insurers are experiencing due to the cessation of most voluntary procedures.

#### — 8% Uncertain

##### **Survey Methodology and Summary of Results Description:**

We asked 53 respondents to provide their opinions on a number of questions using Qualtrics, a web-based survey tool. All the respondents are faculty at research universities in various disciplines including economics, risk management and insurance, actuarial science, and law. The questions are structured for agree or disagree responses along a scale of strongly agree to strongly disagree. In some instances, a panelist may neither agree nor disagree with a statement. When an expert feels