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For Immediate Release

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AT PUBLIC MEETING TOMORROW, ADVOCATES URGE COVERED CALIFORNIA TO SEEK WAIVER TO IMPROVE AND EXPAND THE ACA

- *Affordable Care Act "1332 Waiver" Provisions Allow Flexibility for Further Expansions and Enhancements*
- *Health Advocates Seek #Health4All Waiver This Year to Allow Undocumented Californians to Buy Coverage Through Marketplace*
- *Other Longer-Term Ideas (Explored in a [New Health Access Paper](#)) Include Ideas to Increase Affordability, Streamline Enrollment in ACA*

SACRAMENTO--Tomorrow, at a [public meeting](#), health advocates will urge Covered California officials to seek a federal waiver to allow all Californians regardless of immigration status to be able to buy coverage with their own money through Covered California and explore other options for improved affordability and continuity of care. Covered California is hosting a forum to receive input from the public about changes California might pursue under the "1332 waiver" in the Affordable Care Act, which allows for new flexibility in 2017 and beyond as long as the changes meet the ACA's goals of affordability, coverage, comprehensive of benefits, and reducing the deficit.

The public hearing will take place:

What: Covered California Section 1332 State Innovation Waiver Meeting

When: TOMORROW, TUESDAY, FEBRUARY 23rd, 2016

8:30am-12:30pm

Where: Covered California Tahoe Auditorium 1601 Exposition Blvd. Sacramento, CA 95815

Why: To explore and take public comment on potential improvements to California's implementation of the ACA.

“California has been successful in yielding the benefits of the Affordable Care Act by aggressively implementing and improving upon the federal law and this new 1332 waiver could provide additional flexibility to go even further to expand access and affordability,”

said Anthony Wright, executive director of Health Access California, the statewide health care consumer advocacy coalition, who is scheduled to speak on a thought leader panel tomorrow. “If we act in the next few months, we can open Covered California up next year to everyone in our state who wants to purchase coverage with their own money, which would help strengthen our health system for everyone. We can also explore additional ideas to find savings in the system and direct those savings to improving affordability and cost-sharing for California families.”

A new Health Access California paper, “[Options and Opportunities for California: Section 1332 of the ACA](#),” analyzes some of the possibilities California could pursue while recognizing the limits of the 1332 waiver process embedded in the Affordable Care Act and in recent federal guidance. One idea that has received the most attention is included in [SB 10 \(Lara\)](#), which would allow undocumented immigrants to buy unsubsidized health plans through Covered California. Currently, undocumented immigrants are barred from using the state marketplace under the ACA even when using their own money and are required to go directly to a broker or health plan to purchase health insurance.

“Allowing undocumented immigrants to buy health insurance through Covered California removes a counterproductive exclusion in the federal law. This exclusion discourages a crucial part of our economy and society from taking responsibility for their health and finances by purchasing coverage, and sends an unfortunate signal to many more,” said Wright. “Under this proposed waiver, many California families with mixed immigration status would be able to buy coverage together easily, even if some family members were eligible for subsidies and others are not. This is an important symbolic step toward inclusion but would also provide additional access for thousands of Californians.”

"California has made impressive progress under the ACA, but especially given our demographics and high-cost-of-living, there are some Californians that need more help accessing and affording coverage. We should fully explore additional expansions and enhancements to improve access and affordability for Californians." said Wright.

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