

Summary

Health insurance is complex and difficult to navigate. Now, more than ever, consumers need access to robust programs tasked with relaying insurance information and supporting consumers through all aspects of their health insurance. Consumer assistance programs (CAPs) and Navigators are two critical supports for consumers. CAPs provide education, assist with enrollment and renewal of coverage, and help people use their coverage and benefits. Navigators, on the other hand, are dedicated to facilitating enrollment in Marketplace plans and connecting consumers to Medicaid coverage when appropriate. Working in collaboration, CAPs and Navigators represent critical supports for consumers across all types of health insurance.

Recent legislation has transformed insurance for consumers, allowing more to enroll in coverage and obtain more robust protections. While the administration continues to release funding and supports for Navigators, long-term gaps remain. It has also been years since CAPs received federal funding, forcing many programs to either severely cut back on staffing or shutter their doors all together. Rebuilding consumer assistance infrastructure requires both short-term resources, and long-term investment and commitment to these programs that bridge the gap between the health care system and consumers.

Congress and the Administration must work together to:

- Leverage unused Marketplace user fees to robustly fund Navigator programs.
- Return Navigator grants to three-year grant cycles with a renewed focus on communities of color and provide multi-year funding for Consumer Assistance Programs (CAPs) through federal grants.

The Problem

Even before the COVID-19 pandemic began, consumers were routinely frustrated by a complex and fragmented health care system. Consumers often lack the information they need to select the appropriate plans and navigate health plan issues when using their coverage. Further, the previous administration reduced funding of Navigators, leaving millions with no enrollment assistance. COVID-19 has exacerbated this trend by disrupting individuals and families' financial well-being. Job loss and income changes trigger decisions about health coverage, prompting many to seek new forms of health coverage.

Consumer assistance is more than just enrollment support. CAPs play a critical role in helping consumers respond to denials, manage appeals and address surprise bills. The [No Surprises Act of 2020](#) (included in the [omnibus spending bill](#)) extends protections to consumers from certain surprise medical billing practices beginning in 2022. This will increase demand for consumer assistance as people try to understand the new protections and navigating the process. But funding for consumer assistance has been cut so deeply that there is not sufficient capacity to meet consumers' needs.

Consumer assistance plays a critical role in ensuring consumers can enroll in appropriate plans and later utilize their insurance coverage, but funding constraints have decimated programs leaving many communities without this necessary support. [Section 1002](#) of the ACA appropriated [\\$30 million](#) in federal funds to create and support CAPs for the first fiscal year, and authorized "such sums as necessary" to support them moving forward. However,

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Congress has not budgeted funds for CAPs [since 2012](#). This leaves [19 states](#), and [3 territories](#), without a single operational Consumer Assistance Program. Navigator programs have also suffered from severe lack of funding, losing [80% of yearly funding](#) (from \$63 million in 2016 to just \$10 million by 2018) under the Trump Administration. The previous administration also withheld more than [\\$1 billion](#) in Marketplace user fees between 2018 and 2020. Decimating funding for Navigators and CAPs has forced programs to shutter their doors or severely reduce available resources and staffing, leaving communities without vital supports.

Fully Funding Consumer Assistance Increases Access to Health Insurance and Reduces Inequities

With these disproportionate impacts, it's clear consumers require additional supports to address components of health care inequity and fallout from the COVID-19 pandemic.

- [Millions of workers](#) lost their employer-sponsored insurance, leaving many to navigate the Marketplace or enroll in Medicaid for the first time. They've received enhanced unemployment benefits and stimulus payments to help address their needs, but this makes insurance enrollment more challenging as they try to understand what needs to be reported as income. For those on the edge of insurance eligibility thresholds, these calculations can be vital to ensuring they are enrolled with the correct plans.
- [7.7 million](#) people enrolled Medicaid and the Children's Health Insurance Program (CHIP) over the last year, according to Kaiser Family Foundation. For many, this is their first time enrolling in Medicaid coverage, and they need accurate information regarding covered services and provider networks. Thanks to an extension of the public health emergency (PHE), annual redeterminations are on [hold](#). Once the PHE is lifted, states will restart this process, creating demand for individual assistance to properly submit paperwork and navigate the process. Even before the PHE, [a third](#) of people who lost Medicaid coverage attributed it to confusion with the redetermination process.

Broadly, consumer assistance is even more critical for groups historically excluded from the health care system:

- Job loss was [disproportionately higher](#) for Black and Hispanic workers this year compared to White workers. This led to higher losses of employer-sponsored insurance, increasing the transition to private insurance, government sponsored insurance, or going uninsured.
- Black people have also reported [more problems with medical bills](#) and medical debt than White people.
- People who are transgender or non-binary are [more likely to be denied coverage](#) for medical services, increasing the need for filing appeals.
- People with disabilities [spend more out-of-pocket](#), rely on public coverage options or subsidies in order to obtain affordable coverage, and continually report access problems even when insured. The pending decision of the Health Care Repeal lawsuit could also dramatically change protections for pre-existing conditions – increasing the demand for accurate information from trusted sources and more support with appeals

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- Language barriers [continue to have](#) serious financial, legal, and health implications for those with limited English proficiency as they try to enroll in coverage and utilize their insurance

Key Functions of Consumer Assistance Programs (CAPs) and Navigators:

Consumer Assistance Programs (CAPs) have existed at the state level since the 1990s, with [15 states](#) having programs prior to the Affordable Care Act (ACA). In 2010, the ACA ([Section 1002](#)) significantly expanded CAPs requiring two programs per state and articulating national standards. Thirty-five states received funding through federal grants that year to build out CAPs. In addition to supporting the CAP model, the ACA created a Navigator function which would phase in during 2014. Navigators were designed to help people who obtain coverage through the Marketplace to learn about their options and enroll in insurance plans. In [Section 1311\(i\)](#), the ACA lists a variety of groups that could serve the functions of Navigators and suggests that multiple Navigators will be needed to ensure success.

While the term “Navigator” is often used interchangeably with “Consumer Assistance Programs”, there are key differences:

| Consumer Assistance Programs | Navigators |
|---|---|
| Funding: Federal Grants through HHS | Funding: User Fees in the Marketplace, and some states can claim Medicaid/SCHIP administrative match |
| Services: <ul style="list-style-type: none">• Provide information and assist with enrollment in health insurance• Assist consumers with appeals and grievances• Collect and track problems experienced by consumers• Educate consumers on their rights and responsibilities• Resolve issues related to tax credits | Services: <ul style="list-style-type: none">• Provide information and assist with enrollment in qualified health plans• Refer clients with questions, grievances or complaints about health plans to Consumer Assistance Programs |

The Solution

Even the most sophisticated consumer struggles with health care enrollment and using their coverage. **To meet the challenges we face, and ensure consumers feel the relief from this year’s legislation, we must:**

- Leverage unused Marketplace user fees to robustly fund Navigator programs
- Return Navigator grants to three-year grant cycles with a renewed focus on communities of color, and
- Provide multi-year funding for Consumer Assistance Programs (CAPs) through federal grants

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These actions will provide immediate relief for consumers while creating time for the administration to reimagine how to execute consumer assistance.

Investing in consumer assistance will play unique role to play by offering:

- **A Critical Feedback Loop:** CAPs serve as the eyes and ears for policymakers and others invested in health care policy and program decisions. Because these programs receive essential information directly from individuals in real time, they are able to identify problems before they become headlines.
- **Real Help for Real People:** CAPs and Navigators fulfill the vital role of helping individuals understand and navigate changes to health insurance. They help consumers enroll in coverage and answer general health insurance questions. Operating directly in the communities they serve allows them to provide culturally and linguistically appropriate information while addressing the nuanced needs of their communities.
- **More Than Just Enrollment:** CAPs aid consumers beyond enrollment. They offer one-on-one support to consumers to help them understand medical debt, insurance appeals, Medicaid redetermination, and the basic aspects of health insurance. Navigators often rely on CAPs for these supports and refer their more complex clients for these additional services.

These programs are designed to work collaboratively to ensure consumers not only have support during enrollment, but while utilizing their insurance. While CMS will be releasing its largest allocation for Navigators next year ([totaling \\$80 million](#)), it is critical to ensure robust funding is continually allocated for three-year grant cycles. Returning to three-year grant cycles will allow Navigators to expand their services to new communities and invest time in long-term planning to ensure the hardest to reach consumers have equal access to services. In order to protect these services, and provide consumers with the robust support they need, we must secure funding for both Navigators and Consumer Assistance Programs.

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