White House Fixes "Family Glitch" in Health Insurance Subsidies

The Biden-Harris administration finalized a rule to fix the "family glitch": a regulatory flaw in the Affordable Care Act (ACA) that rendered many family members of people with employer-sponsored health insurance ineligible for subsidized coverage. The Treasury Department and the Internal Revenue Service, which released final regulations, initially proposed to fix the flaw this April.

"Protecting and strengthening implementation of the Affordable Care Act is key to increasing access to quality, affordable health care," Secretary Xavier Becerra, JD, of the US Department of Health and Human Services (HHS), said in a statement. "Today's action resolves a flaw in prior ACA regulations to bring more affordable coverage to about one million Americans. Our goal is simple: leave no one behind and give everyone the peace of mind that comes with health insurance."

ACA regulations deemed employer-based health insurance affordable if coverage for employees themselves was reasonably priced; the affordability of family coverage wasn't considered. Thus, family members didn't always qualify for premium tax credits to purchase ACA coverage. The new rule allows many family members to qualify for such credits.

"This marks the most significant administrative action to implement the Affordable Care Act since the law was first put into place," President Joe Biden, JD, said in a separate statement. "It builds on our progress so far, which has brought the rate of uninsured Americans to a record-low eight percent."

Families can begin taking advantage of the new rule starting this November, Biden said in the statement.

Organizations to Mitigate Climate Change is now available online.

An AHRQ statement noted that the health care industry substantially contributes to climate change, even though it's also responsible for mitigating its harmful health effects. The researchers of a 2020 study in *Health Affairs* estimated that the health care industry produces 4.4% to 4.6% of global greenhouse gas emissions.

The AHRQ's primer, developed through a contract with the Institute for Healthcare Improvement, aligns with a federal goal of decreasing greenhouse gas emissions by at least 50% of 2005 levels by 2030 and moving to operations with net-zero carbon dioxide emissions by 2050. According to the primer's call to action, 61 of the largest US hospital and health sector companies have already agreed to this goal.

The primer covers areas in the health care industry that contribute to emissions, including anesthetic gas, energy use, food procurement, transportation, medical devices and supplies, and pharmaceuticals and chemicals. It also mentions some consequences of climate change, which exacerbate inequities by particularly affecting historically marginalized communities.

"Extreme weather events, declining air quality, and growing food and water insecurity now threaten healthcare operations and present challenges in care continuity, patient safety and quality, and cost containment," AHRQ Director Robert Valdez, PhD, MHSA, said in his agency's statement. "Healthcare organizations must develop approaches to care that meet the climate health needs of disproportionately affected communities and rapidly reduce their contributions to environmental emissions."

GAO Calls for Nationwide Analysis of "Forever Chemicals"

The US Government Accountability Office (GAO) recommended that the US Environmental Protection Agency (EPA) conduct a national analysis of perfluoroalkyl and polyfluoroalkyl substances (PFAS), a class of synthetic chemical compounds. These substances are found in a range of household and industrial products, including cosmetics, food packaging, and nonstick cookware.

Although the EPA intends to regulate PFAS starting next year, the agency lacks nationwide demographic data about communities exposed to PFAS-contaminated drinking water. Such information could help determine the extent of PFAS contamination in disadvantaged communities. The EPA agrees with the recommendation, according to a GAO statement.

A recent GAO report analyzed PFAS occurrence in the drinking water systems of Illinois, Massachusetts, New Hampshire, New Jersey, Ohio, and Vermont. Overall, the report concluded that 29% of the population served by the 5300 water systems analyzed have drinking water PFAS levels that aren't considered safe by EPA standards.

To examine inequalities related to PFAS contamination, the authors conducted a separate exploratory analysis of large community water systems in Massachusetts and New Jersey. Disadvantaged communities were more likely than other communities to have PFAS-contaminated drinking water in New Jersey but not in Massachusetts. It therefore remains unclear whether PFAS affects the cumulative burden of pollution in disadvantaged areas. — Melissa Suran, PhD, MSJ

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