



president alone, or follow closely on the House Democrats HEROES Act (H.R. 6800), increasing the chances of enactment under a Democratic Congress.

One of the devastating sequelae of our weak response to the Covid-19 pandemic has been that millions of American have lost their jobs and, consequently, their health insurance. The coverage provisions of the ACA have partially mitigated these effects. But the Trump administration's regulatory actions had begun to erode the ACA's coverage expansions before the pandemic began, and the administration is currently arguing before the U.S. Supreme Court that the entire ACA, including its protections for people with preexisting conditions and the financial supports that have enabled 20 million people to gain coverage, should be overturned. A Biden administration could restore the ACA's original functionality by rolling back Trump administration regulations and actions and could take actions to thwart Trump's effort to have the Supreme Court invalidate the law.

A Democratic victory could also mean the development and passage of legislation to close the remaining gaps left by the ACA. Beyond providing access to coverage, meaningful health policy would also guarantee that financial protections are strongest for people who are already in poor health; a Biden administration and a Democratic-controlled Congress could bolster the ACA both to increase the number of people covered and to buttress protections for people with preexisting or high-cost conditions by limiting out-of-pocket costs. They could work to make the cov-

erage available on the ACA marketplaces more generous — for instance, requiring the benchmark plan to cover 80% rather than 70% of expenses. Biden's current plan would increase existing subsidies and extend subsidies to people higher up the income scale so that coverage would never cost more than 8.5% of a household's income. Estimates suggest that these two enhancements could reduce the number of uninsured Americans by about 4 million, while millions more would have lower out-of-pocket costs.<sup>3</sup> This plan would require legislation and incur budgetary costs (which would need to be offset by savings or other revenue sources), but the fact that similar legislation has already passed in the House makes the outlook promising.

Another possible move of a Biden administration would be adding a new public insurance option in the marketplaces. Although the concept, as well as highly consequential details about structure and implementation, will engender spirited debate in Congress, this addition to the ACA could conceivably remedy two serious flaws in the current environment. First, the public option could provide a mechanism for the federal government to get coverage to the more than 2 million Americans who live in states that did not expand Medicaid and who currently fall into the Medicaid coverage gap, with incomes too high to qualify for pre-ACA Medicaid but too low to be eligible for ACA marketplace subsidies.<sup>4</sup> Second, this new option could be made available to people with existing employer-sponsored coverage, offering an alternative for people whose employer-provided plans are too expensive or require ex-


cessive cost sharing. Though the public option may offer new opportunities in both areas, designing it so that it achieves these goals without causing other disruptions will require care.

In addition, partly in response to the impact on older Americans of Covid-19 and its accompanying job losses, Biden has proposed to make Medicare coverage available to people 60 to 64 years of age. Biden's campaign states that this Medicare expansion would resemble the existing program but would be financed separately from it, which would presumably require new taxes.<sup>5</sup> Accelerated access to Medicare could give early retirees an uninterrupted transition into Medicare at 65. Congress will most likely have much to assess, particularly with regard to the potential effects of this path for health care providers, insurers, and federal revenues and expenditures, before such an initiative could become law.

High health care costs have been a perennial problem in the United States. Biden has said his administration would reduce prescription drug costs, in part by allowing Medicare to negotiate drug prices and setting launch prices for selected new drugs on the basis of average prices abroad. Other drivers of high and rising health care costs are surprise billing of patients in circumstances in which they have no control over who is providing treatment and consolidation in health care markets; a Democratic administration might well use the approaches laid out in prior related House legislation to reduce such practices. Targeting these cost problems has broad political support and could produce signifi-

cant savings that could be used to finance coverage expansions.

Especially after Covid and its economic impact, it will be critical to aid disabled and elderly people who need long-term services and supports, as well as their families. A Democratic-led government may be able to pass paid leave for people with an illness or caring for a family member, tax credits for caregiving expenses, reductions of waiting lists for Medicaid home- and community-based services, and

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new pilot programs to integrate social services with health care and home care.

Substantial additional investments might be required in the home care, public health, and commu-

nity health worker labor forces — investments that would be supported by a Biden administration.

Just as President Barack Obama relied on incremental, practical changes to accomplish the most far-reaching and substantive reform of the U.S. health care system in 50 years, a Biden administration could take a variety of practical and efficient steps to ensure that an improved and less costly system serves all Americans.

Disclosure forms provided by the author are available at NEJM.org.

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## Health Policy after a Trump Election Victory

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The chances of a Republican presidential victory in the November election are unclear, but future changes in U.S. health policy depend even more on another unpredictable event: the U.S. Supreme Court decision on a constitutional challenge to the Affordable Care Act (ACA). If the ACA remains in effect, any changes in a second Trump administration are likely to be modest and to represent a continuation of efforts begun during President Donald Trump's first term. If the ACA is ruled unconstitutional, then regardless of who wins the election, far-reaching legislative changes will be required, possibly in a divided-government setting. Nevertheless, assuming that no Covid-related twist

keeps the health care system from returning to its pre-pandemic status, the current administration's policy efforts provide a guide to what might happen after the Court rules — especially given that the Republican National Committee has not written a new platform.

Particularly since the Republican effort to repeal and replace the ACA failed, the Trump administration has used executive orders and administrative rule changes to shift health policy, even as it has continued to attack the ACA through the courts. The most politically prominent rule changes have tried to combine protection for high-risk people seeking individual insurance with changes aimed at allowing some

low-risk purchasers to pay lower premiums for different kinds of plans than those required under the ACA. Obamacare's modified community rating was meant to protect people with preexisting conditions, but there is a trade-off between permitting some people with expensive medical conditions to obtain individual private coverage at moderate premiums and encouraging lower-risk people to buy coverage. Through rule changes, the administration has therefore created a patched-together system of short-term insurance policies and individual access to less-restricted group insurance plans, allowing consumers to avoid Obamacare's rating and coverage strictures. Such efforts to make an end run around