Erasing the Affordable Care Act:
Using Government Web Censorship to Undermine the Law

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Web Integrity Project

The **Web Integrity Project** is a project of the Sunlight Foundation.

Our mission is to monitor changes to government websites, holding our government accountable by revealing shifts in public information and access to web resources, as well as changes in stated policies and priorities. We work with journalists to make our findings public, and we produce policy analyses to evaluate and recommend changes to web governance practices and help ensure access to valuable web resources.

Erasing the Affordable Care Act:
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Federal government agencies have censored their websites to reduce public access to information about the Affordable Care Act (ACA), actions that may undercut the aim of the law to increase rates of healthcare coverage among Americans.

President Donald Trump has made no secret of his desire to see the ACA fail, signing an executive order on his first day in office to scale back some of its key provisions, and overseeing rulemaking and defunding processes within the Department of Health and Human Services (HHS) that weaken the law.

In addition to formal policy change by executive order, rulemaking, and reallocation of funds, the Trump administration has employed an emergent tool — censorship of official government websites — to undermine the ACA and informally effect policy change.

Websites operated by the federal government are intended to be an authoritative source for public information. The executive branch of the United States recognizes that its agencies' websites are the "primary means" through which the public "interacts with the Federal Government."[1] If agencies poorly maintain or actively censor content on official federal government websites, they can influence public behavior and opinion, and cut off an essential source of public information about federal rules, benefits, and services, such as those relating to the ACA.

This report explores the current administration's censorship of ACA-related web content, showing that loose regulation of federal government websites allows the administration to use them to weaken laws it opposes. The Web Integrity Project has documented 26 instances of ACA censorship — including excised words, removed links, altered paragraphs, and removed pages — on HHS websites (Table 1; Appendix 1). These examples of censorship are unlikely to be all of the instances of ACA-related censorship on federal websites, and may represent only a small sample of the censorship that has occurred since President Trump took office.

Chapter 1: Censorship of ACA Web Content for Multiple Audiences

The administration has censored a wide array of content aimed at a variety of audiences, including the general public, beneficiaries, and those who serve beneficiaries. HHS has surgically removed

the term "Affordable Care Act" from many webpages; taken down information on rights guaranteed under the ACA; eliminated statistics and data on the ACA's impact; and removed links to the federal government's main platform for enrolling in ACA coverage, HealthCare.gov.

If repeated on a wide scale, censorship of ACA information on federal websites has the potential to affect public support and awareness of the law. Ultimately, censorship that affects public opinion and awareness of the ACA may jeopardize Americans' access to coverage and health services, and down the line, the ACA's long-term viability.

Chapter 2: How Online ACA Censorship Amplifies Executive Actions to Undermine the Law

Censorship of ACA-related content has amplified and foreshadowed other executive actions taken by the administration to undermine enrollment and other provisions of the law. Through censorship of ACA-related content on its websites, HHS has been able to further undercut public awareness of the law and coverage it provides.

This chapter demonstrates how HHS has changed websites of agencies and offices within it to:

- Reduce outreach capacity of Marketplace navigators and assisters, by removing training materials for assisters;
- Reduce promotion of the ACA and the Marketplace, by removing online promotional and informational material about the ACA;
- Reduce access to ACA enrollment, including the HealthCare.gov website, by removing web content about applying for coverage and links to HealthCare.gov;
- Push short-term plans that do not comply with the ACA, by emphasizing access to third-party enrollment assistance;
- Create uncertainty about access to contraceptive coverage, by obscuring online information about contraceptive coverage;
- Foreshadow the effect of rules that would undo prohibitions on sex discrimination, by removing language about discrimination from the HHS website.

Chapter 3: Undermining of ACA Resources Directed Toward Underserved Populations

Censoring online information about rights, benefits, and services under the ACA may have an outsized negative impact on the most vulnerable in our society. Web censorship has centered on information and resources for underserved populations like women, the LGBTQ community, minority groups, and people with a mental health condition. These communities are already more likely to be uninsured or have less access to ACA health services than the rest of the population. In some cases, web censorship may deepen the negative effects of policy changes that de-emphasize and de-prioritize their rights to affordable coverage.

Conclusion: Using Government Web Censorship to Undermine the Law

Minimal regulation of the use and misuse of official federal government websites has made censorship of online content a feasible and prominent tool for informal policy change. The Trump administration has made changes to large chunks of content on multiple websites with little scrutiny or recourse for citizens.

Even when website changes are made in good faith, any resultant loss of information has consequences, especially in the realm of healthcare. Given the negative impact on the public that can result from agencies altering their websites, we recommend steps HHS should take to avoid the loss of ACA- and healthcare-related information and the harms that can stem from those losses.

Recommendations for how to avoid harms from loss of access to information during healthcare-related website overhauls:

- Issue formal press releases or public statements announcing web changes or removals, linking to archived versions of altered or removed pages;
- Establish redirects for the URLs of removed webpages when the removed content is out of date and related, updated content is available and integrated on a new page;
- Maintain archives of removed content.

Recommendations for preventing web censorship and reduction in access to healthcare information:

- Adopt a formal process of writing memos that review whether content should be moved to archives;
- Create and maintain a regularly updated and dedicated repository of informational content and training resources for navigators and other third parties;
- Provide notice when revising or publishing new information on the HealthCare.gov website during Open Enrollment;
- Create an inter-office portal for healthcare-related information on HHS.gov.

More broadly, WIP suggests that the power of federal government agencies to censor content on official websites be subject to rules, ideally introduced by congressional intervention or the issuance of guidance from agencies like the Government Accountability Office or the Office of Management and Budget.

In an era of cynicism and "fake news," citizens should be able to turn to official government websites for reliable non-partisan information about programs and services they use. With the presumption of quality and respectability afforded to content located on a *.gov* page, agencies should be required to follow formal processes to change their websites and adhere to standards of web content that ensure its quality.

While this report analyzes the harms that can stem from widespread censorship of ACA-related information specifically, this approach could be used by agencies to affect public opinion and reduce access to public information about any law the executive branch might oppose and seek to undermine.

Introduction: Erasing the Affordable Care Act

> "Federal Agency public websites and digital services are the primary means by which the public receives information from and interacts with the Federal Government. These websites and services help the public apply for benefits, search for jobs, comply with Federal rules, obtain authoritative information, and much more. Federal websites and digital services should always meet and maintain high standards of effectiveness and usability and provide quality information that is readily accessible to all."
>
> — The Office of Management and Budget's memorandum on how federal agencies should manage digital content[1]

The federal government considers public federal agency websites to be the primary way the public learns about government functions, benefits, and rules. Agencies are thus expected to maintain their websites to provide the public with accurate, objective, and non-partisan information about their programs, such as the Affordable Care Act (ACA). But when the administration that leads those agencies vocally opposes the existence of a program, agency websites can be used as a tool to undermine that program. By analyzing examples of the Trump administration's censorship of online public information about the ACA, we can begin to understand the different ways the federal government can more widely use agency websites as a tool to undercut public access to quality information about laws, and in turn broadly undermine the aims and implementation of those laws.

The Affordable Care Act and initial opposition to the law

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act, also referred to as the Affordable Care Act (ACA), which was intended to provide more affordable health insurance options to people. The main ways it aims to accomplish this goal are by (1) expanding Medicaid; (2) creating health insurance exchanges (individual insurance marketplaces) through which people can buy insurance; and (3) providing premium subsidies and cost sharing credits to lower-income individuals.[2] The ACA also prevents insurers from denying coverage or charging higher premiums based on pre-

existing conditions and gender. To encourage people to obtain coverage, the ACA initially required most people to have health insurance beginning in 2014 (referred to as the "individual mandate"), or else pay a penalty.

From the start, the politics of the law were highly polarized, and passed without any Republican support in the Senate or the House of Representatives.[3] When Republicans took control of the House in 2011, they immediately began attempts to repeal or amend the law. In the four years after the ACA's passage, the House voted 54 times on bills related to the law, including attempts to completely repeal it, undo specific provisions, and defund pro-

grams created by the ACA.[4] During these years, public opinion about the ACA was divided, with many Americans feeling uncertain about how the law would affect them.[5] Despite attacks from House Republicans and mixed feelings from the public, the ACA remained mostly intact throughout Obama's presidency. During the 2016 presidential election, all Republican candidates articulated their intention to bring to fruition repeal efforts and replace the ACA with different health reform measures.

The methods the Trump administration has used to unravel the ACA

Like the other Republican presidential candidates, Donald Trump was very clear about his opposition to the ACA during his campaign. Once elected, he began using common tools at the disposal of the executive branch to undermine legislation or court rulings that it would rather not enforce or administer.[6]

These tools include lobbying the legislative branch for repeal or amendment of a law, signing executive orders, non-enforcement, reallocation of funds, and rulemaking.

Even before he took office, Trump demanded that Congress repeal and replace the ACA as quickly as possible.[7] Soon after President Trump's inauguration, House Republicans — responding to Trump's demand and eager themselves to undo the ACA — released their first repeal-and-replace bill,[8] which would have restricted the ACA-mandated Medicaid expansion and repealed various taxes introduced by the ACA.[9] The Congressional Budget Office estimated that the bill — which passed in the House but not the Senate — would have ultimately resulted in 23 million more uninsured Americans by 2026.[10] Two more repeal-and-replace bills, which similarly would have resulted in millions of more Americans without insurance, were released by the Senate. Neither passed.

After failing to repeal the entirety of the ACA, Congress passed a tax bill in December 2017 that effectively eliminated the provision of the law most unpopular among Republicans — the individual mandate. The individual mandate requires most people to enroll in health insurance.[11] While the mandate still remains part of the law, the tax bill eliminates the monetary penalty imposed on individuals who do not enroll,[12] thereby removing any incentive for healthy people to use the ACA marketplaces to get coverage.

Though congressional efforts to get rid of the ACA failed, President Trump has used several tools of executive power to weaken the ACA. The day he took office, Trump signed his first executive order, which directs federal agencies to scale back the ACA to the "maximum extent permitted by the law."[13] In October 2017, he signed another executive order[14] intended to give people access to insurance plans that have fewer requirements for the benefits they offer compared to ACA coverage,[15] such as short-term plans. The same evening, the White House announced it would end subsidies to health insurance companies[16] that allow them to give discounts on out-of-pocket costs for lower-income people with ACA coverage (a move experts feared would cause an increase in premiums, but ultimately state regulators and in-

surers adjusted so that most consumers were not impacted).[17]

In line with the executive order Trump signed on his first day in office, federal agencies have used other common tools to minimize their enforcement of the ACA — non-enforcement of key provisions of the legislation, re-allocation of appropriated funds from existing initiatives, and re-writing existing regulations to weaken or reduce the scope of the legislation. The Department of Justice (DOJ) has said it will not defend the constitutionality of the ACA.[18] It has indicated it will not appeal the decision of a federal judge in Texas that in the absence of the monetary penalty for uninsured individuals, the individual mandate and, in turn, the rest of the ACA, is unconstitutional.[19] The Department of Health and Human Services (HHS) has also used its authority to reduce the federal government's role in supporting the ACA. It dramatically reduced funding for advertising and outreach used to encourage and assist new customers to enroll in coverage[20] and shortened the Open Enrollment period for buying insurance on the federal ACA Marketplace.[21] It also created a direct enhanced enrollment process, which transfers responsibility for enrollment from the federally-operated Marketplace to third-party, private brokers.[22]

A new method to undermine the ACA: web censorship

An emerging method to weaken existing laws that the executive branch has at its disposal is the use of information, and reductions in access to, information about laws to affect the public's understanding of those laws, use of services, and broad opinion. As OMB explained, the public primarily receives information from the federal government through federal agency websites and digital services. As the internet has become a fixture of modern society, eliminating government information (a.k.a. censoring) online has an outsized impact on the public, and constitutes a new tool the executive branch can use to undermine laws it does not want to enforce, like the ACA.

The Trump administration has been especially active in censoring information about the ACA from websites of offices within HHS. The New York Times reported that, on the evening Trump took office, a link to information about the ACA was removed from the homepage for the HHS website.[23] Since then, HHS has surgically removed the term "Affordable Care Act" from many webpages; taken down information on rights guaranteed under the ACA; eliminated statistics and data on the ACA's impact; and removed links to the federal government's main platform for enrolling in ACA coverage,

HealthCare.gov.

At a minimum, censoring online information about the ACA warps or diminishes the public's knowledge about the law. Government websites are viewed as objective and authoritative sources of information, and the majority of internet users turn to them for information about a public policy or services that agencies provide.[24] HHS websites are thus primary resources for Americans to learn about and understand components of the ACA.

With the cloak of objectivity that comes from *.gov* websites, censorship of online gov-

> *Censoring online has an outsized impact on the public, and constitutes a new tool the executive branch can use to undermine laws it does not want to enforce, like the ACA.*

ernment resources may also have a large impact on public opinion. It is common for someone to go to a *.gov* website to seek reliable information on the law, on healthy practices, on consumer safety, or on environmental protection. But citizens are less likely to carefully filter the information on *.gov* websites for partisan language or political agendas the way they might when consuming overtly political media, such as press releases or a presidential speech on TV. Information on agency websites is much more likely to be taken at face value, which is exactly the reason why the executive branch would seek to edit it.

In the context of a fierce partisan political fight over the ACA, individuals should be aware of the law and know where their — and their neighbors' — interests in the debate lie. With less reliable information about the ACA, the rights and benefits it accords, and its impact on healthcare and coverage, the political and policy views of citizens may be less well-informed. In a less informed political environment, the public may be more easily swayed in its opinion by the vocal advocacy of the administration.

The ability of the federal government to sway public opinion using their websites may reflect a potent and dangerous extension of executive power, and one that is largely unregulated. The 2001 *Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Fed-*

eral Agencies provides instructions for agencies on ensuring the accuracy and objectivity of information they disseminate,[25] and the *Paperwork Reduction Act* (PRA) of 1980 outlines guidelines for managing, modifying, or terminating information.[26] The Guidelines and PRA, however, apply to all government information and were developed before the internet became well-established as the chief means through which people interact with the government. The minimal guidance that has been developed to instruct agencies specifically about how they should be using their websites simply defers to these broader rules and does not provide clear standards for how agencies document, maintain, and archive online information or avenues for enforcing the extent and quality of information of federal websites.[1]

The absence of regulation and guidance about how federal agencies can use their websites for political purposes stands in stark contrast to the other tools the executive can use to weaken or avoid enforcing existing legislation like the ACA. Other tools — like rule-making and reallocation of funds — each have clear, formal procedures, with safeguards against arbitrary and inappropriate use. But federal agencies could censor information on their websites for political purposes with little consequence.

How HHS has used web censorship to undermine the ACA

In this report, we home in on a prominent example of censorship on federal government websites: censorship of information pertaining to the Affordable Care Act. We have documented censorship of a range of resources and topics, from training materials for asylum officers on the U.S. Citizenship and Immigration Services website to policy guidance on the Office of Juvenile Justice and Delinquency Prevention's website.[27] Through our monitoring of select HHS websites, however, we

have seen a trend of ACA-related censorship and have found 26 separate instances in which information about the ACA was censored on a webpage or collection of webpages (Table 1). There are hundreds of HHS websites, and we only monitor parts of about two dozen. These 26 findings are unlikely to be the only instances of ACA-related censorship, and may represent the tip of the censorship iceberg.

The 26 findings documented in this report are:

- #ACF: Removal of link to HealthCare.gov from the footer of HHS.gov's ACF website;

- #ASPE: Changes in language and removals of descriptive text that emphasized the positive impact of the Affordable Care Act on the ASPE website;

- #CDC: Removal of references to the Affordable Care Act from CDC.gov's "National Center for Health Statistics" webpages;

- #CMS-1: Removed link to HealthCare.gov from header of CMS.gov;

- #CMS-2: Removal of references to the Affordable Care Act from a CMS.gov webpage about the National Health Expenditure;

- #CMS-3: Removal of reference to the Affordable Care Act from CMS.gov's "Hospital-Acquired Condition Reduction Program (HACRP)" webpage;

- #CMS-marketplace-1: Removal of the "Marketplace Outreach: Best Practices for Outreach to Latino Communities" PDF from CMS's Health Insurance Marketplace website;

- #CMS-marketplace-2: Removal of slides from "Tips for FFM Assisters on Working with Outside Organizations" presentation on CMS's Health Insurance Marketplace website;

- #HealthCare.gov: Overhaul of HealthCare.gov's "Apply for Health Insurance" webpage;

- #HHS.gov/answers-1: Removal of "Affordable Care Act" as an FAQ category on HHS.gov;

- #HHS.gov/answers-2: Removal of reference to the Affordable Care Act on HHS.gov's "Who is eligible for Medicaid?" webpage;

- #HHS.gov/healthcare-NYT: Alterations to "About the ACA" webpages on HHS.gov's "Healthcare" website;

- #HHS.gov/healthcare-WIP: Removal of "Facts and Features" website from HHS.gov;

- #HRSA-1: Removal of references to the Affordable Care Act from HRSA's "About the Office of Women's Health" webpage;

- #HRSA-2: Removal of reference to Medicaid, CHIP, and the Health Insurance Marketplace from HRSA's strategic goals;

- #Medicaid-1: Removal of the Affordable Care Act website from within Medicaid.gov;

- #Medicaid-2: Removal of reference to the Affordable Care Act from Medicaid.gov's "Medicaid and CHIP Eligibility Levels" webpage;

- #Medicare: Removal of the "Affordable Care Act & Medicare" webpage and corresponding links from the Medicare website;

- #MentalHealth.gov: Removal of questions and infographic about the Affordable Care Act on MentalHealth.gov;

- #OCR: Language removals pertaining to sex discrimination from HHS's Office for Civil Rights webpages about Section 1557 of the Affordable Care Act;

- #OMH-1: Removal of pages, references, and links pertaining to the Affordable Care Act from the Office of Minority Health website;

- #OMH-2: Removal of reference to the Affordable Care Act from the Office of Minority Health "History of the Office of Minority Health" webpage;

- #OPA: Removal of a collection of webpage related to the Affordable Care Act from the Office of Population Affairs website;

- #OWH-1: Removal of Breast Cancer website and related webpages from within the Office on Women's Health website;

- #OWH-2: Removal of "Affordable Care Act" from "Vision, mission, goals, and history" webpage on the Office on Women's Health website;

- #OWH-3: Removal of references to the Affordable Care Act from Office on the Women's Health "Heart-healthy eating" webpage.

In **Chapter 1**, we show that offices within HHS have used numerous types of censorship on their websites, targeting a broad range of audiences. Offices within HHS have removed, altered, or obscured content aimed at the gen-

eral public; beneficiaries; and at healthcare providers, policymakers, researchers, and assisters. We assess the impact that each type of censorship could have if used widely. In **Chapter 2**, we put this censorship in the context of announced policy changes and other more traditional tools of executive discretion, to show that agencies have used web censorship to not only complement and extend the effectiveness of traditional tools, but also to foreshadow the rulemaking changes and circumvent formalized, regulated, processes. Throughout the chapter we discuss the potential impact website censorship may have on the public and on the future of the law. In **Chapter 3**, we turn to documenting how the changes have targeted already vulnerable groups, such as the LGBTQ community and racial minorities. In the **Conclusion**, we outline recommendations that will help prevent both unintended loss of information during website overhauls and reductions in access that result from web censorship.

Throughout these chapters, we refer to the findings of censorship detailed in **Table 1**. Table 1 includes the following information, organized by column:

- *Tag:* Lists a "tag" that includes the acronym or a shorthand for the website from which the changed content was found and, if multiple, unrelated changes occurred on the same website, a number. Throughout this report, findings are referred to by the tags listed in Table 1, preceded by a "#." For example, #CMS-1 can be read as "the CMS-1 finding."

- *Finding:* Describes censored ACA-related information or collection of content.

- *Sources for finding:* Links to documentation that details the website change described by the finding. These sources are either website monitoring reports[28] WIP has published or documentation that can be found in the appendix of this report.

- *ACA-related change classification:* The type of removal or alteration of ACA-related information in each finding based on our classification system.[29] This column helps convey the extent of the removal of content: if a finding includes classification #1-2 under our system (yellow cells) a part of a single webpage has changed; if a finding includes #3-5 (orange cells) a single entire webpage has moved or been removed; if a

finding includes #6 (red cell), an entire website with ACA-related information has been overhauled or removed.

- *Agency/office website:* The agency or office that controls the altered website described in the finding.

- *Changed after:* The earliest date the changes could have occurred.

- *Changed before:* The latest date the changes could have occurred.

- *Intended audiences:* The audience for whom the altered or removed content was likely intended. Possible audiences we group findings under are: general audience; beneficiaries; healthcare providers; policymakers and researchers; healthcare assisters.

- *Table 2 reference:* Lists the categories from Table 2 into which the finding falls.

Many of the findings detailed in Table 1 consist of multiple pages or sections aimed at different audiences. In Table 2, we have grouped removed content detailed in the findings according to the intended audiences of the censored content (and different sub-portions of an individual finding may be included in multiple categories). Without using website analytics or interviews to do an analysis of who used the content described in each finding, we can only speculate about the *intended* users or audience. We have determined the intended audience by assessing: how public-facing the content was; the programs the content mentions or describes and the users of those programs; the complexity of the language (and whether a reader would need to be a policy or medical expert to understand the content); and the format of the content (as certain types of formatting are often used to communicate information to particular audiences).

Web Censorship: The new frontier

This report shows how website censorship has been and can be used by the federal government as part of an attempt to change public knowledge and opinion. By examining instances of ACA-related censorship on HHS websites, we demonstrate how censorship, if repeated on a wide scale, has the potential to affect public support and awareness of a law.

The findings aggregated in this report are likely only a fraction of the removals of information and content about the ACA that have occurred on the hundreds of HHS websites that exist. Yet, even with this small sample, we show numerous instances in which censorship has been used to amplify the impacts of existing policies to weaken the law. The administration used censorship to weaken, for example, the ACA's nondiscrimination provision by removing language explaining the definition of sex discrimination.

We also show how web censorship can target ACA-related information specifically for or about vulnerable populations, such as the LGBTQ community, and how the removal of information can heighten obstacles that already make it difficult for these populations to access health insurance.

Ultimately, censorship that affects public opinion and awareness of the ACA can affect all Americans' access to health services and uninsured rates, and down the line, the ACA's long-term viability.

Table 1: ACA Censorship Summarized

#	Tag	Finding	Sources for finding	ACA-related change classification *	Agency/office website	Changed after:	Changed before:	Intended audiences	Table 2 reference
1	#ACF	Removal of link to HealthCare.gov from the footer of HHS.gov's ACF website	WIP research (#ACF)	2. Link alteration/removal	Administration for Children and Families (ACF)	2/18/17	2/21/17	Beneficiaries	8. a
2	#ASPE	Changes in language and removals of descriptive text that emphasized the positive impact of the Affordable Care Act on the ASPE website	WIP report (7/28/18)	1. Text alteration/removal 2. Link alteration/removal 3. Moving webpages	Assistant Secretary for Planning and Evaluation (ASPE)	05/26/17	10/5/17	General Audience, Policymakers	5. a 10 .a
3	#CDC	Removal of references to the Affordable Care Act from CDC.gov's "National Center for Health Statistics" webpages	WIP research (#CDC)	1. Text alteration/removal	Centers for Disease Control and Prevention (CDC)	01/25/18	6/8/18	General audience	2. a 4. a 5. b
4	#CMS-1	Removal of a link to HealthCare.gov from header of CMS.gov	WIP report (12/14/18)	2. Link alteration/removal	Centers for Medicare and Medicaid Services (CMS)	10/11/18	10/11/18	Beneficiaries	8. b
5	#CMS-2	Removal of references to the Affordable Care Act from a CMS.gov webpage about the National Health Expenditure	WIP research (#CMS-2)	1. Text alteration/removal	Centers for Medicare and Medicaid Services (CMS)	12/21/17	2/21/18	General audience, Policymakers and researchers	2. b 5. c 10 .b
6	#CMS-3	Removal of reference to the Affordable Care Act from CMS.gov's "Hospital-Acquired Condition Reduction Program (HACRP)" webpage	WIP research (#CMS-3)	1. Text alteration/removal	Centers for Medicare and Medicaid Services (CMS)	7/23/18	7/30/18	General audience	3. a 5. d
7	#CMS-market-place-1	Removal of the "Marketplace Outreach: Best Practices for Outreach to Latino Communities" PDF from CMS's Health Insurance Marketplace website	WIP report (12/3/18)	5. Removing webpage	Centers for Medicare and Medicaid Services (CMS)	9/19/18	9/28/18	Navigators	12 .a
8	#CMS-market-place-2	Removal of slides from "Tips for FFM Assisters on Working with Outside Organizations" presentation on CMS's Health Insurance Marketplace website	WIP research (#CMS-marketplace-2)	1. Text alteration/removal	Centers for Medicare and Medicaid Services (CMS)	6/13/18	6/20/18	Navigators and assisters	12 .b
9	#HealthCare.gov	Overhaul of HealthCare.gov's "Apply for Health Insurance" webpage	WIP report (12/10/18)	1. Text alteration/removal 2. Link alteration/removal 4. Removing section of page	Centers for Medicare and Medicaid Services (CMS)	11/14/18	11/21/18	Beneficiaries	8. c
10	#HHS.gov/answers-1	Removal of "Affordable Care Act" as an FAQ category on HHS.gov	WIP research (#HHS.gov/answers-1)	1. Text alteration/removal 3. Moving webpage	Health and Human Services (HHS)	07/29/17	8/6/17	General audience	5. e

* See: Classification of Non-Maintenance Web Content Alterations and Access Reductions to Web Resources for details.

Table 1: ACA Censorship Summarized (continued)

#	Tag	Finding	Sources for finding	ACA-related change classification *	Agency/office website	Changed after:	Changed before:	Intended audiences	Table 2 reference
11	#HHS.gov/answers-2	Removal of reference to the Affordable Care Act on HHS.gov's "Who is eligible for Medicaid?" webpage	WIP research (#HHS.gov/answers-2)	1. Text alteration/removal	Health and Human Services (HHS)	7/11/17	3/30/18	General audience	1.a 5.f
12	#HHS.gov/healthcare-NYT	Alterations to "About the ACA" webpages on HHS.gov's "Healthcare" website	WIP research (#HHS.gov/healthcare-NYT)	1. Text alteration/removal 2. Link alteration/removal 3. Moving webpages 4. Removing section of page	Health and Human Services (HHS)	1/20/17	1/20/17	General audience, Beneficiaries	1.b 2.c 5.g 6.a 7.a
13	#HHS.gov/healthcare-WIP	Removal of "Facts and Features" website from HHS.gov	WIP report (5/14/19)	6. Removing website	Health and Human Services (HHS)	1/30/17	2/9/17	General audience, Beneficiaries, Policymakers and researchers, State/Local actors	1.c 2.d 7.b 10.c 11.a 12.c
14	#HRSA-1	Removal of references to the Affordable Care Act from HRSA's "About the Office of Women's Health" webpage	WIP research (#HRSA-1)	1. Text alteration/removal 2. Link alteration/removal 4. Removing section of page	Health Resources and Services Administration (HRSA)	06/14/16	4/27/17	General audience, Beneficiaries	2.e 4.b 5.h 7.c
15	#HRSA-2	Removal of reference to Medicaid, CHIP, and the Health Insurance Marketplace from HRSA's strategic goals	WIP research (#HRSA-2)	1. Text alteration/removal	Health Resources and Services Administration (HRSA)	5/13/17	4/1/19	General audience	4.c
16	#Medicaid-1	Removal of the Affordable Care Act website from within Medicaid.gov	WIP report (7/10/18)	6. Removing website	Center for Medicaid and CHIP Services (CMCS)	6/2/18	6/11/18	General audience, Beneficiaries, State/Local actors	1.d 5.i 6.b 11.b
17	#Medicaid-2	Removal of reference to the Affordable Care Act from Medicaid.gov's "Medicaid and CHIP Eligibility Levels" webpage	WIP research (#Medicaid-2)	1. Text alteration/removal 2. Link alteration/removal	Center for Medicaid and CHIP Services (CMCS)	6/16/18	7/27/18	General audience	3.b 5.j
18	#Medicare	Removal of the "Affordable Care Act & Medicare" webpage and corresponding links from the Medicare website	WIP report (5/15/18)	1. Text alteration/removal 2. Link alteration/removal 3. Moving webpages 4. Removing section of page 5. Removing webpage	Centers for Medicare and Medicaid Services (CMS)	12/11/17	12/25/17	General audience, Beneficiaries	1.e 5.k 6.c 8.d

* See: Classification of Non-Maintenance Web Content Alterations and Access Reductions to Web Resources for details.

Table 1: ACA Censorship Summarized (continued)

#	Tag	Finding	Sources for finding	ACA-related change classification *	Agency/office website	Changed after:	Changed before:	Intended audiences	Table 2 reference
19	#MentalHealth.gov	Removal of questions and infographic about the Affordable Care Act on MentalHealth.gov	WIP research (#MentalHealth.gov)	1. Text alteration/removal 2. Link alteration/removal	Health and Human Services (HHS)	9/4/17	10/21/18	General audience, Beneficiaries	1.f 6.d 7.d
20	#OCR	Removal of language pertaining to sex discrimination from HHS's Office for Civil Rights webpages about Section 1557 of the Affordable Care Act	WIP report (7/17/18)	1. Text alteration/removal 2. Link alteration/removal 4. Removing section of page 5. Removing webpage	Office for Civil Rights (OCR)	3/15/17	8/18/17	General audience, Beneficiaries, Physicians/ Providers	1.g 3.c 7.e 9.a
21	#OMH-1	Removal of pages, references, and links pertaining to the Affordable Care Act from the Office of Minority Health website	WIP report (2/26/19)	1. Text alteration/removal 2. Link alteration/removal 4. Removing section of page 5. Removing webpage	Office of Minority Health (OMH)	1/6/17	2/28/19	General audience, Beneficiaries, Navigators	1.h 4.d 5.l 7.f 8.e 12.c
22	#OMH-2	Removal of reference to the Affordable Care Act from the Office of Minority Health "History of the Office of Minority Health" webpage	WIP research (#OMH-2)	1. Text alteration/removal	Office of Minority Health (OMH)	8/29/18	10/2/18	General audience	5.m
23	#OPA	Removal of a collection of webpages related to the Affordable Care Act from the Office of Population Affairs website	WIP report (2/7/19)	1. Text alteration/removal 2. Link alteration/removal 4. Removing section of page 5. Removing webpage	Office of Population Affairs (OPA)	4/27/17	6/18/18	Physicians/ Providers, Policy Makers and researchers	9.b 10.d
24	#OWH-1	Removal of Breast Cancer website and related webpages from within the Office on Women's Health website	WIP report (3/29/18)	6. Removing website	Office on Women's Health (OWH)	6/27/17	3/8/18	Beneficiaries	7.g
25	#OWH-2	Removal of "Vision, mission, goals, and history" webpage on the Office on Women's Health website	WIP research (#OWH-2)	1. Text alteration/removal	Office on Women's Health (OWH)	1/19/18	2/2/18	General audience	4.e 5.n
26	#OWH-3	Removal of references to the Affordable Care Act from the Office on Women's Health "Heart-healthy eating" webpage	WIP research (#OWH-3)	1. Text alteration/removal	Office on Women's Health (OWH)	11/17/18	1/6/19	General audience, Beneficiaries	5.o 6.e

* See: Classification of Non-Maintenance Web Content Alterations and Access Reductions to Web Resources for details.

Table 2: ACA Censorship by Intended Audience

Intended Audience	Category	Description of Censorship
General audience	1. General information about the ACA for the public	a) #HHS.gov/answers-2: Text explaining that the ACA has allowed some states to expand Medicaid to cover more people was removed from a page about Medicaid eligibility.
		b) #HHS.gov/healthcare-NYT: i) Summaries of healthcare benefits established by the ACA were removed; ii) Personal stories about individuals' experiences with the ACA were removed.
		c) #HHS.gov/healthcare-WIP: Section of website was removed that included pages explaining how the ACA is making healthcare more affordable, accessible, and of higher quality for all people.
		d) #Medicaid-2: Pages that explained the background of the ACA and topics pertaining to Medicaid- and CHIP-related provisions of the ACA were removed.
		e) #Medicare: Page was removed about the top 5 things to know about the ACA if you have Medicare. This page functioned as a way to inform the public about how the ACA affected Medicare and as a promotional page.
		f) #MentalHealth.gov: Section of the "Health Insurance and Mental Health Services" page about how the ACA helps people with mental health issues was removed.
		g) #OCR: Language describing the specific types of prohibited sex discrimination defined by the rule implementing Section 1557, the nondiscrimination provision of the ACA, was removed.
		h) #OMH-1: Page that provided plain language and promotional information about what the ACA does was removed. Links to additional information about the ACA were also removed.
	2. Healthcare statistics and references to "affordability"	a) #CDC: i) Statistics on "health insurance coverage" were removed from a page about the National Center for Health Statistics (NCHS) and statistics on "access to healthcare" were added in their place; ii) Language was removed stating that the NCHS collects data on affordability of care.
		b) #CMS-2: i) Language about the impacts of the ACA on coverage is no longer included on a page about the National Health Expenditure's (NHE) projections; ii) Mention of the ACA's initial impact on national health spending growth is no longer included on the updated NHE page; iii) Language added to the updated NHE page stating that the elimination of the individual mandate in the 2017 tax legislation will likely lead to reduced insured rates.
		c) #HHS.gov/healthcare-NYT: Text was removed from a page titled "Young Adult Coverage" noting that the ACA makes it "easier and more affordable" for young adults to get health insurance by allowing children to stay on their parents' health insurance plans until they're 26.
		d) #HHS.gov/healthcare-WIP: i) Pages about the impact of the ACA in specific states were removed. These pages included statistics and information about the number of people in each state receiving certain benefits and how much money people are saving because of the ACA. ii) Pages were removed about how the ACA is working for certain vulnerable populations, like Latino communities, including statistics and information about reductions in the number uninsured people from these populations.
		e) #HRSA-1: Language about how the rate of uninsured women has dropped since the ACA's implementation was removed from the "Priorities" section on HRSA's Office of Women's Health "About" page.
	3. Information about special duties of HHS offices defined in the ACA	a) #CMS-3: Text explaining that Section 3008 of the ACA established the Hospital-Acquired Condition Reduction Program was removed . In its place, the new version of the page states that Section 1886(p)(6)(B) of the Social Security Act established the statutory requirements for the program.
		b) #Medicaid-2: Language explaining that because it is required by the ACA CMS helps states calculated Medicaid and CHIP eligibility using modified adjusted gross income (MAGI) was removed .
		c) #OCR: Language describing the specific types of prohibited sex discrimination that OCR can enforce and take legal action against was removed.
	4. Priorities of HHS offices or programs	a) #CDC: Text referring to "the Affordable Care Act" as an example of a major policy initiative that the National Center for Health Statistics tracks was removed.
		b) #HRSA-1: Text stating that the ACA is a priority of HRSA's Office of Women's Health was removed . The "Priorities" section of the "About" page previously included a section with the header "Affordable Care Act."
		c) #HRSA-2: Text stating that one of HRSA's objectives is "increasing enrollment in and utilization of health insurance through Medicaid, CHIP, and the Health Insurance Marketplace" was removed and replaced with text stating that its goal is to "connect HRSA patient populations to primary care and preventive services."
		d) #OMH-1: Link with the text "Affordable Care Act" was removed from the "Strategic Priorities" section of Office of Minority Health homepage. The link led to the now-removed "Affordable Care Act" page.
		e) #OWH-2: Language stating that the ACA is a topic that OWH supports through campaigns, programs, and policies was removed.

Table 2: ACA Censorship by Intended Audience (cont.)

Intended Audience	Category	Description of Censorship
General audience	5. Explicit use of the term "Affordable Care Act" or "ACA" on live webpages	a) #ASPE: i) Title of a page was changed from "Affordable Care Act Research" to "Historical Research;" ii) Language was removed from the "Background" section of the page that described the positive impacts of the ACA; iii) Term "Obamacare" was added on the newly renamed "Historical Research" page and the term "Affordable Care Act" was placed in parentheses next to it.
		b) #CDC: Term "Affordable Care Act" was removed from pages about the CDC National Center for Health Statistics. Previously, the ACA was used as an example of a policy initiative policymakers seek to understand using NCHS data.
		c) #CMS-2: Two mentions of the term "Affordable Care Act" were removed from a page about the projected National Health Expenditure. The term was removed with text explaining how the ACA has increased coverage and its impact on national health spending growth. New content on the page does not mention the term "Affordable Care Act" even though information about
		d) #CMS-3: Term "Affordable Care Act" was removed from a page about the Hospital-Acquired Condition Reduction Program. Text was removed stating that Section 3008 of the ACA established the Hospital-Acquired Condition Reduction Program. Instead, the new version of the page states that Section 1886(p)(6)(B) of the Social Security Act established the statutory requirements for the program.
		e) #HHS.gov/answers-1: Page titled "Affordable Care Act" was removed with FAQs about the ACA. A new page labelled "Health Insurance Reform" contains the same FAQs about the ACA that were on the removed page, as well as information about health insurance beyond the ACA.
		f) #HHS.gov/answers-2: Term "Affordable Care Act" was removed from a page about who is eligible for Medicaid. The term was removed with text explaining that some states have expanded Medicaid because of the ACA.
		g) #HHS.gov/healthcare-NYT: i) Term "the Affordable Care Act" was removed from the HHS.gov homepage. The text served as a link to a page about the ACA, with links to websites with additional information about the law. ii) Term "the Affordable Care Act" was removed and replaced with "current law" on a page about pre-existing conditions. The term was changed in a paragraph explaining that insurance companies cannot charge people more for having pre-existing conditions. iii) Term "the Affordable Care Act" was removed and replaced with "current law" on a page about coverage for young adults. The term was changed in a paragraph explaining that parents can add or keep their children on health plans until they turn 26 years old.
		h) #HRSA-1: i) Term "Affordable Care Act" was removed from the "About the Office of Women's Health" page. The page previously explicitly listed the ACA under its "Priorities" section. ii) Term "Affordable Care Act" was removed from the updated "Women's Preventive Services Guidelines" page. The term was used on the old version of the page to explain how the ACA helps make preventive health services more affordable. The old version of the page is still live, but notes that HRSA updated the Women's Preventive Services Guidelines and links to the current version.
		i) #Medicaid-1: i) Term "Affordable Care Act" was removed from the main menu of the Medicaid.gov website. Previously, the term served as a link to the removed "Affordable Care Act" page and was a dropdown with links to other pages about topics related to the ACA. ii) Term "Affordable Care Act" was removed from the Medicaid.gov site map. Previously, the term served as a header for the ACA as a topic on the website and listed related pages below it. It also linked to the removed "Affordable Care Act" page.
		j) #Medicaid-2: Term "Affordable Care Act" was removed from a page about Medicaid and CHIP eligibility levels. The term was removed with text explaining that states have converted their Medicaid and CHIP eligibility levels for certain populations to be based on modified adjusted gross income (MAGI) because it is required by the ACA.
		k) #Medicare: Term "Affordable Care Act" was removed from Medicare.gov's "About Us" page. Previously, the term served as a link to the removed "The Affordable Care Act & Medicare" page.
		l) #OMH-1: i) Term "Affordable Care Act" was removed from the OMH website's homepage. Links with the text "Affordable Care Act" were removed from the "Strategic Priorities" section of the homepage and from the "What We Do" dropdown in the main menu of the website. The links led to the now-removed "Affordable Care Act" page. ii) Term "Affordable Care Act" was removed and replaced with the phrase "the Health Care Law" on a page about guidance for American Indians and Alaska Natives. This page has since been removed completely.
		m) #OMH-2: Term "Affordable Care Act" was removed from a page about OMH's history. Text explaining that OMH exists because it was "reauthorized by the Affordable Care Act (ACA) in 2010" was changed to "reauthorized by health care legislation signed into law in 2010."
		n) #OWH-2: Term "Affordable Care Act" was removed from OWH's "Vision, mission, goals, and history" page. The term was previously used as an example of policy areas which OWH supports.
		o) #OWH-3: Term "Affordable Care Act" was removed from a page about healthy eating. The term was removed with text stating that "nutrition counseling for adults at higher risk of chronic disease must be covered by most insurers under the Affordable Care Act (health care law)."

Table 2: ACA Censorship by Intended Audience (cont.)

Intended Audience	Category	Description of Censorship
Beneficiaries	6. Information directed toward insured individuals to inform them about benefits or services available to them under the ACA	a) #HHS.gov/healthcare-NYT: Pages were removed with information about benefits established by the ACA, specifically about emergency services, doctor choice, and that insurance companies are required to provide consumers with a summary of a health plan's benefits and coverage.
		b) #Medicaid-1: A page was removed with information about how the ACA changed benefits for Medicaid enrollees, including links to the section of the law that explains each benefit.
		c) #Medicare: Page was removed with information about how benefits for Medicare recipients were expanded and changed under the ACA.
		d) #MentalHealth.gov: Text was removed explaining that most health plans must cover preventive services for mental health problems, such as behavioral assessments for children and depression screenings for adults, at no additional cost.
		e) #OWH-3: Text was removed about how, under the ACA, adults at higher risk of chronic disease can receive coverage for nutrition counseling.
	7. Information directed toward underserved groups to inform them about rights, benefits, or special services available to them under the ACA	a) #HHS.gov/healthcare-WIP-NYT: Text was removed stating that women cannot be charged more for health insurance than men under the ACA.
		b) #HHS.gov/healthcare-WIP: Text was removed stating that women cannot be denied or charged more for health insurance because of their gender under the ACA.
		c) #HRSA-1: Text was removed from the "About the Office of Women's Health" page explaining that the Women's Preventive Services Guidelines define services that all health plans must cover at no additional cost.
		d) #MentalHealth.gov: Text was removed explaining that health plans cannot deny individuals coverage or charge them more for having pre-existing conditions, including mental illnesses.
		e) #OCR: Text was removed describing forms of sex discrimination in healthcare settings that are prohibited under Section 1557 of the ACA.
		f) #OMH-1: i) Page was removed that included links to resources about preventive services and other benefits that patients with coverage under the ACA can access at no cost. Targeted audiences of the OMH website include racial minority groups. ii) Page was removed that had information about benefits American Indians and Alaska natives receive under the ACA.
		g) #OWH-1: Text was removed stating that some women have previously not had regular mammograms due to cost and lack of insurance, and that, under the ACA, women over 40 can receive mammograms at no cost.
	8. Information or links that made HealthCare.gov services for enrolling in ACA coverage accessible to consumers	a) #ACF: Link to HealthCare.gov was removed from the footer of the Administration for Children and Families domain, www.acf.hhs.gov. The footer is used by several ACF office websites, including the website for the Office of Refugee Resettlement.
		b) #CMS-1: Link to HealthCare.gov was removed from the header of the CMS.gov domain. HealthCare.gov was linked from the text, "Learn about your healthcare options," which was also removed.
		c) #HealthCare.gov: i) Text and links were removed that provided information about how people can apply for ACA coverage by phone and mail. They were removed from a page specifically about ways to apply for coverage. ii) Text and links were added to the page about ways to apply for coverage that provide information about applying for coverage through third-partner websites and brokers and agents.
		d) #Medicare: Page was removed about the Affordable Care Act, which included a link to HealthCare.gov under a section titled "related resources."
		e) #OMH-1: Page was removed about the Affordable Care Act, which included a link to HealthCare.gov.

Table 2: ACA Censorship by Intended Audience (cont.)

Intended Audience	Category	Description of Censorship
Physicians/ Providers	9. Resources or training materials for physicians or healthcare providers about compliance or service provision under the ACA	a) #OCR: Page was removed that included links to and descriptions of resources used to train healthcare providers and insurers about Section 1557, the nondiscrimination provision of the ACA.
		b) #OPA: Page was removed with links to and descriptions of resources that assist Title X healthcare providers with implementation of ACA family planning activities.
Policymakers and researchers	10. Resources that enabled healthcare or economic researchers and policymakers to evaluate the efficacy of the ACA	a) #ASPE: Descriptive text was removed from beneath the titles and links to 125 ACA-related research articles on a page about ACA research.
		b) #CMS-2: Language and statistics were removed regarding projected impacts of the ACA on healthcare coverage and spending from a page about the National Health Expenditure.
		c) #HHS.gov/healthcare-WIP: i) Pages were removed about the impact of the ACA in each state, including data about the number of newly insured people and other changes in coverage. ii) Pages were removed about how the ACA is working for populations including statistics and information about reductions in the number uninsured people.
		d) #OPA: Page was removed about the "Affordable Care Act Collaborative," which explained projects that would study the impact of ACA-related health system changes on Title X centers.
	11. Information or resources that enable the work of state and local policymakers and actors	a) #HHS.gov/healthcare-WIP: Pages were removed about the impact of the ACA in each state, which included data about the number of people receiving certain types of coverage and benefits, and how much money people are saving.
		b) #Medicaid-1: i) Pages were removed that included information about grants available to states for improving and streamlining coverage between the ACA and Medicaid. ii) Pages were removed with information about delivery and reporting requirements.
Navigators and assisters	12. Information or resources that enabled the work of health insurance navigators and assisters	a) #CMS-marketplace-1: PDF presentation was removed titled "Marketplace Outreach: Best Practices for Outreach to Latino Communities," which included information about challenges to and strategies for enrolling members of Latino communities for health coverage.
		b) #CMS-marketplace-2: Slides were removed from the PDF for a presentation titled "Tips for FFM Assisters on Working with Outside Organizations." The topics of the removed slides include "Consumer Grievances, Complaints, and Questions about Health Coverage," "Consumer Questions about Certain Tax Topics," and "Referrals to Other Assisters."
		c) #OMH-1: Page was removed titled "Fact Sheet for Assisters" which provided information to help assisters enroll Compact of Free Association (COFA) migrants — migrants from the Republic of the Marshall Islands (RFI), the Federated States of Micronesia (FSM), and the Republic of Palau — in coverage.

Chapter 1: Documenting Widespread Website Censorship of Affordable Care Act Content

The general public turns to government websites to learn more about the ACA; beneficiaries need to be able to access information about benefits and services to which they are entitled; and individuals who serve or assist beneficiaries — including healthcare providers and navigators — should be able to find resources that facilitate their work informing the public and explain how to comply with the law.

However, HHS offices have censored ACA-related content that provided information for a wide variety of audiences. This chapter details the examples of censorship we have found thus far. It is divided into three sections organized around the intended audience of the content, which delve into the different types of censorship and the impact they could have if used widely across federal websites. Each section is devoted to explaining censorship of information and materials intended for one of three different audiences:

1. A general audience;

2. ACA beneficiaries;

3. Those serving and assisting federal healthcare recipients (including healthcare providers, researchers, policymakers, and navigators).

As noted in the introduction, Table 1 details each finding of censorship. Table 2 details the categorization of each finding by audience and the nature of the ACA-related censorship.

Agencies have taken a varied set of approaches to altering information and censoring online content, each of which has a different possible impact on each audience, and a different potential impact on the law itself. Though federal agencies are expected to maintain usable and quality information on their websites, the government does little to enforce the maintenance, presence, or accessibility of digital content; this lack of regulation facilitates these forms of censorship. By detailing examples of each form of ACA-related censorship and the possible effect they could have if used on a large scale, this chapter demonstrates the efficient and unregulated means the executive branch possesses to undermine, and even sabotage, congressional mandates it wants to see undone.

Censorship of ACA content intended for a general audience

Offices across HHS have censored ACA-related content on websites intended to provide a general audience with basic information about what the ACA is and does. We have divided the censored content into five categories:

- General information about the ACA;

- Healthcare statistics and references to "affordability";

- Information about special duties of HHS offices defined in the ACA;

- Priorities of HHS offices or programs;

- Explicit use of the terms "Affordable Care Act" or "ACA" on live webpages.

Below are descriptions of censored content from each of these categories, followed by an assessment of how censorship in each category has or could have an impact on the public. Overall, the censorship documented in this section reduces public access to information, including making some information entirely unavailable, about what the Affordable Care Act is and the government's role and responsibility in implementing it. With time, if information remains inaccessible, the public may have less understanding of their stake in the law's success and their ability to hold the government accountable for carrying it out. Ultimately, this could even lead to lower rates of enrollment and support for the ACA.

1. General information about the ACA for the public

At least six HHS offices have removed ACA-related content intended to provide general information about the law.

Removed content included information about how the law works and serves people, and material intended to promote the law:

- On HHS.gov's "Healthcare" website, multiple collections of webpages have been removed. The pages provided the public with information about benefits established by the ACA and how the ACA has improved the quality and affordability of healthcare for all people (#HHS.gov/healthcare-NYT; #HHS.gov/healthcare-WIP);

Unwarranted removals of current information about legal rights like the type we saw in **#OCR** may be prevented by improving agency processes.

WIP Recommends:

Agencies adopt a formal process of writing memos that review whether content should be moved to archives

- Webpages and content are moved to archives only when a review concludes that some aspect of them is out of date.
- A brief memo should be created that states which content is out-of-date and, to the extent possible, where up-to-date information can be found (including if a new resource has been created).

- A page with general information about the ACA was removed from the Office of Minority Health (OMH) website. The page served as a landing page that linked to other pages with information about how the ACA works (#OMH-1);

- Language that described rights ensured under the ACA was removed from the HHS Office of Civil Rights (OCR) website. The removed language had specified the prohibition on sex stereotyping and discrimination based on gender identity (#OCR).

Offices also removed general information about how the ACA affects specific types of coverage or health services:

- Pages removed from Medicaid.gov and text removed from an HHS.gov webpage provided information about specific ACA provisions related to Medicaid, including that the law allowed for states to expand Medicaid to cover more people (#Medicaid-1; #HHS.gov/answers-2);

- A page removed from Medicare.gov provided information on improved access to care and benefits for Medicare recipients under the ACA (#Medicare);

- A page titled "Health Insurance and Mental Health Services" on MentalHealth.gov was altered to remove information about access to mental health and substance abuse services under the ACA (#MentalHealth.gov).

The examples described above detail only cases in which content was not moved to other places on the same website and which cannot be considered an attempt to integrate ACA-related information into the broader HHS web presence. There have been other removals of ACA information intended for general audiences that reflect not censorship, but rather efforts by offices to integrate ACA-related information into broader healthcare-related content. For example, HHS moved ACA FAQs from a separate page on the ACA to a broader FAQ page about "Health Insurance Reform" (#HHS.gov/answers-1).

If pursued on a large scale, removals of general information about the ACA could reduce awareness of the ACA among the public, which could ultimately reduce enrollment of new consumers and diminish the stability of the Marketplace.[30] This instability is exactly the goal of the Trump administration, which has been clear that it wants to see the ACA fail.[31]

The changes and removals of broad, general information may reduce awareness of the ACA by limiting the availability of information about its existence and the rights and benefits it affords people. If people do not know about the benefits they can receive and the reasons they should enroll in coverage through the ACA, they may be less inclined to do so.

Removing information about the impact of the ACA on healthcare and coverage also means people may be less informed about how they are personally affected by the law. For example, removing the explanation in #HHS.gov/answers-2 that the ACA was responsible for expanding Medicaid in some states may mean fewer Medicaid recipients understand how their coverage and personal interests are dependent on the ACA remaining law.

2. Statistics and terminology about healthcare coverage and affordability

Numerous offices within HHS have censored statistics and terminology about the beneficial effects of the ACA, like increased coverage rates and the affordability of care, on their websites.

Censorship of statistics related to the ACA's impact on healthcare coverage and costs include:

- The Centers for Medicare and Medicaid (CMS) removed statistics about the gains in healthcare coverage under the ACA from a webpage about the National Health Expenditure (NHE) (#CMS-2);

- On a webpage about the National Center for Health Statistics (NCHS), the Centers for Disease Control and Prevention (CDC) removed statistics conveying information about "health insurance coverage" and replaced them with statistics about "access to healthcare" (#CDC);

- On HHS.gov, pages were removed about the impact of the ACA in each state, including statistics about the number of people receiving specific types of benefits and how much money people are saving because of the ACA (#HHS.gov/healthcare-WIP);

- Also on HHS.gov, pages that provided statistics about the reduction in the number of uninsured people from vulnerable populations, like Latinos and women, were removed (#HHS.gov/healthcare-WIP);

- The Health Resources and Services Administration (HRSA) removed statistics on the rate of uninsured women since the ACA's implementation from its website (#HRSA-1).

In addition to removing statistics relating to healthcare coverage under the ACA, in at least one instance, CMS has added language on insured rates that deliberately avoids referring to the law. On the page about the NHE, CMS added language that alludes to the ACA without naming it (#CMS-2). The language suggests that insured rates might decline in 2019 as a result of the 2017 tax legislation

Sudden and unannounced removals, like the removal of the "Affordable Care Act" website from Medicaid.gov (#Medicaid-1), cause undue confusion to Americans who rely on the information they contain.

WIP Recommends:

Agencies issue formal press releases or public statements announcing web changes or removals.

- The statements should include links to archived versions of altered or removed pages.

- Agencies should generate special archives about the ACA- and healthcare-related content.

that "eliminated the individual mandate," but does not note that the individual mandate was established by the ACA.

Additionally, HHS offices have removed language related to "affordable coverage" and "affordability":

- The altered CDC page previously mentioned that the NCHS collects data on "affordability of care" ([#CDC](#CDC));

- Removed and altered pages on HHS.gov previously noted that the ACA is "working to make healthcare more affordable" (#HHS.gov/healthcare-WIP);

- On a still-live HHS.gov page about young adult healthcare coverage, the agency removed text that noted how the ACA makes coverage more affordable for young adults (#HHS.gov/healthcare-NYT).

Potential impact of censorship
of statistics and terminology about healthcare coverage and affordability

Removing statistics and terminology that convey information about changes in rates of healthcare coverage and costs gives the public less opportunity to learn about the impact the ACA has had on coverage and healthcare. The [majority](#) of Americans think that the government should be responsible for making sure people have healthcare coverage.[32] Access to reliable data showing the impact the ACA has had on rates of coverage is thus critical for the public to be able to assess their support of the law.

In many of the examples above, HHS offices completely removed relevant statistics and terminology from their websites, rendering it impossible for an interested individual to find data on increased rates of healthcare coverage on the NHE page ([#CMS-2](#CMS-2)) or the rate of uninsured women from the HRSA page (#HRSA-1). In other instances, HHS offices have obfuscated the issues by switching out relevant measures of coverage with less relevant ones, thus making it more difficult for an individual to understand the impact of the ACA. For example, CDC replaced statistics about "health insurance coverage" with statistics about "access to healthcare" ([#CDC](#CDC)). The "access to healthcare" statistics measure the number of people who have the option to enroll in coverage. They do not provide any insight into the number of people who are covered by health insurance. Without this data, interested individuals are less able to assess the impact of the ACA and less able to come to meaningful policy positions.

More than making it difficult to assess the impact of

the ACA in terms of insured rates, the removal of statistics and terminology about the costs and affordability of care may mean discussions of costs and affordability are less prominent in debates and discussions about healthcare. When the conversation is framed in terms of "access" rather than "affordability," very different discussions flow and different policy proposals gain traction. These removals may contribute to the reframing of the healthcare debate and ultimately affect the public's stance on the law.

Additionally, removing information about affordability may result in fewer Marketplace participants. If people do not associate ACA coverage with affordability, they may think that they personally cannot afford it and may not support the continued existence of the policy. Without information describing the relatively low cost of subsidized health plans, people may think that they simply cannot afford insurance, and may ultimately forego enrolling in coverage, thereby undermining enrollment rates and weakening the case for the ACA.

As the political debate over healthcare reform continues with attempts to repeal the ACA and [plans to expand](#) healthcare by Democrats, the public should have access to information that allows them to compare the impacts the ACA has on coverage rates and costs to those of proposed policies to inform their stance on each.[33] Instead, the administration has censored online content about the law in order to control the narrative and shift the focus of the healthcare debate away from increasing coverage and the affordability of care to a much weaker concept of "access" to healthcare.

3. Information about special duties of HHS offices defined in the ACA

The ACA assigned duties such as assisting states and enforcing non-discrimination provisions, to particular HHS offices and established new programs and offices. Information about some of those duties and offices has been removed from multiple HHS websites.

Language removed from Medicaid.gov and the Office for Civil Rights (OCR) websites obscured information about functions CMS and OCR are required by the ACA to carry out:

- On an altered Medicaid.gov page, CMS removed language about Medicaid and CHIP eligibility that explicitly identified the agency's role in helping states "convert" their Medicaid and CHIP eligibility levels to be based on modified adjusted gross income (MAGI), which is required under the ACA (#Medicaid-2);

- OCR obscured information about the forms of sex discrimination it must enforce against by removing text that defined sex stereotyping as a type of sex discrimination on webpages about the ACA's non-discrimination provision;

- Language removed from a CMS page about the Hospital-Acquired Condition Reduction (HACR) Program obscured information about how the ACA established the HACR program (#CMS-3). The altered CMS page makes no reference to the ACA's role in creating the program, instead explaining that the program's "*statutory requirements*" were established by a section of the Social Security Act.[34]

Potential impact of censorship
of information about special duties of HHS offices

By censoring information about programs and requirements established by the ACA, such as CMS helping states with Medicaid and CHIP eligibility and OCR enforcing prohibitions on specific forms of sex discrimination, HHS offices limit the capacity of the public to hold them accountable.

For example, by removing language explaining how CMS works with states to fulfill an ACA requirement (that Medicaid and CHIP eligibility be based on MAGI), the office has made it more difficult for state officials and the public to understand what the role of CMS is in determining eligibility, and therefore more difficult to assess if CMS is adequately performing this role, or performing it at all.

Similarly, in the case of #OCR, the text that has now been removed may have provided lawyers and the public with information about OCR's role in taking action against sex discrimination. By obscuring the definition of "sex discrimination," the removal in turn concealed the full extent of OCR's obligations to individuals who experience sex discrimination in healthcare settings.

Additionally, as with so many other removals, removing references to the ACA as the originator of programs and duties serves to diminish the effects and breadth of the law and, if done on a large-scale basis, could result in the public being ignorant of its true impact. For example, the removal of text in #CMS-3 creates a disconnect between the Hospital-Acquired Condition Reduction Program and the ACA. Severing the explicit connection between this entity and the ACA undermines the law by hiding from the public the full extent of what the ACA is responsible for creating.

4. Information on priorities of HHS offices or programs

Several offices have removed language from their websites that indicated the implementation of the ACA was one of their priorities. In most of these cases, these changes occurred to webpages intended to inform the public about the function and purpose of the office and were not reflected in the corresponding offices' formal strategic plans, which lay out official priorities for various federal offices.[35]

HHS's Office on Women's Health (OWH) and the Health Resources and Services Administration (HRSA) sub office, the Office of Women's Health — both [mandated by the ACA](#) under provisions to improve health of women — removed text indicating that the ACA is a specific priority of their offices ([#OWH-2](#); [#HRSA-1](#)).[36] While neither office appears to have a recent formal strategic plan, both offices previously listed the ACA on webpages about their purpose and mission:

- HRSA's Office of Women's Health listed the ACA as a priority area on its "About" page ([#HRSA-1](#));

- OWH explained on its "Vision, mission, goals, and history" page under the "About Us" section of its website that it "supports a variety of campaigns, programs, and policies around the Affordable Care Act." ([#OWH-2](#)).

OMH and the CDC National Center for Health Statistics (NCHS) also removed text and links that indicated the ACA was a priority of their offices ([#OMH-1](#); [#CDC](#)):

- OMH, which was reauthorized by the ACA and does not appear to have a recent strategic plan, removed a link with text "Affordable Care Act" from under the "Strategic Priorities" section of the web-

site's homepage and from the "What We Do" dropdown located in the website's top menu ([#OMH-1](#));

- NCHS, which has had the same "[Official Mission/Function Statement](#)"[37] [since 2016](#),[38] removed a reference to the ACA from an "Overview" page about the center. NCHS previously noted that it uses data it collects to "track the impact of … the Affordable Care Act." On a fact sheet about how it uses data, NCHS also removed text explaining that Congress and other policymakers use NCHS data to understand the effects of various policies, including "implementation of the Affordable Care Act" ([#CDC](#)).

The website changes cited above were not reflected in the strategic plans of their corresponding offices. One exception to this was the Health Resources and Services Administration (HRSA), which formally altered its strategic plan for fiscal years 2019-2022 to remove increasing Marketplace enrollment from its objectives ([#HRSA-2](#)). Under the goal to "Improve Access to Quality Health Care and Services," HRSA removed "increasing enrollment in and utilization of health insurance through Medicaid, CHIP, and the Health Insurance Marketplace" as an objective and replaced it with "Connect HRSA patient populations to primary care and preventive services."

Potential impact of censorship
of information on priorities of HHS offices or programs

HHS offices altering their priorities on webpages serves as a way to communicate their de-prioritization of the ACA without going through a formal strategic planning process (see Part 6 of [circular](#) from the Office of Management and Budget (OMB)),[35] during which agencies are encouraged to submit a draft of their plans to OMB, and are required to notify Congress of the draft's availability online. The removals detailed in [#HRSA-1](#), [#OWH-2](#), [#OMH-1](#), and [#CDC](#) demonstrate website changes that *de facto* alter the formally communicated priorities and functions of the offices. Without updated strategic plans that describe the objectives and goals of the offices, public-facing content on the offices' websites serves as the clearest indicators of their priorities.

The ACA [codified](#) the establishment of HRSA's Office on Women's Health,[36] OWH, and reauthorized the OMH. All of these offices have a role in carrying out provisions of the ACA as part of their broader missions, which are to make healthcare more accessible to women (HRSA's Office of Women's Health and OWH) and racial and ethnic minorities (OMH), both underserved populations. For instance, under the ACA, underinsured women can receive free mammograms, which both of the women's health offices should help ensure ([#OWH-1](#) and [#HRSA-1](#) detail the removal of language that explained this provision). In actively removing language that stated the ACA was a priority on their websites, these offices are communicating their de-prioritization of implementing and supporting the law that solidified their existence and gave them new authority.

5. Explicit use of the terms "Affordable Care Act" or "ACA" on live webpages

Many HHS offices have censored swaths of ACA information by removing entire webpages about the ACA from their websites, but at least nine HHS offices have employed a more subtle technique: repeatedly altering still-live pages to censor just the term "Affordable Care Act" or "ACA."

Often the term "Affordable Care Act," was replaced with references to the "health care law" or "current law." This type of change happened on:

- HHS.gov, on pages about pre-existing conditions and young adult coverage (#HHS.gov/healthcare-NYT);

- The OMH website, on pages about the office's history and about guidance for American Indians and Alaska Natives about the ACA (#OMH-2; #OMH-1).

Notably, in changing the page with guidance for American Indians and Alaska Natives, OMH censored the name of the ACA on a page about the ACA itself (#OMH-1).

In other instances, offices have altered the titles of pages with content about the ACA so that they no longer include a reference to the law, thereby obscuring the fact that they include ACA-related information:

- On the Assistant Secretary for Planning and Evaluation (ASPE) website, the title of a page that lists research articles about the ACA was changed from "Affordable Care Act Research" to "Historical Research" (#ASPE);

- Content on an HHS.gov FAQ titled "Affordable Care Act" was moved to an FAQ with information about health insurance more broadly titled "Health Insurance Reform" (#HHS.gov/answers-1).

Sometimes agencies excised the term "Affordable Care Act" from webpages without replacing it with another phrase to refer to the ACA, completely removing any reference to the law.

This occurred in prominent locations on the homepages of websites, such as:

- The top menu on Medicaid.gov (#Medicaid-1);

- The top menu on the OMH website and from the homepage in the "Strategic Priorities" section (#OMH-1).

It also occurred on the "About" pages of websites — pages that explain the history and mission of offices —- such as:

- The "About Us" page of Medicare.gov, which previously listed info about the ACA and a link to a page about the law (#Medicare);

- The "Vision, mission, goals, and history" page on the OWH website (#OWH-2);

- The "About" page of the website for HRSA's Office of Women's Health (#HRSA-1);

- The "Overview" page for the National Center for Health Statistics (#CDC).

And it occurred on other pages explaining the offices' work, such as:

- On a page on the HRSA website about women's preventive services, which no longer explains that the ACA is responsible for making preventive services more affordable (#HRSA-1). The page still indicates that women can receive coverage for preventive services;

- On a page about NCHS data on CDC.gov, on which the ACA was removed as an example of a policy initiative that can be better understood using NCHS data (#CDC).

Some offices took a more heavy-handed approach, removing entire sentences or paragraphs that contained the term "Affordable Care Act," and thereby removing informational content:

- Medicaid removed a sentence that explained that states have converted their Medicaid and CHIP eligibility levels to be based on modified adjusted gross income (MAGI) because it is required by the ACA (#Medicaid-2);

- HHS removed a sentence that explained that some states expanded Medicaid because of the ACA (#HHS.gov/answers-2);

- CMS removed paragraphs explaining that the ACA established the Hospital-Acquired Condition Reduction Program, and how the ACA has affected coverage on a page about the National Health Expenditure (#CMS-2; #CMS-3). Notably, when CMS added information about the ACA's individual mandate to the page about the National Health Expenditure, the term "Affordable Care Act" was not used and the law was not referenced at all (#CMS-2);

Potential impact of censorship
of the terms "Affordable Care Act" or "ACA"

When done on a widespread basis across government websites, altering webpages to remove any reference to the ACA using terms other than "Affordable Care Act" — the shorthand for the law's full name, the "Patient Protection and Affordable Care Act" — or "ACA," may serve as a way to reduce awareness of the law and shift the focus of political discussions about healthcare away from the topic of affordability. It may also make it more difficult for people to find information they are looking for using commonly known terms.

By removing the FAQ category "Affordable Care Act" from its central FAQ repository, HHS made it more difficult for users to find information using a term that is commonly equated with health insurance and purchasing coverage. The changes might also create confusion about the status of the law, and whether the rights and benefits established in the law still remain. For example, ASPE changing the title of its page from "Affordable Care Act Research" to "Historical Research," sends a message that the ACA is "historical," and readers may well conclude

that the ACA is no longer law and that the research included on the page is no longer current and applicable.

#Medicaid-1, #OMH-1, #HRSA-1, and #Medicare are all examples of offices removing the term from prominent locations on their websites. As with the removals that reflected changes to office priorities in Category 4, this again serves as a way to reduce visibility and awareness of the law and shows how these offices have de-prioritized the ACA.

Removing the term "Affordable Care Act" (or "Patient Protection and Affordable Care Act") reduces the prominence of affordability in discussions about the ACA, and healthcare more broadly. Referring to the ACA by a name such as "Obamacare," especially on a page about the ACA now titled "Historical Research," may serve to politicize the law by attributing it to the previous administration. The subtle ways offices excised the terms "Affordable Care Act" or "ACA" from webpages demonstrate how the government can change public perception and understanding of laws through even small changes to public information online.

- OWH removed a sentence from a page about healthy eating that explained that nutritional counseling is available to certain adults under the ACA ([#OWH-3](#)).

ASPE also erased the term "Affordable Care Act" from the title of a page with ACA-related research. However, it did not completely remove references to the ACA from the page. Instead, it added "Obamacare" — an informal term sometimes used to deride the ACA — to a description of the ACA on the page ([#ASPE](#)).

In sum, the five approaches to ACA censorship that we have defined and detailed here (the removal of general information; the removal of statistics; the removal of information about the non-marketplace aspects of the ACA like the Medicaid expansion; the removal of ACA-related priorities and strategic goals; and the removal of the term "Affordable Care Act") have the capacity to undermine the ACA by reducing public awareness of the law and its provisions. Reducing public awareness may ultimately depress uptake of Marketplace coverage and weakening public support for the law. If these outcomes occur, the political case for repeal gets stronger — exactly the outcome the administration is seeking.

Censorship of ACA content intended for ACA beneficiaries

HHS offices have censored content intended to provide ACA beneficiaries with information about benefits and services they are afforded under the law and information about enrollment. We have divided the censored content into three categories:

- Information directed toward insured individuals to inform them about benefits or services available to them under the ACA;

- Information directed toward underserved groups to inform them about rights, benefits, or special services available to them under the ACA;

- Information or links that made HealthCare.gov services for enrolling in ACA coverage accessible to consumers.

Using these forms of censorship, offices can negatively affect public access to healthcare services. A public with low rates of awareness about the ACA has even fewer opportunities to learn about enrolling in coverage and accessing benefits.[40] Without this information, beneficiaries may never seek out services they need or even enroll in coverage.

6. Information directed toward insured individuals to inform them about benefits or services available to them under the ACA

On many HHS websites, offices provide information about benefits and services the public can access. Since the Trump administration took office, offices have frequently removed pages and information about benefits or services offered to individuals covered by insurance through the ACA.

Pages removed from Medicaid.gov and Medicare.gov, for instance, included information about how the ACA expanded health benefits for Medicaid and Medicare recipients (#Medicaid-1; #Medicare). Importantly, the removed Medicare.gov page informed recipients that the ACA did not change existing Medicare benefits, and emphasized that they do not need to enroll during Open Enrollment in order to keep their Medicare coverage.

Several offices removed content from their websites about specific services insured indi-

viduals can receive at no additional cost under the ACA:

- Removed pages from HHS.gov explained that beneficiaries of the ACA have a right to choose their physician and access emergency services (#HHS.gov/healthcare-NYT);

- Text removed from a MentalHealth.gov page titled "Health Insurance and Mental Health Services" informed the public that most health plans must cover mental health preventive services, like children's behavioral assessments and depression screenings, at no additional cost (#MentalHealth.gov);

- Text removed from an OWH page about healthy eating explained that, under the ACA, adults can receive free or low-cost coverage for nutritional counseling (#OWH-3).

OWH also removed from their websites information about benefits the ACA guarantees to specific populations. The information removed noted that nutritional counseling is offered to adults who are at higher risk of chronic disease (#OWH-3).

Potential impact of censorship
of information for insured individuals

Many agencies have posted web content intended to help individuals with ACA coverage understand the benefits and services to which they are entitled . Removal of such content may inhibit the ability of those with ACA coverage to access benefits and services, such as preventive care and medications.

By removing central pieces of information about ACA services and benefits — such as the mental health services described in #MentalHealth.gov and family planning services described on the removed #Medicaid-1 "Benefits" page — insured individuals may be less likely to ever know about them.

Removing information about ACA coverage — such as information described in #HHS.gov/healthcare-NYT and #Medicare that certain people do not need to sign up for coverage during Open Enrollment — can also create stress and confusion. Without this information, people may question whether they need to seek new coverage.

Agencies are expected to maintain their websites to include relevant and accurate information about services they provide or with which they assist, and yet these findings show that many HHS offices have instead censored this information. Ultimately, the lack of awareness and confusion that stems from these removals may deny people potentially life-saving services to which they are legally entitled and need.

7. Information directed at under-served groups to inform them about rights, benefits, or special services available to them under the ACA

In addition to censorship of information about ACA benefits directed toward insured individuals broadly, there has been a pattern of removals of online content specifically intended to inform underserved populations about the rights or services accessible to them under the ACA.

On several webpages, offices removed information that specifically informed women about their rights to coverage and services:

- Text removed from the HRSA and OWH websites explained that the ACA extends coverage so that women can access certain preventive services at no additional cost (#HRSA-1; #OWH-1);

- Content that explained that women cannot be charged more for or denied coverage because of their gender was removed from multiple HHS.gov pages (#HHS.gov/healthcare-NYT; #HHS.gov/healthcare-WIP);

- OCR removed text about sex discrimination and rights afforded to women and the LGBTQ community under the ACA (#OCR).

Pages and text with information about ACA benefits and services intended for racial minorities were removed from the OMH website (#OMH-1). General information about the ACA, and targeted content including a page informing American Indians and Alaska Natives about their benefits under the ACA, was removed.

Additionally, text with information about ACA benefits and services intended for people with mental illness were removed from MentalHealth.gov. The content explained that health plans cannot deny people with mental illness coverage or charge them more for their pre-existing condition (#MentalHealth.gov).

Potential impact of censorship
of information for underserved groups

Evidence suggests that a lack of awareness of the ACA among uninsured people may impede higher enrollment in health coverage.[41] The removal of ACA-related content, then, may mean that vulnerable, underserved populations — like women[42] and racial minorities[43] — are less likely to learn about the ACA and what it can do for them.

For instance, the removal of specific content about sex discrimination detailed in #OCR ultimately means the loss of information about how people cannot be discriminated against in healthcare settings because of their gender identity or how feminine or masculine they act. This may result in people not understanding that discrimination on these grounds is illegal, and they may not pursue legal action if they experience this wrongdoing.

Even the removal of general information, about services and benefits afforded to anyone under the ACA, may have an outsized impact if the intended audience of the content is a vulnerable group, such as in the case of #OMH-1 (the target audience of the OMH website is minority groups). The dissemination of information about the ACA by offices and the administration more broadly is key to raising awareness of the ACA among these groups and the rights they have under the law. Offices should regularly put out new information targeted at these underserved groups, but instead they have removed content and eliminated ways for these groups to learn more about their rights to coverage and access to services. If people do not know that certain benefits and services are available, they cannot know to seek them out.

8. Information or links that made HealthCare.gov services for enrolling in ACA coverage accessible to consumers

HHS offices have also made it more difficult to access HealthCare.gov, find out where they can enroll in coverage, and learn more about the federal Marketplace. They have done this by removing links to HealthCare.gov on live pages, removing pages that linked to HealthCare.gov, and altering HealthCare.gov itself.

The Administration for Children and Families (ACF) and CMS removed links to HealthCare.gov from the footer and header of their websites, respectively. Links in the footer or header are accessible throughout the entire website, so these removals eliminated direct access to the ACA's federal Marketplace for applying to and buying health insurance, including the information about how to apply and enroll in coverage (#ACF; #CMS-1). Medicare and OMH reduced access to HealthCare.gov on their websites by removing entire pages about the ACA that included links to HealthCare.gov (#Medicare; #OMH-1). These removals thus resulted in the loss of information about the ACA on the respective websites, as well as a link to a different website where users could read more about the ACA.

Two weeks into 2019 Open Enrollment — the period when people can enroll in ACA health insurance plans — CMS altered information about how to apply for coverage and use HealthCare.gov on HealthCare.gov itself (#HealthCare.gov). On a page about ways to apply for coverage, CMS removed text and links about using phone and mail services to apply for coverage, and the option to use HealthCare.gov itself, previously placed at the top of the list of ways to apply, is now listed fourth (and was listed last until information about using phone and mail was returned to the page). Links to information about applying for coverage through third-party websites were also added to the page.

The de-emphasis of HealthCare.gov evidenced on CMS.gov and HealthCare.gov (#CMS-1; #HealthCare.gov) are particularly notable because CMS, as the office that runs HealthCare.gov, undermined access to its own tool for buying insurance. CMS removed from the header of its main website a link to HealthCare.gov with the text "learn about your healthcare options" (#CMS-1). This change, which occurred right before the Open Enrollment period started, eliminated the direct connection between CMS.gov and the website it operates, as well as the explanation of why consumers should go to HealthCare.gov. The changes to HealthCare.gov in the middle of Open Enrollment amounted to CMS directing consumers off of HealthCare.gov to third-party websites to buy their insurance, similarly de-emphasizing the website as a tool for buying insurance.

Potential impact of censorship
of information about or links to HealthCare.gov

Together, the findings described above show how HHS websites, including on HealthCare.gov itself, have de-emphasized HealthCare.gov. By removing links to HealthCare.gov, offices have reduced access to the website as well as awareness that it exists. Without explicitly directing consumers to HealthCare.gov, consumers may not immediately know where to go to shop for coverage. And in cases where information about the ACA was removed from other offices' websites, such as the Medicare and OMH websites, removing links to HealthCare.gov means that the offices have re-

moved access to the place where consumers can in fact find live information.

A former Obama-era HHS official noted that most people already do not know the dates for Open Enrollment.[44] De-emphasizing HealthCare.gov through the removal of links to the website further reduces awareness of the Open Enrollment period, and may exacerbate the effect on enrollment of cuts to ACA advertising funding (described further in Chapter 2).[20] If fewer people know about enrollment and fewer people sign up for health coverage, the Marketplace as a whole becomes less stable for those with insurance,[30] and those without insurance could face huge financial burdens if they ever need care.[45]

Censorship of ACA content intended for those serving and assisting federal healthcare recipients

HHS websites make available a trove of information and resources for healthcare providers, policymakers and researchers, and assisters who help consumers find health plans. We have identified four main categories of content aimed at these groups that HHS has censored:

- Resources or training materials for physicians or healthcare providers about compliance or service provision under the ACA;

- Resources that enable healthcare or economic researchers and policymakers to evaluate the efficacy of the ACA;

- Information or resources that enable the work of state and local policymakers and actors;

- Information or resources that enable the work of health insurance navigators and assisters.

Removals of resources for healthcare providers, such as #OPA, may inhibit to provision of services to which patients are entitled.

WIP Recommends:

Create an inter-office portal for healthcare-related information on HHS.gov

- The portal should list and link to all key, live informational assets and resources about healthcare.

- The portal should also list and link to all formal public announcements about overhauls and archives of removed content.

- This portal should be linked to from the footer of all HHS websites.

By removing materials and information, HHS offices have impeded the work of individuals and groups that aim to secure coverage for those who need it and improve the quality of that coverage.

By removing these materials and information, HHS offices have impeded the work of individuals and groups that aim to secure coverage for those who need it and improve the quality of that coverage. Consequently, these removals may ultimately have a negative impact on important healthcare services for Americans.

9. Resources or training materials for physicians or healthcare providers about compliance or service provisions under the ACA

HHS offices have changed or removed materials that informed providers that they are required to comply with rules and regulations under the ACA, such as non-discriminatory practices, and that providers must deliver certain services to patients, such as family planning services.

For example, OCR removed access to a training resource that gave providers information about complying with the nondiscrimination provision of the ACA, which prohibits discrimination based on race, color, national origin, sex, age or disability in health settings. The resource includes examples of these forms of discrimination and explains compliance requirements for healthcare providers and insurers (#OCR).

A page removed from the OPA website linked to resources intended to help Title X providers

— providers who deliver family planning services under Title X grants — understand preventive services available to women and how to comply with ACA regulations and reforms #OPA). The resources also offered advice to providers on how to get contracts with health plans on the Marketplace so that they can expand their service delivery to a wider group of patients.

Potential impact of censorship
of resources for physicians or healthcare providers

Removing information that helps providers better perform service delivery and understand their obligations to their patients may mean that some providers do not even know about services for which their patients have coverage, and thus (1) non-compliance among providers might increase, and (2) patients may not get services they are entitled to under the ACA.

In #OCR, HHS removed content that reminded providers of their obligations to provide services to all people — regardless of "race, color, national origin, sex, age, or disability."[46] Removal of this type of information may: (1) lead to an increase in the number of providers who are unaware of their non-discrimination obligations; (2) signal to providers who prefer not to comply with their obligations under the ACA that HHS will not actively enforce those provisions. In either case, removal of this sort of information may lead to an increase in the number of people being unlawfully refused coverage or services.

#OPA shows how the agency removed resources that help providers lower the barriers low-income women often face in accessing contraception. The resources linked from the removed OPA webpage were for providers who receive grants under Title X, a program that provides family planning and preventive healthcare services to over four million predominantly low-income,[47] underinsured, or uninsured people. Under the ACA's contraceptive coverage mandate, private insurance plans are required to cover female contraception.[48] However, if healthcare providers do not fully understand this mandate, they may not actively seek ways to make contraception available to their patients. If Title X providers do not know what services are available to their patients or how to effectively provide them, low-income women who already face obstacles in accessing contraception could struggle even more.

10. Resources that enable healthcare or economic researchers and federal policymakers to evaluate the efficacy of the ACA

In addition to providing resources for healthcare service providers, HHS websites provide information for federal policymakers and researchers that allow them to oversee and assess the impact of the ACA. HHS collects reports with data about health and healthcare at the state level that it publishes to inform policymakers and researchers about this data. Many HHS websites have changed or removed these types of resources.

On the CMS website and on HHS.gov, statistics on the ACA's efficacy were removed:

- Information and statistics about the ACA's impact on healthcare coverage was altered on a CMS page about the National Health Expenditure (NHE), and the altered page no longer includes up-to-date projections of the law's future impact on coverage rates (#CMS-2);

- A collection of pages that provided statistical information about the impact of the

ACA on healthcare in each state were removed from HHS.gov. HHS also removed pages about how the ACA is working for different underserved populations, including data on how coverage rates for groups such as women and Latinos have dropped since the ACA was implemented (#HHS.gov/healthcare-WIP).

Descriptions of ongoing or completed ACA-related research were removed from the ASPE and OPA websites:

- ASPE, which conducts research to support and inform HHS on policy development, altered a page with 125 articles about ACA-related research conducted by the agency. Descriptive text was removed about each set of research (#ASPE);

- OPA removed a page about the "Affordable Care Act Collaborative," a joint research effort by three grantees to study the impact of the ACA on Title X centers (#OPA). The "Affordable Care Act Collaborative" page presented information about the proposed research. No information about the collaborative, whether the research was ultimately conducted, or the results of the research has been posted elsewhere on the website.

Potential impact of censorship
of resources for researchers and policymakers

Censoring ACA-related research, such as the resources listed on the ASPE website, and removing statistics, such as the NHE data, may reduce the ability of policymakers to make informed, evidence-based decisions about what policies to develop. It may also stifle the work of healthcare or economic policy researchers who produce the research that informs these policymakers. Amidst fierce political debate over healthcare policy, in which policymakers are developing proposals that affect healthcare coverage and costs, the lack of access to evidence-based research could have consequences for policies that affect all Americans.

The removal of content about ACA-related research and statistical information can affect the work of both policymakers and policy researchers.

Analysis about the law and data about the ACA's efficacy is valuable to policymakers who can use it to understand what policies work and what aspects of the healthcare system can be improved. This research and data can also help inform the work of policy researchers. Think tanks and non-profit research organizations conduct some of the research published on the ASPE website, and non-profit research groups were the OPA grantees tasked with studying the impact of the ACA on Title X centers. Policy researchers at these institutions benefit from information about work their peers have completed. They can use this research to understand the conclusions that are being drawn from their field and draw on data to inform their own analysis about trends in coverage and money spent on healthcare services.

11. Information or resources that enable the work of state and local policymakers and actors

ACA-related information may affect state and local actors, who administer parts of the ACA and whose work is affected by shifts in federal policy. Offices within HHS have censored some information directed at state and local actors on their websites.

On Medicaid.gov, a website was removed with content about the relationship between Medicaid and the ACA (#Medicaid-1). The removed pages included information about regulations states must follow to comply with the ACA, content about systems created by CMS, and funding opportunities to help state policymakers improve their programs and streamline coordination between Medicaid and the ACA exchanges.

A website was removed from HHS.gov that included pages about how indicators of healthcare coverage and access have changed in each state since the implementation of the ACA (#HHS.gov/healthcare-WIP). While the intention of these pages was to demonstrate the positive impact the ACA has had on people in each state, they also provided detailed data, such as the number of citizens in each state who: have gained access to coverage since the ACA was enacted; have access to coverage through their employers; have coverage through the ACA Marketplace.

Potential impact of censorship
of resources for state and local policymakers

Censorship of web content about services and regulations created by the ACA and data about the impact of the ACA can negatively affect the ability of state and local policymakers to carry out their work. Such removals of information can inhibit them from serving their constituents and making informed policy decisions about healthcare.

Because the Trump administration has adopted [policies that reduce the role of the federal government](#) in administering the ACA and shift the responsibility to the state level,[22] information guiding state and local administrators has become even more important. States have always had the responsibility for administering Medicaid, and the removal of pages about how the ACA affects state Medicaid programs, detailed in #Medicaid-1, reduces access to information about how to carry out that responsibility.

While information about the ACA helps state and local policymakers carry out existing policies, data about the impacts of the ACA, such as those which were removed in #HHS.gov/healthcare-WIP, may help them conceive of new policies aimed at improving healthcare for their constituents. Policymakers may have access to data about coverage rates and access to coverage in their own states, but this type of information about coverage in other states — in conjunction with information about the policies states have implemented — can help policymakers think about what types of changes and reforms might work in their own states.

12. Information or resources that enabled the work of health insurance navigators and assisters

Just as ACA-related information on HHS websites can be useful and important for policymakers and researchers, HHS web resources can also enable the work of assisters, who are trained to provide free help and outreach to consumers and small businesses seeking health coverage through the ACA Marketplace. Navigators are assisters specifically funded by the budget for the federal health insurance Marketplace, and should thus be able to rely on federal resources to perform outreach activities.[49] Yet HHS offices have altered or removed information or resources for navigators and assisters.

CMS's "Health Insurance Marketplace" website serves as the "official Marketplace" information source for navigators and other assisters. Its role as the official source of information notwithstanding, CMS has removed relevant training information from the website:

- Slides were removed from a presentation titled "Tips for FFM [Federally-facilitated Marketplace] Assisters on Working with Outside Organizations," which provided guidance to assisters on how to make referrals for clients and collaborate with other organizations on outreach efforts (#CMS-marketplace-2);

- A presentation, titled "Marketplace Outreach: Best Practices for Outreach to Latino Communities," was removed (#CMS-marketplace-1). The presentation included information about the challenges Latinos might face when enrolling in coverage, such as fear of immigration enforcement, and best practices for assistance, such as making services culturally and linguistically appropriate;

- A page removed from the OMH website provided information about the eligibility of particular migrants to access and enroll in coverage through the federal Marketplace (#OMH-1). The content was specifically intended for healthcare assisters, who advocate for the ACA by helping the public enroll in coverage;

Potential impact of censorship
of resources for navigators and assisters

Reducing access to valuable training resources for navigators may result in less-knowledgeable navigators and lower quality health-coverage assistance, thus negatively affecting all Americans attempting to sign up for insurance in the Federal Marketplace.

However, the largest impact will most likely be felt by low-income and minority communities, who may benefit the most from access to well-informed assisters.[41] In fact, existing regulations require that navigators receive training to ensure they understand the needs of underserved and vulnerable populations,[50] and yet #CMS-marketplace-1 and #OMH-1 show that information for assisters specifically about how to help Latinos[51] and immigrants[52] — communities in which people are more likely to be uninsured — has been removed. Advocates, in-

cluding those who work for navigator programs, note that these types of removals make it harder to provide targeted outreach to these communities,[53] which may ultimately mean people in these populations do not end up enrolling in coverage.

The two examples of censorship on CMS's "Health Insurance Marketplace" website both occurred shortly before Open Enrollment for 2019 coverage, the period each year when people can sign up for health insurance plans on the Marketplace, often with the help of navigators. A new version of a PDF about how to perform outreach to Latino communities was eventually made accessible, but not until just before the end of Open Enrollment. This means that during the time when consumers, including consumers from underserved populations, were most in need of assistance, the people providing that assistance did not have access to materials that could help them better provide that assistance.

Conclusion

HHS offices have censored a variety of online content and resources about the ACA — from the term "Affordable Care Act" itself to entire websites with information about the law — which has affected different audiences. The outcome is similar with regards to each affected audience — a public that is less aware of and knowledgeable about the law, less likely to access important healthcare services that the ACA affords those with coverage, and, perhaps, less likely to support the retention of the ACA.

Removal of information intended for a general audience contributes to reduced awareness of the law broadly, while the censorship of materials for beneficiaries more specifically reduces awareness of benefits and services to which they are entitled under the ACA, and of how to enroll in coverage at all. Censorship of materials for people who serve and assist beneficiaries — such as healthcare providers and navigators — also affects public awareness of the ACA and consequently affects people's ability to enroll in coverage and access benefits.

A less aware and informed public cannot effectively participate in the political discussions and debate over the ACA and other possible healthcare reform proposals. But perhaps even more troubling, a less informed public that is less likely to access important healthcare services may ultimately be sicker as a result.

It is within HHS's purview to alter language on its websites that explicitly promotes the ACA as a success and accomplishment. However, the large-scale censorship endeavor, as described in the sections above, does more than remove promotional material. It enhances the efforts of the administration to weaken the ACA. Down the line, as fewer people enroll using the ACA Marketplace, the market could destabilize. This may push insurers to exit the market or charge higher premiums, leaving those who want coverage in a position where they might not be able to access or afford it.[54]

The administration has not been able to repeal the ACA, but through censorship of ACA-related information on HHS websites, it has been able to shift the focus of discussions about healthcare away from the ACA and slowly sabotage the broad awareness of the law that is so crucial to its success.

Chapter 2: How Online ACA Censorship Amplifies Executive Actions to Undermine the Law

The censorship of Affordable Care Act-related information across HHS websites documented in Chapter 1 has not occurred in isolation. It is one element of a widespread attempt by the Trump administration to undermine the law through such means as non-enforcement and de-funding of programs established by the ACA.

The executive branch has considerable discretion in how and when to administer and enforce statutes enacted by Congress. The executive office and federal agencies have used the conventional aspects of those powers liberally with regards to the ACA. Trump's first executive order in office directed federal agencies to scale back the ACA as much as is "permitted by law," while still ensuring that the ACA is efficiently implemented.[13] In response to Congress' failure to pass any of the bills to repeal and replace the ACA, Trump said he and Republicans should simply "let Obamacare fail," suggesting the executive branch should not actively enforce it.[55] In the courts, cities have accused Trump of sabotaging the ACA and deliberately failing to carry out the law per his executive obligation by cutting funding for outreach, discouraging enrollment, and promoting plans that do not comply with the law.[56]

In effect, the Trump administration is using government websites, a modern unregulated tool, to complement — and sometimes even foreshadow — formal, regulated tools for changing policy. Unlike rulemaking, non-enforcement, and fund reallocation, there are few rules that govern the use of information

and lack of information on government websites. The changes to online information about the ACA since the beginning of the Trump administration have amplified the effect of policy measures against the ACA and the administration's stated goals to undermine the law.

This chapter describes some of the actions the administration has taken against the ACA, organized around the themes of undermining enrollment (e.g. by defunding navigator programs and limiting access to HealthCare.gov) and weakening specific provisions of the ACA (e.g. by refusing to defend the anti-discrimination provision in the ACA). We explain how these actions have been bolstered by changes made to HHS websites, clearly demonstrating that website censorship is a powerful policy tool. We consider the impact that the ACA-related policy actions and website changes may affect the public.

Executive branch actions undermining ACA enrollment

The Trump administration has changed HHS websites to increase the effect of formal policy changes aimed at undermining enrollment in ACA coverage. In concert with policy changes, website changes have been aimed at reducing access to ACA plans and awareness of the ACA Marketplace.

Reducing outreach capacity of Marketplace navigators and assisters

The combination of policies to defund navigator programs and remove training materials from HHS websites has diminished the capacity of Marketplace navigators and assisters to perform outreach regarding enrollment, particularly to underserved populations.

Policy action: Defunding navigator programs

In August 2017, just a few months before the Open Enrollment period for 2018 coverage began — the first enrollment period during the Trump presidency — the administration announced a 40% cut to grants for nonprofit navigator groups.[20] Navigators provide outreach to eligible individuals and help people enroll at no cost in health plans offered through the ACA marketplaces. In July 2018, the administration announced that it was again cutting grants to nonprofit groups to less than 20% of their 2016 rates.[57]

Related website changes: Removing training materials for assisters

In the months leading up to Open Enrollment in 2018, HHS offices altered or removed from their websites materials used to train assisters in healthcare outreach and policies relevant to their work.

CMS altered or removed at least two resources on the "Health Insurance Marketplace" website, which serves as "the official Marketplace information source" for assisters:

- It removed a presentation titled "Marketplace Outreach: Best Practices for Outreach to Latino Communities," intended as a training resource to help assisters with outreach to Latino communities ((#CMS-marketplace-1);

- It removed slides explaining specific guidelines, requirements, and best practices about referrals to other assisters and organizations from the PDF for a presentation titled "Tips for FFM Assisters on Working with Outside Organizations" (#CMS-marketplace-2).

HHS's Office of Minority Health (OMH) removed a page titled "Fact Sheet for Assisters" from its website. The fact sheet provided information for assisters about the eligibility of Compact of Free Association (COFA) migrants to access and enroll in coverage (#OMH-1). Though the fact sheet is still available through the Health Insurance Marketplace website,[58] the removal from the OMH website means organizations that use the website for resources on the health needs of minority groups have less access to a resource that can help them enroll eligible immigrants in healthcare plans.

Combined impact of policy action and censorship:

On their own, these removals of information for assisters from websites would be a significant, but not devastating, change. When combined with defunding decisions, reducing the pool of online resources amplifies the negative impact on communities that rely on assisters, such as individuals who are uninsured or have limited English proficiency.

The Centers for Medicare and Medicaid Services (CMS), the agency that administers the ACA Marketplace and funds navigator programs, suggested in its funding opportunity announcement that it was "appropriate to scale down the Navigator program" because the "Federally-facilitated Exchanges" have been in operation since 2013,[59] and consequently there is "enhanced public awareness of health coverage through the Exchanges." However, analysis by the Government Accountability Office (GAO) found that HHS used unreliable data about consumer applications for coverage to make this assessment.[60] In fact, research from the Kaiser Family Foundation suggests that the public still has limited awareness about the Marketplace and the enrollment process.[40] As such, fewer navigator staff and reduced outreach spurred by funding cuts creates an obstacle to enrollment for people who need help navigating the Marketplace and understanding their insurance options.[61] The removal of online training materials worsens the situation, as

it means that remaining navigator staff lack access to resources for training.

Underinsured populations such as immigrants are likely to be especially affected by the policy changes and resource removals. Funding cuts mean fewer bilingual staff can be hired by navigator groups to perform outreach to consumers with limited English proficiency.[62] Such consumers include many immigrants, who are almost three times less likely to have coverage than U.S. citizens (and undocumented immigrants are more than five times less likely).[52] Latinos are also likely to be affected: 22% of Latino adults were uninsured in 2016 — the lowest coverage rates of any racial or ethnic group. Advocates have explained that removing resources, like the presentation on "Best Practices for Outreach to Lati-no Communities," makes it harder to provide targeted outreach to Latino communities.[53] Evidence suggests that Latinos, in particular, lack awareness of the ACA, and outreach is critical to improving rates of enrollment in Latino populations.[41] The lack of bilingual staff combined with the lack of resources that promote cultural competency in performing outreach may mean that Latino populations are even less likely to learn about how to access coverage, and those who are uninsured are more likely to stay that way.

Together, funding cuts to navigator programs and reduced access to online training materials for assisters may ultimately mean that the most vulnerable populations will face even more barriers to getting the coverage they need.

Reducing and de-emphasizing promotional material for the ACA and Marketplace

By cutting the advertising budget for the ACA in concert with removing promotional and informational material about the ACA from HHS websites, the administration may have reduced awareness of the ACA's existence and affected the chance that new consumers enroll in coverage.

Policy action: Defunding promotional material and advertising for ACA enrollment

In August 2017, the administration announced a 90% cut to the advertising budget for the 2017 Open Enrollment period.[20] As part of the budget cut, the administration ended TV advertising, running only radio and digital ads as ways to reach new consumers.[20] It sent emails and texts to people already enrolled in coverage or who had previously visited HealthCare.gov.[63]

Related website changes: Removing online promotional and informational material about the ACA

Well before the funding cut announced in August 2017, HHS offices began removing existing promotional and informational content about the ACA from their websites.

Several offices removed content or collections of pages that used positive language to promote how the ACA has improved the quality and affordability of healthcare, and to explain the benefits the public can access through it:

- HHS removed a video about a man from Florida with diabetes explaining how "he was able to enroll in coverage without worrying about his health status" from an HHS.gov page about pre-existing conditions within weeks of Trump's inauguration (#HHS.gov/healthcare-NYT);[64]

- HHS removed from HHS.gov a collection of webpages about how the ACA has affected the affordability of healthcare in each state (#HHS.gov/healthcare-WIP);

- CMS removed from Medicare.gov a page titled "The Affordable Care Act & Medicare," which provided information about the positive impact of the ACA on Medicare coverage (#Medicare);

- CMS removed from Medicaid.gov a 14-page website containing still-accurate information about the ACA, including specific benefits it affords Medicaid recipients (#Medicaid-1).

HHS offices have also removed content promoting how the ACA improves healthcare for

vulnerable populations:

- Fact sheets about how the ACA has improved the quality of and access to healthcare for various vulnerable populations, including women and Latinos, have been removed from HHS.gov's "Healthcare" website (#HHS.gov/healthcare-WIP);

- The Office of Minority Health (OMH) removed from its website a page titled "The Affordable Care Act," which contained positive language explaining what the ACA does and how it benefits minority consumers ([#OMH-1](#OMH-1));

- The Office of Population Affairs (OPA) removed a collection of ten webpages about the ACA from its Title X website, including a page titled "Health Insurance Marketplace," which linked to and provided information about the Marketplace ([#OPA](#OPA));

- Information explaining how the ACA has increased access to mental health and substance abuse services was removed from the "Health Insurance and Mental Health Services" page on MentalHealth.gov (#MentalHealth.gov).

Combined impact of policy action and censorship:

[According to The New York Times](#), administration officials explained the advertising cut by saying that it did not make sense to spend as much as in previous years because most Americans already know about their coverage options.[20] However, [research](#) indicates that the public still has limited awareness of the enrollment process.[40] Lori Lodes, former HHS official who ran outreach and public education for the ACA under the Obama administration, [noted](#) that most people do not know the dates for Open Enrollment or how affordable health plans can be.[44]

Advertising, especially TV advertising, is important, with at least one [study indicating](#) that people are more likely to enroll in coverage if they live in areas with high rates of advertising about marketplaces compared to areas with low rates.[65] [Emails](#) obtained by the non-profit group Democracy Forward show that government-contracted analysts informed administration officials that cutting TV advertising would lead to over 100,000 fewer enrollments.[66] A GAO [analysis](#), explaining how HHS should enhance management of Open Enrollment performance, noted that stakeholders said that cuts to advertising funding likely detracted from 2018 enrollment.[40]

Without TV advertising, the marketplaces [run the risk of failing to enroll new customers](#) and maintaining a large, diverse pool of healthy and less

healthy customers, which could ultimately affect their stability.[30] Lodes deemed the 2017 cuts "nothing less than sabotage," and there were indications of partisan motives.[44] Several former health officials suspected that money intended for promoting the ACA was used to make [videos critical of the ACA](#), showing people saying they had been "burdened by Obamacare."[23]

Adding to the potential impact of the funding cuts, removals of promotional material on government websites narrowed another avenue through which the public, especially new consumers, could gain awareness of the law. Not only is the administration not spending money to produce new forms of advertising, HHS has also reduced digital media content that it [claimed](#) it would use to educate consumers and which costs little to maintain.[67] The less visible information about the ACA is on HHS websites, the less opportunity people have to learn about the law's existence.

The removed online material described above included positive, sometimes partisan, language that an administration opposed to the law would no doubt want to eliminate. But much of it also included unbiased content that informed consumers about important benefits and services they are afforded under the ACA, such as benefits they have as Medicaid recipients or mental health services that beneficiaries are entitled to. This information is particularly important to underinsured, vulnerable populations, including poorer populations and racial minorities, who may be less informed about how they can benefit from ACA coverage and access life-

saving services.

The combination of cuts to advertising, and the removal of online promotional material broadly, means that a public with already low rates of awareness about the ACA has even fewer opportunities to learn about its existence and ultimately how to enroll in coverage.

Reducing access to ACA enrollment, including the HealthCare.gov website

One of the ways the Trump administration has sought to undercut the ACA is by making enrollment more difficult. HHS offices have achieved this by making rules that shortened Open Enrollment and changing their websites to remove access to online resources about applying for coverage.

Policy action: Shortening Open Enrollment

Shortly after President Trump took office in 2017, CMS released a rule that halved the Open Enrollment period for the federal Marketplace[21] one year earlier than required by the ACA.[68] The period was shortened from three months to 45 days.

Related website changes: Reducing access to web content about applying for coverage

In line with the goal of making enrollment more difficult, HHS has hindered access to HealthCare.gov and information about ways to enroll in coverage.

At least two offices removed prominent links to HealthCare.gov throughout their website domains:

- In 2017, the Administration of Children and Families removed a link to HealthCare.gov from the footer of its website, as well as from the footers of websites for sub-offices within the agency, such as the Office of Refugee Resettlement (#ACF).

- In 2018, CMS removed a link to HealthCare.gov in the header of its website (#CMS-1).

Other offices have removed specific pages about the ACA, and in doing so removed links, and reduced access, to HealthCare.gov:

1. CMS removed a page titled "The Affordable Care Act & Medicare," which listed HealthCare.gov as a related resource, from Medicare.gov (#Medicare);

2. OMH removed a page titled "The Affordable Care Act," which included the text "visit www.healthcare.gov to enroll, renew, find answers and get help — by phone or in person" (#OMH-1).

Additionally, halfway through the Open Enrollment period for 2019 coverage, CMS altered a webpage on HealthCare.gov about ways to apply for coverage (#HealthCare.gov). Information and links to content about using phone and mail services to apply for coverage were removed, and the option to use HealthCare.gov, previously placed at the top of the list of ways to apply, is now listed fourth (and was listed last until information about using phone and mail was added back to the page). Now listed above the option to use HealthCare.gov is the option to contact third-party agents or brokers, and two new options that also link to information about enrolling in plans through third-party entities. These third-party entities (described in more detail in the section below) can sell less comprehensive, non-ACA insurance.

Combined impact of policy action and censorship:

The removal of links to HealthCare.gov may have exacerbated the impact of a shorter enrollment period on the number of people enrolling using HealthCare.gov. The shorter enrollment period for 2018 and 2019 coverage meant that consumers had less time to visit HealthCare.gov, shop for plans, and seek assistance.[69] The removal of links to the site meant consumers had fewer opportunities to navigate to or become aware of HealthCare.gov. Once on HealthCare.gov, the reduced information about how to apply for coverage further reduced the chances of consumers securing coverage using a method that suited their needs.

Critics of the Trump administration's decision to shorten the Open Enrollment period, including insurers, feared that fewer health plans would be sold and fewer healthy individuals would enroll.[70] Analysis indicates that the shorter period may have contributed to lower enrollment numbers for 2018 coverage, showing that state-based marketplaces that maintained a three-month open enrollment period,[71] instead of aligning with the six week period of HealthCare.gov's federal Marketplace, had higher rates of enrollment, and higher rates of healthy, young enrollees.

HHS offices removing links to HealthCare.gov may have amplified this effect by reducing awareness of the site and the Open Enrollment period, and could have contributed to lower enrollment numbers. CMS directing consumers to use third-party entities instead of HealthCare.gov to buy insurance may also mean that people were more likely to be offered non-ACA plans, and that more people shopping for health insurance ultimately bought non-ACA plans than in years past — further depressing ACA enrollment numbers.

Pushing short-term plans

Changes to information on HealthCare.gov reflect and amplify policy measures aimed at making it easier for consumers to enroll short-term health plans.

Policy action: Increasing the maximum length of short-term health plans

In October 2017, President Trump issued an executive order for agencies to prioritize association health plans, health reimbursement arrangements, and short-term, limited-duration insurance,[14] which do not have to comply with requirements for insurance contained in the ACA.[72] HHS, the Department of Labor, and the Department of the Treasury issued a final rule in August 2018,[73] which took effect in October, to expand the period for which short-term coverage can be sold from three months to twelve months. It also allows insurers to renew short-term policies for up to three years.

Related website changes: Emphasizing access to third-party enrollment assistance

This prioritization of short-term plans, which are not sold through ACA marketplaces, was reflected on HealthCare.gov. Halfway through the Open Enrollment period for 2019 coverage, CMS altered a HealthCare.gov page about ways to apply for coverage to emphasize third-party broker and agent contacts (#HealthCare.gov). Since they operate outside of the ACA Marketplace, these third party entities can offer short-term plans and other health policies that do not comply with ACA benefits standards and consumer protections.[74]

The page previously listed enrolling "through an agent or broker" as one of five options for enrollment. Now it lists "find and contact an agent, broker, or assister" and "have an agent or broker contact you" as two different options. The link listed as part of the new "have an agent or broker contact you" option directs users to "Help On Demand," a website run by a for-profit private software company. The page also lists a new "use a certified enrollment partner's website" option, which links to a page explaining that certified partners may

include online health insurance sellers. All of these options direct consumers to third-party entities that can sell short-term plans.

Additionally, these other options are all listed above the option to use HealthCare.gov itself.

The option to use HealthCare.gov itself was previously placed at the top of the list of ways to apply, but is now listed fourth (and was listed last until information that was removed about using phone and mail was added back to the page).

Combined impact of policy action and censorship:

The combination of increasing the maximum length of short-term plans and CMS's web alterations may make short-term plans seem more appealing to low-income consumers and divert people away from traditional plans that may be their best long-term option.

The administration claimed its final rule increasing the maximum length of short-term plans will offer people more affordable health insurance options, given the high premiums for ACA coverage.[75] While short-term plans usually have lower premiums than ACA plans, and thus may seem like a good option for some consumers, they do not have to provide essential benefits required under the ACA, and can charge higher prices to people with pre-existing conditions. This means that people who sign up for short-term plans often face gaps in coverage and may end up paying high out-of-pocket

costs if they need care.[73]

Links and information added to the HealthCare.gov page about ways to apply for coverage may reflect other policy changes at CMS on enhanced direct enrollment, which allows consumers to bypass HealthCare.gov to find and manage their ACA coverage.[76] Consumers use approved third-party websites including websites of agents and brokers, to enroll. These third parties can sell them short-term plans and other policies that do not comply with ACA requirements. CMS' web changes emphasize using these websites to enroll in coverage over HealthCare.gov itself, thus increasing the chance that consumers are offered short-term plans.

Many brokers get paid more to enroll people in short-term plans,[77] so they might be tempted to promote them over ACA-compliant policies. With the administration increasing the maximum duration of these plans, people who buy them will be at risk of catastrophic out-of-pocket costs and gaps in needed long-term health coverage for longer stretches of time.

Executive branch attacks on specific ACA provisions

Beyond weakening access to and awareness of the ACA Marketplace, the Trump administration has also taken measures to dismantle and undermine provisions of the ACA that guarantee contraceptive coverage and protection from discrimination. The tools it has used have included both conventional policy approaches and the concealment of information on government websites.

Rolling back access to contraceptive coverage

By expanding exemptions to the ACA's contraceptive coverage mandate and obfuscating information about contraceptive coverage on HHS websites, the Trump administration may have reduced access to contraceptive methods that many women rely on for family planning.

Policy action: Expanding exemptions for contraceptive coverage

In November 2018, HHS finalized two rules that would expand exemptions to the ACA's contraceptive coverage mandate, which requires health insurers and employers to cover various forms of contraception with no out-of-pocket costs.[78] The rules would provide exemptions from the mandate to employers that object to covering contraceptive methods based on religious[79] or moral[80] grounds. The rules were scheduled to take effect in January of 2019, but were blocked by a federal court.[81]

Related website changes: Obscuring online information about contraceptive coverage

Months before these rules were proposed in 2017, OPA removed a collection of ten webpages about the ACA from its website about Title X, the federal grant program that provides family planning and preventive services to low-income women (#OPA). In the collection was a page titled "Contraceptive Coverage."

Most of the content about contraception and other preventive services from this removed page is now live on the "Women's Preventive Services" page, but there are some notable exceptions. Some text was not moved from the "Contraception Coverage" page to the "Women's Preventive Services" page, including text explaining that there "are proven health benefits for women that come from using contraception" and that while nearly all women in the U.S. have at some point during their lives relied on contraception, more than 50% of women ages 18-34 "have struggled to afford it." Additionally, the title of the live page obscures the fact that it includes information about contraception.

Combined impact of policy action and censorship:

The rules expanding exemptions to the contraceptive mandate may ultimately make it more difficult for women to access affordable contraception.[82] Analyses indicate that the contraceptive coverage mandate has allowed over 55 million women to access contraception without copays, and hundreds of thousands of women may lose this benefit with the exemptions in place.[83]

The rules, if they eventually take effect, may eliminate the legal entitlement to affordable contraception. In the meantime, website censorship might covertly achieve the administration's intended goal of reducing access to contraception without having to follow the open, formal, and justiciable, rule-making process.

The "Contraceptive Coverage" page clearly informed users that women can still access coverage for contraceptives. Removing the page obscures that fact. Moving most of the content to a page titled "Women's Preventive Services" — ostensibly about preventive services broadly — sows confusion about the status of the contraceptive mandate. Women may no longer be sure of their rights to access contraception under their insurance policies, and may not seek out the affordable contraceptives to which they are entitled.

People who commented on the interim versions of the final rules also explicitly raised concerns that the rules would limit access to contraceptive drugs that can be used to treat health conditions unrelated to preventive contraceptive use.[84] A 2011 study showed that 14% of women who use oral contraceptive pills rely on them to treat these other conditions, and that 58% rely on them at least in part for purposes other than to prevent pregnancy.[85] Whether or not the mandate expands to coverage of contraception for non-contraceptive use is even less clear, given that information about contraceptive coverage is now included on a page specifically about preventive services.

Undoing prohibitions on sex discrimination

A combination of rules suggested by HHS, and removals of language about sex discrimination from HHS webpages, demonstrates the Trump administration's intention to weaken sex discrimination protections for healthcare consumers.

Policy action: Rolling back sex discrimination protections

At the time of writing, HHS is expected to[86] but has not yet issued a rule that would roll back protections set forth in an Obama-era regulation on Section 1557,[87] the provision of the Affordable Care Act prohibiting discrimination,[46] including sex discrimination. The Obama-era regulation (45 CFR 92) defines sex discrimination to include discrimination on the basis of one's sex, gender identity, termination of pregnancy, and sex stereotyping.

A lawsuit brought against HHS challenges the legality of parts of 45 CFR 92. A nationwide preliminary injunction issued by the Texas court hearing the lawsuit prevents HHS's Office for Civil Rights (OCR) from enforcing Section 1557 protections against discrimination based on gender identity and termination of pregnancy.[88] HHS has not sought to lift the injunction because it is "reevaluating the reasonableness, necessity, and efficacy of the rule that is challenged in this case."[89] While the injunction does not allow covered entities, such as hospitals or clinics, to discriminate on the grounds of sex — they can still be sued under Section 1557 — HHS's expected rule may attempt to change that.

Related website changes: Removing sex discrimination prohibition web content

In 2017, prior to any indication that HHS might suggest a new rule to roll back the regulation on Section 1557, OCR removed language about sex discrimination from webpages about Section 1557 (#OCR). While the pages still define sex discrimination to include discrimination on the basis of an individual's sex and pregnancy, they no longer explicitly state that discrimination based on "gender identity" and "sex stereotyping" are prohibited.

Perhaps using the injunction as an excuse, OCR also removed access to a training resource that gave providers and insurers information about complying with Section 1557. The training resource included examples of how to prevent and handle a variety of forms of discrimination beyond sex discrimination, including on the basis of race, age, and disability.

Combined impact of policy action and censorship:

The Trump administration has made no attempt to lift an injunction that inhibits HHS from enforcing prohibitions on discrimination on the basis of gender identity, and has suggested its intention to revise this prohibition, reflecting its ideological antipathy to gender non-conforming individuals, and using web censorship to express that antipathy.

The language changes to the OCR webpages about Section 1557 went further than necessary in response to the injunction regarding Section 1557, and amount to misinformation. Under the injunction, OCR cannot protect women who have been discriminated against for having an abortion, nor transgender patients who have been discriminated against based on their gender identity. OCR changed its website such that it does not make clear that, despite the injunction, discrimination on the basis of gender identity and termination of pregnancy are still illegal, and that the injunction does not enjoin OCR from enforcing the prohibition on sex stereotyping. These changes could lead to confusion among those discriminated against about their rights.[90]

This confusion could mean that individuals who experience discrimination on these grounds do not seek legal assistance or action, and that lawyers might not feel clients have a case for a lawsuit based on discrimination they have experienced. Additionally, the inaccessibility of training materials about Sec-

tion 1557 may cause uncertainty among hospitals and insurers about their obligations to their patients with regard to preventing discrimination.

The consequences of web censorship could become more dire with a possible rule change. If the rule HHS has suggested ultimately takes effect, women who have had abortions, transgender people, and those with a non-binary gender identity could completely lose legal protections against discrimination by hospitals and insurance companies.

For gender non-conforming individuals, this would mean that health insurers could place restrictions or limits on gender transition-related care and health services, including surgical treatment, hormone therapy, and counseling.[91]

Conclusion

This chapter documents how many of the changes to HHS websites detailed in Chapter 1 have been used to extend, complement, and foreshadow formal policy changes by the Trump administration which have been deemed sabotage. The policies, which are advanced through rule-making, re-allocation of funds, and non-enforcement, include weakening outreach efforts, discouraging enrollment, promoting short-term plans, and reducing access to services for women and the LGBTQ community. The altered and censored information examined in this chapter undermines the ACA in similar ways — reducing awareness of the ACA marketplaces, enrollment period, and ACA plans and services — and serves as another tool at the disposal of an executive branch unwilling to administer the existing law.

The administration has actively made and proposed rules to undermine ACA enrollment and access to ACA services. Through censorship of ACA-related content on its websites, HHS has been able to further undercut public awareness of the law and coverage in provides. If used on a widespread basis, these forms of censorship could affect rates of enrollment in ACA coverage, leaving more and more Americans uninsured and thus undercutting the law's legitimacy and success.

The altered and censored information examined in this chapter undermines the ACA — reducing awareness of the ACA marketplaces, enrollment period, and ACA plans and services — and serves as another tool at the disposal of an executive unwilling to administer existing law.

Chapter 3: Undermining of ACA Resources Directed Toward Underserved Populations

The Department of Health and Human Services (HHS) has censored information about rights, benefits, and services under the ACA directed at underserved and vulnerable ACA beneficiaries. In this chapter, we focus on the impact that online censorship and changes to ACA content can have on the following vulnerable populations:

1. Women
2. The LGBTQ community
3. Minority groups
4. Individuals suffering from mental health issues

These groups, which have lower rates of coverage, rely more on the government for healthcare services and information than other groups that [have greater access](#) to employer-based or private insurance.[92] Removing information that could help them access insurance may then have an outsized negative effect. In some cases, censorship of resources and information for and about these populations may deepen the negative impacts of policy changes that de-emphasize or de-prioritize their healthcare needs. In other cases, changes on websites point to forthcoming or otherwise unannounced shifts in the posture of offices or the entire administration toward vulnerable populations.

Resources for women

Context: Women's access to coverage

Women have particular healthcare needs, including reproductive care, that make access to insurance especially important. That access can also be difficult to acquire. Prior to the passage of the ACA, [a third of women](#) who tried to buy health insurance were charged a higher premium than men,[42] had a specific health condition excluded from their plans, or were completely denied coverage by insurance companies. A page removed from the Office of Population Affairs (OPA) website, described below, additionally noted that though "nearly 99 percent of all women have used contraception at some point in their lives ... more than half of all women between the ages of 18-34 struggle to afford it" ([#OPA](#)).

The ACA helped lessen the disparities in coverage between men and women and make contraception more affordable. Analyses show that from 2013 to 2017, the rate of uninsured women [dropped by 8%](#)[93] and gave more women access to important [preventive services](#)[94] and [contraception](#)[78] by requiring that health plans cover recommended preventive services and contraception at no extra cost to women.

In its censorship of online information, HHS is threatening to undo the gains made as a consequence of the ACA. HHS has contributed to reduced awareness by removing two types of key resources:

- Material advertising the affordability of services, the fact that women cannot be charged more because of their gender, and other important information about rights and entitlements;

- Resources that help providers enroll women in affordable coverage.

The collective impact of these two types of removals may contribute to reduced insured rates and to re-opening the gender gap in healthcare coverage.

Examples of censorship of resources promoting the affordable cost of services or coverage

In 2017, the Office on Women's Health (OWH) removed its "Breast Cancer" website from within its WomensHealth.gov domain ([#OWH-1](#)). The "Breast Cancer" website included fact sheets about breast cancer and information about how the ACA requires insurance companies to provide free or low-cost breast cancer screenings.

The Office of Women's Health within the Health Resources & Services Administration (HRSA) also removed text explaining that preventive services, such as breast cancer screenings, must be covered at low cost for women. The office removed the ACA as a "priority area" listed on the "About the Office of Women's Health" page of its website, including text specifically noting that there are preventive services "that all health insurance plans must cover without cost-sharing" ([#HRSA-1](#)). While the "About" page still lists preventive services as a priority area, it does not state that these services are assured to women at low or no cost.

HHS overhauled its entire "Healthcare" website, which included the removal of a fact sheet titled "The ACA is Working for Women," and the alteration of a page titled "Pre-existing Conditions." Both of these pages previously included text explaining that women cannot be denied coverage because of their gender or charged more than men.

By censoring information, HHS is jeopardizing the gains that have been made in women's coverage rates under the ACA.

Examples of censorship of resources intended to train providers in assisting women

OPA, which is responsible for reproductive health issues and administers the Title X family planning grant, removed a collection of ten webpages about the ACA from within its Title X website ([#OPA](#)). Among the removed pages were the "Resources for Providers" page and the "Health Insurance Marketplace" page, which provided training for Title X providers on how to implement the ACA and explained the role of Title X providers to help enroll their clients in the Marketplace. According to the OPA's website, Title X health clinics and providers play a big role in "ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and others" which would include many individuals who have or are eligible for ACA coverage.

Potential impact of censorship

By censoring this information, HHS risks reducing awareness of the affordability of coverage and services for women. It is also limiting access to information to enhance providers' implementation of the ACA. In doing so, HHS is jeopardizing the gains that have been made in women's coverage rates under the ACA.

Resources for the LGBTQ community

Context: Discrimination against the LGBTQ community in healthcare settings

Members of the LGBTQ community face discrimination based on their sexual or gender identity in healthcare settings. A survey, conducted by the Center for American Progress in 2017, showed that transgender patients faced especially high rates of discrimination, with 29% saying a healthcare provider refused to see them because of their gender identity.[95] This discrimination in healthcare settings can pose risks to the wellbeing of LGBTQ people.[95]

42 CFR 92 — the rule that implemented the ACA's nondiscrimination provision, Section 1557 — adopts a liberal interpretation of "sex discrimination," and expands protections for members of the LGBTQ community. The rule provides protection against gender identity discrimination and sex stereotyping and helps ensure access to healthcare for LGBTQ people. These protections provided legal grounds to challenge health providers that refused to cover treatment for individuals transitioning.[96] Now, pending court decisions mean the future of 42 CFR 92 is in legal jeopardy,[88] potentially endangering access to healthcare for the LGBTQ community.

In concert with departmental plans to remove protections for transgender individuals by defining "sex" as an immutable trait determined by one's genitalia at birth,[97] HHS has used its websites to sow doubt about the protections provided to gender non-conforming individuals under 42 CFR 92.

Examples of censorship of sex discrimination language and training materials

The HHS Office for Civil Rights (OCR) — the office charged with preventing discrimination in healthcare settings — has removed references to sex stereotyping and discrimination on the basis of gender identity from its website and removed useful training materials that informed healthcare providers and insurers about Section 1557.

OCR removed language from webpages about Section 1557 explicitly explaining that sex stereotyping and discrimination on the basis of gender identity are prohibited (#OCR), changes that do not accurately reflect the content of 42 CFR 92. Though these pages do not acknowledge that discrimination based on gender identity is still prohibited, new language was also added to them to explain the presence of an injunction that prevents OCR from enforcing the prohibition. Later, some of the text that had been added to explain that OCR can still enforce prohibitions on sex stereotyping and discrimination on the basis of one's sex was removed. Ultimately, the text on these webpages does not correctly explain the status of the current law and the legality of discrimination.

Access to training materials about Section 1557 intended for healthcare providers and insurers was also reduced on OCR's website. The inaccessible training guide and presentation explain Section 1557 and the its compliance requirements. The training materials also provide examples of various forms of discrimination, including sex discrimination that is still prohibited, and what it required of hospitals and insurers to ensure they do not discriminate against patients. For each example of sex discrimination, the presentation includes information about how OCR investigated the case and the outcomes of the investigation. While OCR can no longer investigate claims of gender identity discrimination, information about its investigations into previous claims is still accurate and useful for helping providers and insurers understand how they can reverse potentially discriminatory practices.

Potential impact of censorship

OCR's webpages about Section 1557 now provide only a narrow view of prohibited forms of sex discrimination, perhaps causing confusion about what the law is for patients who have faced discrimination, or lawyers with clients who have experienced discrimination. Indeed, the removals of accurate text from OCR webpages may enable or encourage discrimination from providers by shedding doubt on whether transgender patients who have been discriminated against have any legal recourse for the delays or denials of medical care that

can endanger their wellbeing. The inaccessibility of training materials about Section 1557 additionally means that providers and insurers do not have access to guidance in how to reduce or reverse discriminatory practices. These changes in language and access to training materials thus may serve to undermine progress made under the ACA in reducing the high rates of discrimination experienced by members of the LGBTQ community.

These website changes likely foreshadow a longer rulemaking process that would roll back protections against discrimination of LGBTQ individuals. The administration can easily remove information from a website and send signals to the community about its intentions regarding LGBTQ individuals. While not as uniform in its impact as a rule change, a website change can achieve some of the same ends, for example — by reducing the likelihood a transgender individual will challenge a decision by their insurance company or by encouraging insurance companies to deny coverage. The administration may be using the unregulated world of website changes to advance a desired policy in advance of a lengthy rule-making process.

A website change can achieve some of the same ends as a rule change. An administration can use the unregulated world of website changes to advance a desired policy in advance of a lengthy rule-making process.

Resources for minority groups

Context: Racial disparities in healthcare access and coverage

Research conducted by institutions like The Commonwealth Fund[43] and Kaiser Family Foundation[98] show that rates of coverage under the ACA have increased more for racial and ethnic minorities than for the white population. Consequently, the ACA has helped narrow racial disparities in coverage.

Despite these gains in coverage, racial minorities still face more barriers to accessing healthcare and are ultimately more likely to be uninsured. Hispanic individuals, in particular, are more likely to face challenges in accessing healthcare services and coverage than their white, non-Latino counterparts.[51] Immigrants generally, including Latino immigrants, are also more likely to be uninsured than American-born citizens.[99]

These gains are being challenged by web censorship undertaken by HHS offices to remove content intended to promote the ACA in minority communities and resources that trained individuals who provide assistance buying coverage to minority groups.

Examples of censorship of resources intended to promote the ACA among racial minorities

The Office of Minority Health (OMH) removed a slew of ACA-related pages, including pages titled "The Affordable Care Act" and "Healthcare Law and You" from its website. These pages explained how ACA programs have helped improve health outcomes for minority groups and the important aspects of the law for users of the website. A link to the "Affordable Care Act" page had also previously been prominently displayed on the OMH homepage.

Examples of censorship of materials intended to train assisters who help minorities enroll in coverage

OMH also removed a page titled "Fact Sheet for Assisters," which provided guidance about how assisters can help enroll migrants from Compact of Free Association (COFA) countries in coverage.[100] The fact sheet included information about the eligibility of these migrants to enroll in different health plans and financial assistance.

CMS removed from its Health Insurance Marketplace website a presentation titled "Marketplace Outreach: Best Practices for Outreach to Latino Communities," intended as a training resource to help assisters with outreach to Latino communities. The slides included information about the challenges Latinos might face when enrolling for coverage, such as fear of immigration enforcement, and best practices for assistance, such as making services culturally and linguistically appropriate.

> *Reduced outreach to improve or maintain awareness of the ACA may lead to fewer individuals from minority groups enrolling in ACA health plans.*

Potential impact of censorship

The removal of information promoting the ACA is likely to have an especially large impact in minority communities. Awareness of the ACA is especially low among racial minorities,[41] even compared to the broader public, which only has limited awareness.[40] Among immigrants, by definition people who have experiences of healthcare in a different country, awareness about the ins and outs of the American healthcare system and the ACA is likely to be even lower.

It is well established that awareness of the ACA and its benefits is key in continuing to improve coverage rates among racial minorities.[41] The removal of ACA links and information from a prominent section of the OMH website where any user could easily access them threatens the impact of efforts — such as those by assister and navigator groups that provide outreach to underserved communities — to strengthen this awareness. And the removals of the "Fact Sheet for Assisters" and the "Best Practices for Outreach to Latino Communities" presentation demonstrate an erosion of these efforts to improve awareness and outreach to minority groups at all. After all, the removal of this type of resource can make it more difficult to provide targeted outreach to immigrants and Latino communities.[53]

Reduced outreach to improve or maintain awareness of the ACA may lead to fewer individuals from minority groups enrolling in ACA health plans, which would undermine the coverage gains that minority groups have achieved since the implementation of the ACA.

Mental health resources

Context: The ACA assures coverage for people with mental health issues

Americans who suffer from serious mental illnesses have higher rates of mortality than those without mental health problems and are more likely to experience homelessness and poverty.[101] According to the National Institute of Mental Health (NIMH) website, estimates indicate that nearly half of people with mental illnesses do not receive treatment.[102] Seeking treatment can be particularly difficult for those who struggle with poverty and the ability to pay for health insurance.

The ACA addressed these disparities by expanding mental health benefits to millions of Americans, and set forth that most health plans must cover mental health screenings for adults at no cost.[103] It also stipulated that health plans cannot deny coverage to people with mental health problems, or any other pre-existing condition.

Censorship of HHS websites is threatening the advances made under the ACA by removing content that informs the public about accessing help for mental health issues and the prohibitions on insurance companies to deny coverage or charge for particular services.

Examples of censorship of content about how the ACA helps people with mental health issues

MentalHealth.gov, a website curated by multiple offices within HHS and interagency offices, provides "one-stop access to U.S. Government mental health information" for the general public, as well as health professionals and policymakers. The website has a section of information about how people with mental health problems can get help, including an FAQ titled "Health Insurance and Mental Health Services" with questions about how to access mental health services through health insurance.[104]

The question "How does the Affordable Care Act help people with mental health issues?" was removed from this FAQ at the end of 2017 along with the answer, which included an infographic titled "3 Ways the Affordable Care Act is Increasing Access to Mental Health and Substance Use Disorder Services" (#MentalHealth.gov). The answer specified that health plans cannot deny coverage to people with mental illness or charge them more, and that most plans must cover screenings for illnesses like depression at no cost.

Potential impact of censorship

Web censorship threatens awareness and utilization of services such as free mental health screenings. As the "one-stop access to U.S. Government mental health information," MentalHealth.gov should reliably provide and maintain content that accurately informs its users. Yet, the website removed information that accurately described benefits afforded to people with mental illness under the ACA. This removal undermines MentalHealth.gov as a reliable resource and reduces awareness of the mental health services available to the public. Without awareness of these services, fewer people will make use of them, which ultimately undermines the impact the ACA has had on expanding mental health coverage. It may also mean more people will have to struggle through life with an undiagnosed and untreated mental illness.

Conclusion

This chapter shows how forms of ACA censorship described in Chapter 1 can and have been used to target information for or about underserved populations. HHS's targeted censorship of resources for women, the LGBTQ community, racial minorities, and people with mental health issues can negatively affect communities that are already more likely to be uninsured or have less access to ACA health services than the rest of the population.

While these communities are all underinsured, they have each made gains in rates of coverage since the implementation of the ACA. By censoring information for these different vulnerable populations and training materials for people who help members of these populations access affordable coverage services, HHS may have reduced outreach and awareness to those who most need healthcare. These instances of censorship either reflect existing policy changes the administration has implemented that de-prioritize the needs of these groups, or indicate unannounced shifts in the administration's priorities. Ultimately, widespread and continued censorship of ACA-related content for these groups may undo any recent gains in coverage.

More broadly, large-scale censorship of public information for or about marginalized communities can deepen the marginalization they feel. If the federal government wants to de-prioritize the rights of a particular group, it can change access to information on its websites to reduce awareness of the needs of those groups.

Conclusion: Using Government Web Censorship to Undermine the Law

This report shows how the Department of Health and Human Services (HHS) has censored from its websites information about rights, benefits, and services guaranteed to the public under the Affordable Care Act (ACA). Chapter 1 demonstrated the wide range of ACA content that has been censored and discussed the possible impact of these forms of censorship on different audiences. Chapter 2 analyzed how web censorship has been used in concert with policy changes intended to undermine the success of the ACA. It also showed how censorship of public information can amplify the impact of formal policy tools. Chapter 3 demonstrated how HHS has, in some cases, censored information directed to underserved and vulnerable ACA beneficiaries, and assessed the potential impact of widespread censorship on these populations.

Taken together, our findings convey the power of censorship when used as a tool to weaken laws, like the ACA, that the executive branch does not want to enforce. Minimal regulations on the use and misuse of federal government websites makes web censorship of ACA-related content — or content on any other subject — possible on a widespread basis. The widespread use of web censorship can negatively affect public opinion and awareness about federal law, and make it more difficult for the public to access rights, services, and benefits provided under law.

It is not only deliberate censorship that negatively affects public awareness of rights, benefits, and services guaranteed by the ACA. Poorly implemented updates to content or integration of ACA-specific content into

Minimal regulations on the use of misuse of federal government websites makes web censorship of ACA-related content — or any other type of content — possible on a widespread basis.

general healthcare information may also decrease public awareness.

Prior to the ACA becoming law, many HHS websites already had information about health insurance and coverage benefits provided by the government in public assistance programs like Medicaid and Medicare. Since the ACA passed, offices have created new webpages with ACA-specific healthcare and health insurance information. Consequently, many HHS websites contained both ACA-specific and more general healthcare pages on the same topics. In these cases, carefully moving and integrating content about the same topic from multiple places to the one webpage or section of the website would improve users' access to comprehensive healthcare information.

When this integration process is done improperly, however, the result is the loss of information. This loss may result when a webpage is removed and the content is not

moved elsewhere, or when the URL for a removed page does not redirect to a page with related content. Ultimately, poor integration has the same consequences for the public as censorship.

Given that websites are the "primary means" through which people interact with and learn about the federal government and loss of information, whether through censorship or poor integration, can have harmful consequences, we recommend agencies adopt best practices that will minimize the loss of ACA- and healthcare-related information.

Recommendations for how to avoid harms from loss of access to information during healthcare-related website overhauls

In the instances of censorship documented in the report, removed ACA-related information typically was not integrated into already existing content about healthcare. For instance, when the "Affordable Care Act" website was removed from Medicaid.gov, many of the URLs for removed pages began redirecting to topic-related pages (#Medicaid-1). For example, the URL for the removed ACA-related "Benefits" page redirected to a general Medicaid "Benefits" page. The removed page listed benefits and services afforded under the ACA — such as "family planning" and "tobacco cessation services for pregnant women." These benefits are not listed on the general Medicaid "Benefits" page (which does not mention the ACA at all). Without proper integration of the content from the removed "Benefits" page into the live "Benefits" page, Medicaid recipients do not have access to a single and comprehensive list of all of their benefits.

When an agency initiates a major removal of information or overhauls its website, it can take measures to properly integrate removed content and avoid the negative impacts of the loss of access to information.

We recommend best practices that agencies should adopt when making removals of, major changes to, and integrations of ACA- and healthcare-related informational pages:

Issue formal press releases or public statements announcing web changes or removals:

- The statements should include links to archived versions of altered or removed pages.

- Agencies should generate special archives about ACA- and healthcare-related content.

Example: *CMS did not provide any public announcement about the removal of the "Affordable Care Act" website from Medicaid.gov (*#Medicaid-1*). Prior to the removal, CMS should have issued a public statement on Medicaid.gov about the upcoming removal with a link to an archive of the website where users could continue to access the information.*

Establish redirects for the URLs of removed webpages

- Redirects to another page should be established only when a page is out of date and related and up-to-date content is available and integrated on a new page.

- As appropriate, banners can be included on new pages to indicate that they contain updates to content formerly on other pages that now redirect to the page.

- If content on a page is removed and will not be replaced, its URL should be maintained without a redirect for one year. The page should contain a notice explaining that the out-of-date content has been removed and include a link to an archived version of the page.

- After one year, a redirect to the site's homepage from the URL of the removed page can be established. All "error" or 404 pages should be redirected.

Example: Redirects were established for the URLs of eight of the pages that were part of the "Affordable Care Act" website removed from Medicaid.gov (#Medicaid-1). The redirects lead to pages that have been live on Medicaid.gov for years. While these live pages provide information on topics similar to those of the removed pages, most, like the "Benefits" page, do not mention how those topics relate to the Affordable Care Act. Content from the removed pages should have been added to the pages to which their URLs now redirect. With regard to the pages for which redirects were not established, if there is no other existing page with related information, CMS should have posted notices explaining that the content from them has been removed and provided links for archived versions.

Maintain archives of removed content

Because ACA- and healthcare-related information can change annually to reflect new statutes and regulations, HHS should keep a dedicated repository of archived ACA content. This should include:

- Press releases and public notices (as noted above).

- Links to archives of all relevant HHS websites that contain healthcare-related content (e.g. HHS.gov, CMS.gov, Medicare.gov, Medicaid.gov).

- Archives should be created on an annual basis (perhaps after Open Enrollment) or after a major website overhaul. As noted above, any major website overhaul should be preceded by a press release or public notice and all content should be captured in an archive.

Example: In its footer, Medicaid.gov does link to an archive of its website that is collected on a weekly basis, and sometimes more frequently. The frequency at which the website is archived likely means that captures of the "Affordable Care Act" website removed from Medicaid.gov (#Medicaid-1) were taken shortly before the overhaul. If the website was archived less frequently than it is, it would have been best practice for CMS to archive the entirety of Medicaid.gov before the removal of the "Affordable Care Act" website.

While these recommendations have been explained in the context of how agencies can avoid the loss of information on the ACA and healthcare, they can apply to maintaining any informational content during a website overhaul.

Recommendations for preventing web censorship and reduction in access to healthcare information

Many of the changes documented in this report likely were not examples of poor or improper integration, but rather instances of censorship of content. Many of our findings detail the removal of content on still-live pages, or the removal of pages on topics that do not exist elsewhere on a website. For instance, on HealthCare.gov, information about ways to apply for coverage was removed from a page specifically about applying for coverage (#HealthCare.gov). The removal of information from this webpage meant that the remaining content about ways to apply for coverage was incomplete.

Agencies can adopt procedures to prevent intentional web censorship that reduces access to information about healthcare.

Recommendations for agencies include:

Adopt a formal process of writing memos that review whether content should be moved to archives

- Move webpages and content to archives only when a review concludes that some aspect of them is out of date.

- Create a brief memo that states which content is out of date and, to the extent possible, where up-to-date information can be found (including if a new resource has been created).

Establish rules about repositories of resources for navigators and other third parties

- Create and maintain a regularly updated and dedicated repository of informational content and training resources for navigators and other third parties.

- Mandate that repositories link to accessible archives of old versions of materials, including all versions of materials that have ever been in the repository.

- Clearly list materials, including linked archived materials, and the dates on which they were created.

- Move materials to archives only when a review concludes that some aspect of the resource is out of date.

  - When this occurs, create a brief memo and link to the memo and archived version(s) of the materials from the repository.

Provide notice when revising or publishing new information on the HealthCare.gov website during Open Enrollment

In #HealthCare.gov, information about how to apply for coverage was removed *during* Open Enrollment, when people are most likely to view and need the information. To prevent confusion and lack of awareness, HHS should provide notice of changes by creating a "Recent changes to HealthCare.gov" page on HealthCare.gov that lists all recent changes.

- Create a "Recent changes to HealthCare.gov" page on HealthCare.gov that lists all recent changes that might affect an applicant or the application process.

- Prominently link to the "Recent changes to HealthCare.gov" page throughout the HealthCare.gov website.

- Prominently link to archives for each recently changed page and list the date on which the page changed on the "Recent changes to HealthCare.gov" page.

Create an inter-office portal for healthcare-related information on HHS.gov

- List and link to all key, live informational assets and resources about healthcare from the portal.

- List and link to all formal public

announcements about overhauled content (explained above) and all archives of removed content from the portal.

- Link to the portal from the footer of all HHS websites.

Most of the recommendations above relate to how agencies can prevent the loss of information specifically about the ACA and healthcare. All agencies, however, could adopt a formal process before making a change to a website of writing a memo that reviews whether the content is out of date and should be archived.

Writing memos is just one example of the best practices that could be implemented to curb the power of federal government agencies to censor content on official websites.

Because agencies have not taken it upon themselves to institute best practices, best practices should be mandated by congressional intervention or the issuance of guidance from agencies like the Government Accountability Office or the Office of Management and Budget.

In an era of cynicism and "fake news," citizens should be able to turn to official government websites for reliable non-partisan information about programs and services they use. Given the presumption of respectability afforded to content by the *.gov* address, agencies should be required to follow formal processes to change their websites and adhere to standards that ensure high quality web content.

Until rules and systems are put in place, censorship on federal agency websites will remain a largely unregulated tool for the executive to use. While this report has analyzed the harms that can stem from widespread censorship of ACA-related information specifically, this tool could be used by agencies to affect public opinion and reduce access to public information about any law the executive branch might oppose and seek to undermine.

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Appendix 1: Detailed Descriptions of Changes

Note: In the descriptions that follow, only changes to content about the Affordable Care Act have been detailed. Other changes may have occurred in the date ranges provided and may be apparent in the screenshots. These changes are neither detailed nor highlighted.

Removal of link to HealthCare.gov from the footer of HHS.gov's ACF website

Tag: #ACF

Summary of Findings

A link to HealthCare.gov was removed from the footer of HHS.gov's ACF website. The removal occurred for all sites within the https://www.acf.hhs.gov/ filepath.

Change Classification

- (2) Altering or removing links

Reporting

- N/A

Webpage 1

Page title: Homepage

Page status: Altered

- **Before:** February 18, 2017
- **After:** February 21, 2017

URL: https://www.acf.hhs.gov

Known archives: A public web archive of this page, collected at the request of U.S. Department of Health and Human Services, is available from February 18, 2017.

Description of change:

The following content was changed between February 18, 2017 and February 21, 2017:

a. **Removed** link to HealthCare.gov from the footer of the Administration for Children & Families (ACF) website.

   Note: The removal occurred in the footer of many websites for offices within ACF, including the Office of Refugee Resettlement (ORR) at the URL https://www.acf.hhs.gov/orr.

Before (February 18, 2017)

After (February 21, 2017)

Changes in language and removals of descriptive text that emphasized the positive impact of the Affordable Care Act on the ASPE website

Tag: #ASPE

Summary of Findings

In 2017, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) altered and added webpages on its website about research related to the Affordable Care Act (ACA), demonstrating a shift in language, which deemphasized the stated positive impacts of the healthcare law. The title of its "Affordable Care Act Research" webpage was changed to "Historical Research," and the page's URL path was changed to correspond with the new title. Both versions of the page list links to the same 125 ASPE research publications about the ACA, produced between 2011 and 2017, but descriptive text that previously accompanied each publication link no longer appears on the "Historical Research" version of the page. Background text at the top of the page about the research publications was changed so that it no longer describes the positive impacts of the ACA.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Link alteration/removal
- (3) Moving webpages

Reporting

Politico: [Trump policy shop filters facts to fit his message](#) (07/28/2018)

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: [Changes in Language and Removals of Descriptive Text on ASPE's Website, Reducing Emphasis on the Affordable Care Act](#) (July 28, 2018) and Jon Campbell: [HHS in-house think tank sidelines ACA publications](#) (July 28, 2018).

Removal of references to the Affordable Care Act from CDC.gov's "National Center for Health Statistics" webpages

Tag: #CDC

Summary of Findings

References to the Affordable Care Act were removed from two pages on CDC.gov's "National Center for Health Statistics" website.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: NCHS Data Answering the Nation's Health Questions

Page status: Altered

- **Before:** November 12, 2017
- **After:** June 29, 2018

URL: https://www.cdc.gov/nchs/data/factsheets/factsheet_nchs_data.htm

Known archives: A public web archive of this page, collected by the Federal Depository Library Program Web Archive, is available from June 19, 2017.

Description of change:

The following content was changed between January 25, 2018 and June 8, 2018 according to WIP's website monitoring software:

a. **Altered** text in "Who Uses NCHS Data?" section:

From: "Congress and other policymakers—to understand the complete picture of the effects of major policy initiatives, including implementation of the Affordable Care Act, and track health outcomes to set priorities for research and prevention programs."

To: "Congress and other policymakers—to understand the complete picture of the effects of major policy initiatives, including health insurance coverage and access to care, and to track health outcomes and set priorities for research and prevention programs."

b. **Altered** topic in "Guiding National Policy and Priorities" section:

From: "Monitoring changes in health insurance coverage and health care use"

To: "Monitoring access to health care"

Note: *Other changes that occurred during this timeframe have not been included in this stub.*

Screenshot: An excerpt from the of "NCHS Data Answering the Nation's Health Questions" page showing altered text in the "Who Uses NCHS Data?" section from November 12, 2017 (above) and June 29, 2018 (below). Captured by Internet Archive's Wayback Machine.

Before (November 12, 2017)

Congress and other policymakers—to understand the complete picture of the effects of major policy initiatives, including implementation of the Affordable Care Act, and track health outcomes to set priorities for research and prevention programs.

After (June 29, 2018)

Congress and other policymakers—to understand the complete picture of the effects of major policy initiatives, including health insurance coverage and access to care, and to track health outcomes and set priorities for research and prevention programs.

Webpage 2

Page title: NCHS Overview

Page status: Altered
- **Before**: July 18, 2017
- **After**: November 12, 2017

URL: https://www.cdc.gov/nchs/data/factsheets/factsheet_overview.htm

Known archives: None.

Description of change:

The following content was changed between July 18, 2017, 2018 and November 12, 2017:

a. **Altered** text in the "Overview" section:

   From: "Track the impact of major policy initiatives, including the Affordable Care Act"

   To: "Track the impact of major policy initiatives"

Screenshot: A comparison of the July 18, 2017 (left) and November 12, 2017 (right) version of the "NCHS Overview" page, showing the removed reference to the Affordable Care Act. Captured by Internet Archive's Wayback Machine.

Before (July 18, 2017)

After (November 12, 2017)
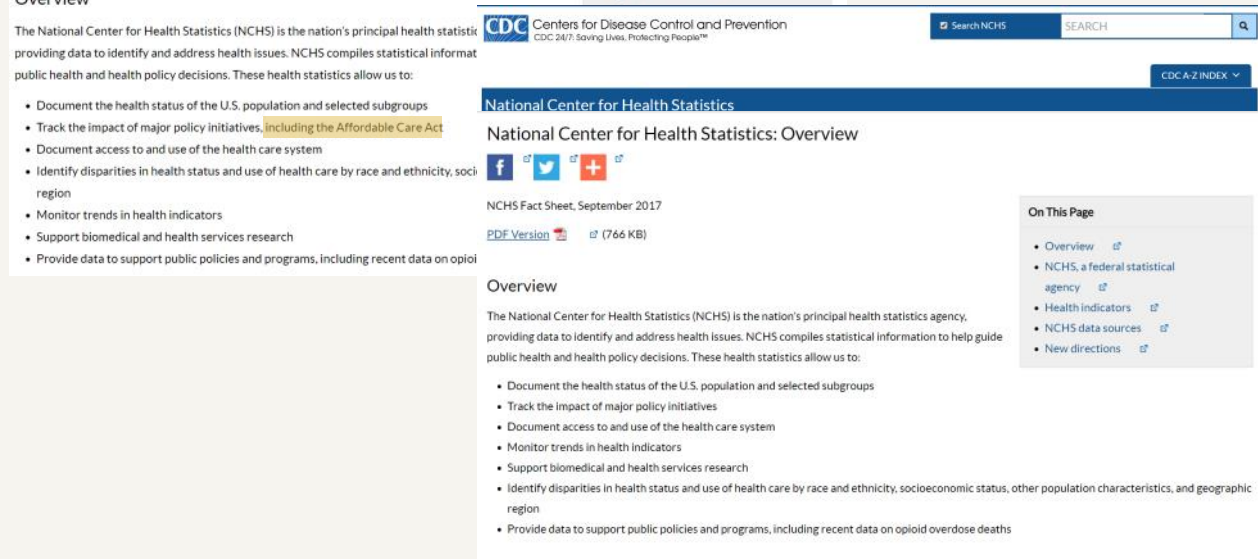
Removal of a link to HealthCare.gov from header of CMS.gov

Tag: #CMS-1

Summary of Findings

In mid-October 2018, the text "Learn about your health care options," which included a link to the HealthCare.gov homepage, was removed from its prominent position in the header of the CMS.gov domain. HealthCare.gov, which is managed and paid for by the Centers for Medicare and Medicaid Services (CMS), is the primary federal health insurance exchange established under provisions of the Affordable Care Act (ACA). The removal of the text and link came just a few weeks before the beginning of the Open Enrollment period to sign up for ACA coverage, which runs from November 1 to December 15, 2018.

Change Classification

- (2) Link alteration/removal

Reporting

- N/A

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: [Link for HealthCare.gov removed from CMS.gov header](#) (December 14, 2018).

Removal of references to the Affordable Care Act from a CMS.gov webpage about the National Health Expenditure

Tag: #CMS-2

Summary of Findings

CMS.gov updated its webpage on the National Health Expenditure projection data to remove two references to the Affordable Care Act.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: NHE Fact Sheet

Page status: Altered

- **Before:** February 14, 2018
- **After:** February 16, 2018

URL: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet.html

Known archives: A public web archive of this page, collected at the request of Centers for Medicare and Medicaid Services, is available from February 14, 2018.

Description of change:

The following content was changed between February 14, 2018 and February 16, 2018:

a. **Altered** text:
From: "Projected NHE, 2016 - 2025:"

To: "Projected NHE, 2017 - 2026"

b. **Removed** text:
"Although the largest health insurance coverage impacts from the Affordable Care Act's expansions have already been observed in 2014-15, the insured share of the population is projected to increase from 90.9 percent in 2015 to 91.5 percent in 2025."

c. **Removed** text:

"National health spending growth is projected to have decelerated from 5.8 percent in 2015 to 4.8 percent in 2016 as the initial impacts associated with the Affordable Care Act's major coverage expansions fade. Medicaid spending growth is projected to have decelerated sharply from 9.7 percent in 2015 to 3.7 percent in 2016 as enrollment growth in the program slowed significantly. Similarly, private health insurance spending growth is projected to have slowed from 7.2 percent in 2015 to 5.9 percent in 2016 (also largely attributable to slowing expected growth in enrollment)."

d. **Added** text:
The recent enactment of tax legislation that eliminated the individual mandate is expected to lead to a reduction in the insured rates. Economic factors, such as projected GDP growth and employment trends, are the primary factors contributing to a slight projected decline in the insured share of the population from 91.1 percent in 2016 to 89.3 percent in 2026."

Note: *Other changes that occurred during this timeframe have not been included in this stub.*

Before (February 14, 2018)

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Home > Research, Statistics, Data and Systems > National Health Expenditure Data > NHE Fact Sheet

NHE Fact Sheet

Projected NHE, 2016-2025:

- National health spending is projected to grow at an average rate of 5.6 percent per year for 2016-25, and 4.7 percent per year on a per capita basis.

    ○ Health spending is projected to grow 1.2 percentage points faster than Gross Domestic Product (GDP) per year over the 2016-25 period; as a result, the health share of GDP is expected to rise from 17.8 percent in 2015 to 19.9 percent by 2025.

    ○ Throughout the 2016-25 projection period, growth in national health expenditures is driven by projected faster growth in medical prices (from historically low growth in 2015 of 0.8 percent to nearly 3 percent by 2025). This faster expected growth in prices is partially offset by projected slowing growth in the use and intensity of medical goods and services.

- Although the largest health insurance coverage impacts from the Affordable Care Act's expansions have already been observed in 2014-15, the insured share of the population is projected to increase from 90.9 percent in 2015 to 91.5 percent in 2025.

    ○ This expectation is mainly a result of continued anticipated growth in private health insurance enrollment, in particular for employer-sponsored insurance, during the first half of the decade in response to faster projected economic growth.

- Health spending growth by federal and state & local governments is projected to outpace growth by private businesses, households, and other private payers over the projection period (5.9 percent compared to 5.4 percent, respectively) in part due to ongoing strong enrollment growth in Medicare by the baby boomer generation coupled with continued government funding dedicated to subsidizing premiums for lower income Marketplace enrollees.

- National health spending growth is projected to have decelerated from 5.8 percent in 2015 to 4.8 percent in 2016 as the initial impacts associated with the Affordable Care Act's major coverage expansions fade. Medicaid spending growth is projected to have decelerated sharply from 9.7 percent in 2015 to 3.7 percent in 2016 as enrollment growth in the program slowed significantly. Similarly, private health insurance spending growth is projected to have slowed from 7.2 percent in 2015 to 5.9 percent in 2016 (also largely attributable to slowing expected growth in enrollment).

- Health spending is projected to grow 5.4 percent in 2017 related to faster growth in Medicare and private health insurance spending.

- Health expenditures are projected to grow at an average rate of 5.9 percent for 2018-19, the fastest of the sub-periods examined, as projected spending growth in Medicare and Medicaid accelerates.

Removal of reference to the Affordable Care Act from CMS.gov's "Hospital-Acquired Condition Reduction Program (HACRP)" webpage

Tag: #CMS-3

Summary of Findings

A reference to the Affordable Care Act was removed from CMS.gov's "Hospital-Acquired Condition Reduction Program (HACRP)" webpage.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: Hospital-Acquired Condition Reduction Program (HACRP)

Page status: Altered

- **Before:** July 25, 2018
- **After:** August 1, 2018

URL: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html

Known archives: A public web archive of this page, collected at the request of Centers for Medicare and Medicaid Services, is available from July 25, 2018.

Description of change:

The following content was changed between July 23, 2018 and July 30, 2018 according to WIP's website monitoring software:

a. **Altered** text in first paragraph:

> **From:** "Section 3008 of the Patient Protection and Affordable Care Act (ACA) established the Hospital-Acquired Condition (HAC) Reduction Program to provide an incentive for hospitals to reduce HACs. Effective begin-

ning Fiscal Year (FY) 2015 (discharges beginning on October 1, 2014), the HAC Reduction Program requires the Secretary of the Department of Health and Human Services to adjust payments to applicable hospitals that rank in the worst-performing 25 percent all subsection (d) hospitals with respect to risk-adjusted HAC quality measures. These hospitals will be subject to a 1 percent payment reduction In the FY 2018 HAC Reduction Program, hospitals with a Total HAC Score greater than 0.3687 may be subject to a payment reduction."

To: "The HAC Reduction Program is a Medicare pay-for-performance program that supports CMS's long-standing effort to link Medicare payments to healthcare quality in the inpatient hospital setting. Section 1886(p)(6)(B) of the Social Security Act established the statutory requirements for the HAC Reduction Program. Beginning with Fiscal Year FY 2015 discharges (i.e., effective October 1, 2014), the HAC Reduction Program requires the Secretary of Health and Human Services (HHS) to adjust payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. Hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (i.e., the worst-performing quartile) will be subject to a 1 percent payment reduction. This payment adjustment applies to all Medicare discharges between October 1, 2018 and September 30, 2019 (i.e., FY 2019). The payment reduction occurs when CMS pays hospital claims."

> **Screenshot:** A comparison of the first paragraph of the July 25, 2018 (top) and August 1, 2018 (bottom) versions of the "Hospital-Acquired Condition Reduction Program (HACRP)" page, highlighting the removed reference to the Affordable Care Act. Captured by Internet Archive's Wayback Machine.

Before (July 25, 2018)

After (August 1, 2018)

Removal of the "Marketplace Outreach: Best Practices for Outreach to Latino Communities" PDF from CMS's Health Insurance Marketplace website

Tag: #CMS-marketplace-1

Summary of Findings

In September 2018, a PDF titled "Marketplace Outreach: Best Practices for Outreach to Latino Communities" was removed from the Health Insurance Marketplace website, a subdomain of CMS.gov. Links and text corresponding to the PDF were also removed from the website's "Training for navigators, agents, brokers, and other assisters" and "Special populations" webpages. The removed PDF was a slide presentation prepared by the CMS Office of Communications with information about challenges to and strategies for enrolling members of Latino communities for health coverage. A PDF titled "September Marketplace Update for Assisters" from September 2017 still includes a link to the removed PDF, noting that the best practices "identified in the slide presentation" are examples of how to "model targeted outreach efforts" to other populations.

Change Classification

- (5) Removing webpage

Reporting

- N/A

For details see:

Rachel Bergman: CMS removes PDF used to train assisters in providing healthcare outreach to Latino communities (December 6, 2018) and Sunlight Foundation's Web Integrity Project Monitoring Report: Removal of the "Marketplace Outreach: Best Practices for Outreach to Latino Communities" PDF from CMS's Health Insurance Marketplace Website (December 4, 2018).

Note: By December 14, 2018, eight days after these findings were originally published, a new version of the "Marketplace Outreach: Best Practices for Outreach to Latino Communities" PDF was added to CMS's Health Insurance Marketplace website.

Removal of slides from "Tips for FFM Assisters on Working with Outside Organizations" presentation on CMS's Health Insurance Marketplace

Tag: #CMS-marketplace-2

Summary of Findings

CMS altered a slide presentation titled "Tips for FFM Assisters on Working with Outside Organizations" to remove content related to Consumer Grievances, Consumer Questions about Certain Tax Topics, and other Marketplace topics.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: Tips for FFM Assisters on Working with Outside Organizations

Page status: Altered

- **Before:** June 13, 2018
- **After:** June 20, 2018

URL: https://marketplace.cms.gov/technical-assistance-resources/assisters-working-with-outside-organizations.pdf

Known archives: An archived version of the page from June 13, 2018 is available from the Federal Depository Library Program Web Archive in the Centers for Medicare and Medicaid Services collection.

Description of change:

The following changes occurred between June 13, 2018 and June 20, 2018:

a. **Changed** the date of slideshow from "April 2017" to "June 2018" (Slide 1 in original).

b. **Removed** "non-Navigator assistance personnel (also referred to as in-person assisters)" from the list of intended audiences (Slide 3) .

c. **Removed** two slides with the heading "Consumer Grievances, Complaints, and Questions about Health Coverage," containing information about referring consumers to Consumer Assistance Programs and Health Insurance Ombudsmen (Slides 6-7).

d. **Removed** two slides with the heading "Consumer Questions about Certain Tax Topics," containing information about referring consumers for tax preparation advice and assistance (Slides 8-9).

e. **Removed** two slides with the heading "Consumers' Legal Questions Related to Marketplace Eligibility Appeals," containing information about free or low-cost legal help available to the consumer to help with the Marketplace eligibility appeals process (Slides 10-11).

f. **Removed** three slides with the heading "Referrals to Other Assisters, the Marketplace Call Center, or other Resources," containing information on making timely referrals to other assisters and providing accessible and appropriate assistance (Slides 12-14).

g. **Removed** a slide titled "Requirements and Prohibitions for Working with Outside Organizations," containing information about statutory and regulatory requirements, including a link to a (still live) PDF titled "Tip Sheet: Federally-facilitated Marketplace Assister Conflict of Interest Requirements" (Slide 21).

h. **Altered** a slide titled "General rules to keep in mind slide," by deleting the third bullet point that said assister work should "not result in additional funding requests under HHS grants or contracts" (Slide 22).

i. **Altered** the final slide titled "Resources," by removing a link to a (still live) PDF, titled "Tips for Assisters on Working with Outside Organizations" (Slide 36).

Screenshot: A comparison of the June 13, 2018 (left) and June 20, 2018 (right) versions of the final slide in the "Tips for FFM Assisters on Working with Outside Organizations" slide presentation, highlighting removed content. Captured by Internet Archive's Wayback Machine.

Before (June 13, 2018)

Resources

- Tips for Assisters on Working with Outside Organizations
  - https://marketplace.cms.gov/technical-assistance-resources/assister-guidance-on-referrals-to-outside-organizations.pdf
- Information and Tips for Assisters: How and when to provide information about agent and broker services to consumers, and other information about engaging with agents and brokers
  - https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF
- Tip Sheet: Federally-facilitated Marketplace Assister Conflict of Interest Requirements
  - https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.pdf

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After (June 20, 2018)

Resources

- Information and Tips for Assisters: How and when to provide information about agent and broker services to consumers, and other information about engaging with agents and brokers
  - https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF
- Tip Sheet: Federally-facilitated Marketplace Assister Conflict of Interest Requirements
  - https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.pdf

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Overhaul of HealthCare.gov's "Apply for Health Insurance" webpage

Tag: #HealthCare.gov

Summary of Findings

Midway through the Open Enrollment period, between November 14 and November 21, 2018, HealthCare.gov's "Apply for Health Insurance" page was overhauled by changing the page's format and altering a list of ways to apply for health insurance. Previously, the page contained a table that listed five ways to apply:

(1) Online (using a HealthCare.gov account);
(2) By phone;
(3) With in-person help (receiving help from an assister);
(4) Through an agent or broker; and
(5) By mail.

This table was removed and replaced with four ways to apply:

(1) Find and contact an agent, broker, or assister;
(2) Have an agent or broker contact you;
(3) Use a certified enrollment partner's website; and
(4) Use HealthCare.gov.

The overhaul included removals and additions of links listed within each way to apply. One of the links that was added is listed under the "Have an agent or broker contact you" section of the page and leads to the "Help on Demand" website, a third-party, non-governmental consumer assistance referral system.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Link alteration/removal
- (4) Removing section of page

Reporting

Modern Healthcare: [Obamacare sign-ups down 550,000 as deadline nears](#) (12/12/2018); Axios: [HHS edited HealthCare.gov to prioritize private enrollment options](#) (12/12/2018).

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: [Overhaul of HealthCare.gov's "Apply for Health Insurance" Webpage](#) (December 10, 2018) and Rachel Bergman: [In overhaul of HealthCare.gov webpage, information about ways to apply is gone](#) (December 11, 2018).

Note: By December 13, 2018, two days after these findings were originally published, the options "Contact the Marketplace Call Center to enroll by phone" and "Fill out and mail in a paper application" were returned to the list of ways to apply for coverage on the ["Apply for Health Insurance"](#) page.

Removal of "Affordable Care Act" as an FAQ category on HHS.gov

Tag: #HHS.gov/answers-1

Summary of Findings

The FAQ section of HHS.gov was reorganized to remove the FAQ category "Affordable Care Act," which meant that FAQs relating to the Affordable Care Act were inaccessible without the full URL. Later, all nine FAQs that were formerly organized under the "Affordable Care Act" category were reorganized within the "Health Insurance Reform" category.

Change Classification

- (1) Altering or removing text and non-text content
- (3) Moving webpage

Reporting

- N/A

Webpage 1

Page title: HHS Frequently Asked Questions (FAQs)

Page status: Altered

- **Before:** July 29, 2017
- **After:** May 22, 2018

URL: https://www.hhs.gov/answers/

Known archives: A public web archive of this page, collected at the request of U.S. Department of Health and Human Services, is available from July 14, 2017.

Description of change:

1. The following changes occurred between July 29, 2017 and August 6, 2017:
   a. **Removed** link for "Affordable Care Act" from the "FAQs Categories" sidebar.

2. The following changes occurred between May 4, 2018 and May 22, 2018:
   a. **Added** link for "Health Insurance Reform" to the "FAQs Categories" sidebar.

Before (July 29, 2017)

After (May 22, 2018)

Webpage 2

Page title: Category: Affordable Care Act

Page status: Altered

- **Before:** July 11, 2017
- **After:** May 23, 2018

URL: https://www.hhs.gov/answers/affordable-care-act

Known archives: None.

Description of change:

The following change occurred between July 11, 2017 and May 23, 2018:

a. **Removed** nine questions pertaining to the Affordable Care Act from the page.

- The removed questions are now available under a new category "Health Insurance Reform."

Before (July 11, 2017)

After (May 23, 2018)

Screenshot: A comparison of the July 11, 2017 (top) and May 23, 2018 (bottom) versions of the "Category: Affordable Care Act" webpage. Captured by Internet Archive's Wayback Machine.

Webpage 3

Page title: Category: Health Insurance Reform

Page status: Added

- **Before:** N/A
- **After:** June 12, 2018

URL: https://www.hhs.gov/answers/health-insurance-reform/index.html

Known archives: None.

Description of change:

The following changes occurred by June 12, 2018:

a. **Added** a page containing 23 FAQs related to health insurance reform, including the nine questions about the Affordable Care Act that had been removed from the "Category: Affordable Care Act" page.

After (June 12, 2018)

Screenshot: A screenshot of the June 12, 2018 version of the "Category: Health Insurance Reform" webpage. No "Before" shot is shown. Captured by Internet Archive's Wayback Machine.

Removal of reference to the Affordable Care Act on HHS.gov's "Who is eligible for Medicaid?" webpage

Tag: #HHS.gov/answers-2

Summary of Findings

A reference to the Affordable Care Act was removed from HHS.gov's "Who is eligible for Medicaid?" page.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: Who is eligible for Medicaid?

Page status: Altered

- **Before:** July 11, 2017
- **After:** March 30, 2018

URL: https://www.hhs.gov/answers/medicare-and-medicaid/who-is-eligible-for-medicaid/index.html

Known archives: None.

Description of change:

The following changes occurred between July 11, 2017 and March 30, 2018:

a. **Removed** text: "Some states have expanded Medicaid to cover more people because of the Affordable Care Act."

Before (July 11, 2017)

After (March 30, 2018)

Alterations to "About the ACA" webpages on HHS.gov's "Healthcare" website

Tag: #HHS.gov/healthcare-NYT

Summary of Findings

A collection of webpages on HHS's website was altered between January 20, 2017 and April 25, 2017. The alterations included removals of links, text, and references to information about the Affordable Care Act (ACA).

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (3) Moving an entire webpage or collection of webpages or establishing redirects
- (4) Altering or removing an entire pertinent section of a webpage or collection of webpages

Reporting

- New York Times: [The Same Agency That Runs Obamacare Is Using Taxpayer Money to Undermine It](#) (9/4/2017)

Webpage 1

Page title: HHS.gov (Home page)

Page status: Altered

- **Before:** [January 20, 2017, 2:41 PM ET](#)
- **After:** [January 20, 2017, 3:23 PM ET](#)

URL: https://www.hhs.gov/

Known archives: An archived version of the page from [January 20, 2017 1:45 AM](#) is available from the Federal Depository Library Program Web Archive in the U.S. Department of Health and Human Services collection.

Description of change:

The following content was changed on January 20, 2017 between [2:41:22 PM EST](#) and [3:23:01 PM EST](#):

a. **Removed** link with the text "[Affordable Care Act – About the Law](#)," under the "I would like info on…" section

- This link leads to a live, altered page, "About the Law" ([Webpage 3](#) in [#HHS.gov/healthcare-NYT](#)).
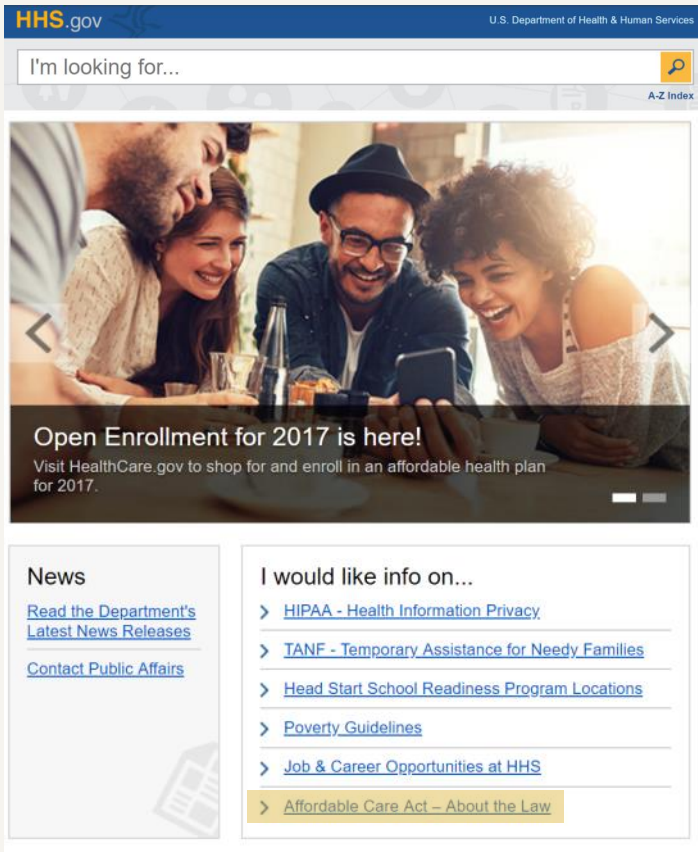
Screenshot: A comparison of a section of the January 20, 2017, 2:41 PM ET (left) and January 20, 2017, 3:23 PM ET (below) versions of the HHS.gov homepage, showing the removed link to the "Affordable Care Act — About the Law" page. Captured by Internet Archive's Wayback Machine.
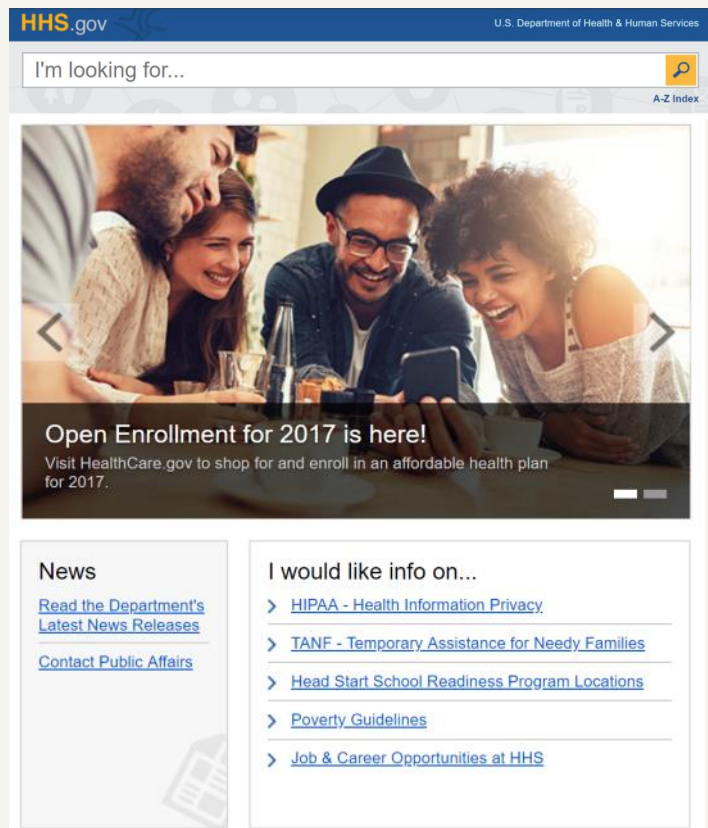
Webpage 2

Page title: Health Care

Page status: Altered

- **Before:** January 31, 2017
- **After:** March 22, 2017

URL: https://www.hhs.gov/healthcare/

Known archives: An archived version of the page from January 29, 2017 is available from the Federal Depository Library Program Web Archive in the U.S. Department of Health and Human Services collection.

Description of change:

The following content was changed between January 31, 2017 and February 1, 2017:

a. **Removed** text: "The Affordable Care Act put in place comprehensive health insurance reforms that have improved access, affordability, and quality in health care for Americans. Learn about the law, how to get coverage, and how it has helped people across the country."

b. **Removed** a panel with a link to the "Facts and Features" webpage at the URL https://www.hhs.gov/healthcare/facts-and-features/index.html.

   i. The panel, which was located in the body of the page, included the following descriptive text: "The Affordable Care Act is working to make health care more affordable, accessible, and of a higher quality for families, seniors, businesses, and taxpayers alike."

c. **Removed** a panel with a link to the "#CoverageMatters: Share Your Story" webpage at the URL https://www.hhs.gov/healthcare/facts-and-features/coverage-matters/index.html.

   i. The panel, which was located in the body of the page, included the following descriptive text:

      The Affordable Care Act is part of the fabric of our nation, and it's the law of the land. Across the country, it's making a difference for millions of Americans. That's why we want to hear your personal story about how health coverage is stronger under the ACA.

      We want to hear from all of you. Be a part of the conversation and share your story on Twitter, Facebook, and Instagram using the hashtag #CoverageMatters.

Before (January 31, 2017)
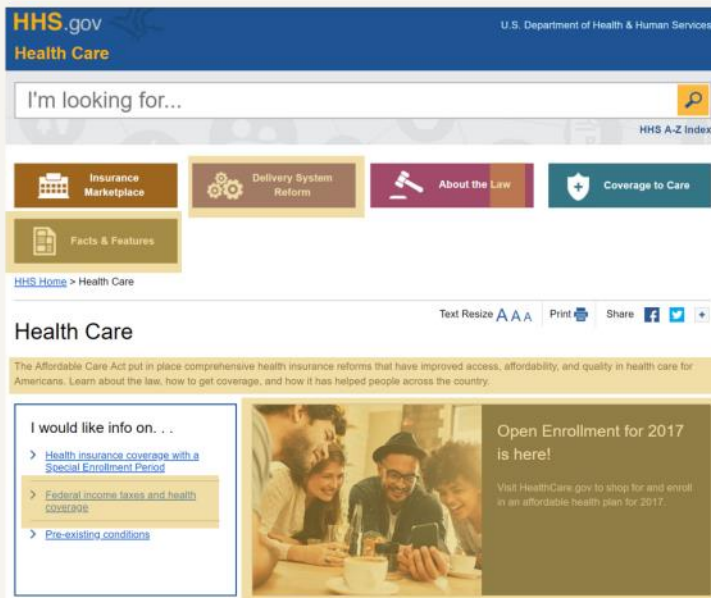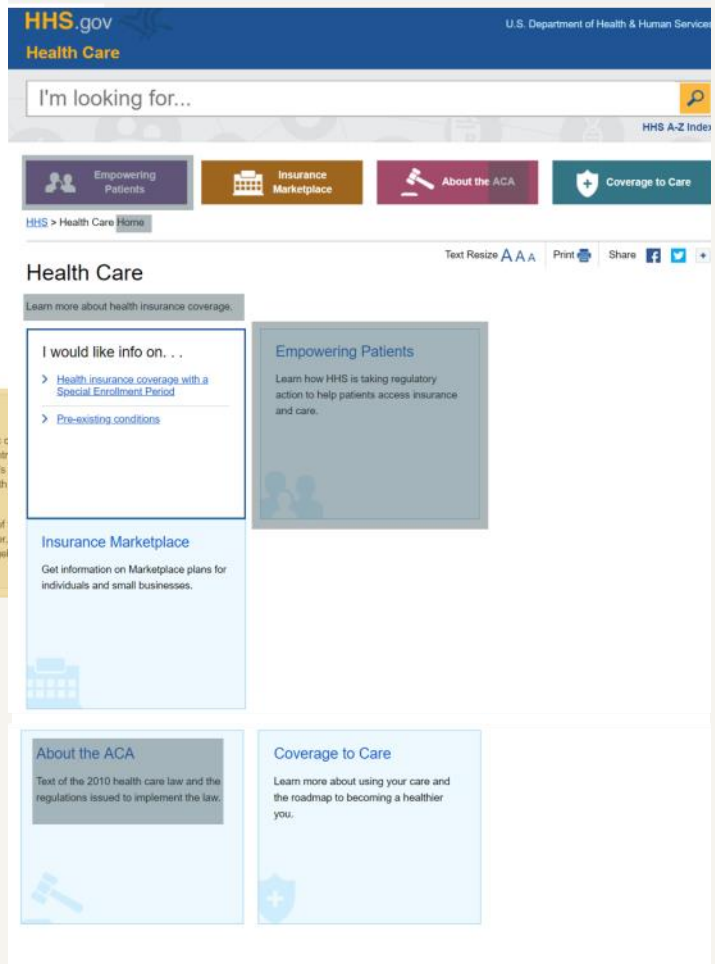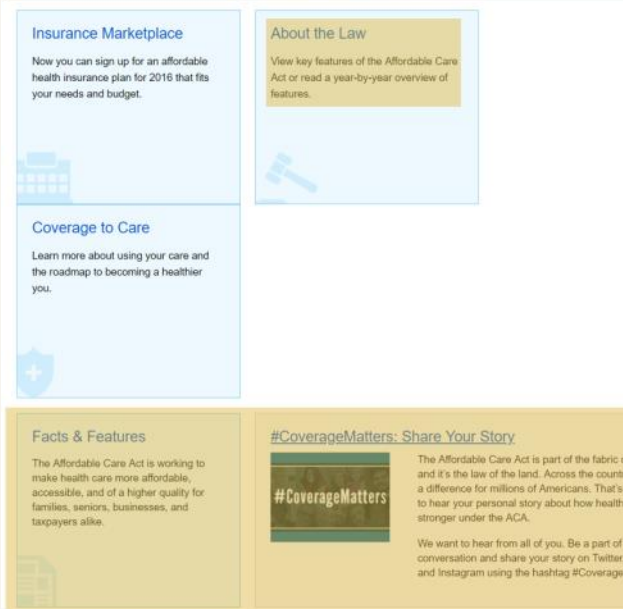
After (March 22, 2017)

Webpage 3

Page title: About the Law (now "About the ACA")

Page status: Altered

- **Before:** January 30, 2017
- **After:** March 16, 2017

URL: https://www.hhs.gov/healthcare/about-the-law/index.html

Known archives: An archived version of the page from February 18, 2017 is available from the Federal Depository Library Program Web Archive in the U.S. Department of Health and Human Services collection.

Description of change:

1. The following content was changed between January 30, 2017 and February 1, 2017:

    a. **Removed** the following links and text from the sidebar and correspond to re-moved pages:

        I. Read the Law
        II. Plain Language Benefits Information
        III. ER Access & Doctor Choice

    b. **Altered** content in body of the page, including the removal of text and links:
        I. The page previously had four sections with the following headings:

            - Coverage
            - Costs
            - Care
            - For More Information

        II. The page currently only has one section with the heading "Regulations & Guidance."

2. The following content was changed between March 15, 2017 and March 16, 2017:

    a. **Altered** URL from https://www.hhs.gov/healthcare/about-the-law/index.html to https://www.hhs.gov/healthcare/about-the-aca/index.html.

        I. The old URL currently redirects to the new URL.

    b. **Altered** the page title from "About the Law" to "About the Affordable Care Act."

Before (January 30, 2017)

Screenshot: A comparison of the January 30, 2017 (left) and March 16, 2017 (right) versions of the "About the Law" webpage. Captured by Internet Archive's Wayback Machine, highlighting changes made to the body of the page.

After (March 16, 2017)

Webpage 4

Page title: Pre-Existing Conditions

Page status: Altered

- **Before:** January 30, 2017
- **After:** April 23, 2017

URL: https://www.hhs.gov/healthcare/about-the-law/pre-existing-conditions/index.html
- URL redirects to https://www.hhs.gov/healthcare/about-the-aca/pre-existing-conditions/index.html

Known archives: None.

Description of change:

1. The following content was changed between January 30, 2017 and February 5, 2017:

    a. **Altered** text:

    > **From** "Under the Affordable Care Act, health insurance companies can't refuse to cover you or charge you more just because you have a "pre-existing condition" — that is, a health problem you had before the date that new health coverage starts."
    > **To** "Under current law, health insurance companies can't refuse to cover you or charge you more just because you have a "pre-existing condition" — that is, a health problem you had before the date that new health coverage starts."

    b. **Removed** text "They also can't charge women more than men."

    c. **Removed** text with link "Learn more about coverage for pre-existing conditions."

      I. Link leads to a live webpage.

    d. **Removed** section with heading "A Real Story," including text, links, and an embedded Youtube video.

    e. **Removed** two links and text from "For More Information" section. Both links lead to live webpages:

      I. Coverage for pre-existing conditions
      II. Learn more about your rights and protections

2. The following content was changed between March 13, 2017 and April 23, 2017:

    a. **Altered** URL from https://www.hhs.gov/healthcare/about-the-law/pre-existing-conditions/index.html to https://www.hhs.gov/healthcare/about-the-aca/pre-existing-conditions/index.html

      I. The old URL currently redirects to the new URL

Before (January 30, 2017)   **After (February 5, 2017)**

Screenshot: A comparison of the January 30, 2017 (left) and February 5, 2017 (right) versions of the "Pre-Existing Conditions" webpage, showing changes made to the body of the page. Captured by Internet Archive's Wayback Machine.

Webpage 5

Page title: Young Adult Coverage

Page status: Altered

- **Before:** January 30, 2017
- **After:** April 22, 2017

URL: https://www.hhs.gov/healthcare/about-the-law/young-adult-coverage/index.html

- URL redirects to https://www.hhs.gov/healthcare/about-the-aca/young-adult-coverage/index.html

Known archives: None.

Description of change:

1. The following content was changed between January 30, 2017 and February 5, 2017:
   a. **Altered** text in first paragraph, replacing "the Affordable Care Act" with "current law."

   b. **Removed** section called "What This Means For You," which included the text:

      Before the health care law, insurance companies could remove enrolled children usually at age 19, sometimes older for full-time students. Now, most health plans that cover children must make coverage available to children up to age 26. By allowing children to stay on a parent's plan, the law makes it easier and more affordable for young adults to get health insurance coverage."

   c. **Removed** text "Young Adult Coverage and" and link to HealthCare.gov "Young Adults" page.
      i. Link leads to a live webpage.

   d. **Removed** text and links under "For More Information" section:
      i. I'm Covered Stories: For this 26-er, Getting Insured Was a "No-Brainer"
         - Link leads to a removed page
      ii. Report: Number of Young Adults Gaining Insurance Due to the Affordable Care Act Now Tops 3 Million.
         - Link leads to a removed page
      iii. Read answers to frequently asked questions about young adults and the Affordable Care Act.
         - Link leads to a live page

2. The following content was changed between March 13, 2017 and April 22, 2017:
   a. **Altered** URL from https://www.hhs.gov/healthcare/about-the-law/young-adult-coverage/index.html to https://www.hhs.gov/healthcare/about-the-aca/young-adult-coverage/index.html

      i.The old URL currently redirects to the new URL.

Screenshot: A comparison of the January 30, 2017 (left) and February 5, 2017 (right) versions of the "Young Adult Coverage" webpage, highlighting changes to the body of the page. Captured by Internet Archive's Wayback Machine.

Before (January 30, 2017)   After (February 5, 2017)

Webpage 6

Page title: Preventive Care

Page status: Altered

- **Before:** January 30, 2017

- **After:** April 25, 2017

URL: https://www.hhs.gov/healthcare/about-the-law/preventive-care/index.html

- URL redirects to https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html

Known archives: An archived version of the page from January 19, 2017 is available from the Federal Depository Library Program Web Archive in the U.S. Department of Health and Human Services collection.

Description of change:

1. The following content changed between January 30, 2017 and February 5, 2017:

    a. **Removed** text and links:

    "Under the Affordable Care Act, … — which can help you avoid illness and improve your health — ...

    - Read the full list of covered preventive services.

    - See a list of eight covered preventive services for women, issued August 1, 2011.

    What This Means for You"

2. The following content changed between February 25, 2017 and April 25, 2017:

    a. **Altered** URL from https://www.hhs.gov/healthcare/about-the-law/preventive-care/index.html to https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html.

        i. The old URL currently redirects to the new URL.

Screenshot: A comparison of the January 30, 2017 (left) and February 5, 2017 (right) versions of the "Preventive Care" webpage, highlighting content removed from the body of the page. Captured by Internet Archive's Wayback Machine.

Before (January 30, 2017) After (February 5, 2017)

Removal of "Facts and Features" website from HHS.gov

Tag: #HHS.gov/healthcare-WIP

Summary of Findings

In 2017, the Department of Health & Human Services (HHS) made a series of changes to HHS.gov, to remove, move, or make less accessible content related to the Affordable Care Act (ACA). Among these changes was the removal of a website of at least 85 "Facts and Features" webpages. The homepage of this website, also titled "Facts and Features," linked to five subpages in the sidebar of the page. One of the subpages, titled "Health Care Facts Sheets," contained a list of links to 29 healthcare-related fact sheets dated between February 9, 2011 and December 13, 2016. Another subpage, titled "State by State," contained links to 51 pages, each of which documented the "Impact of the Affordable Care Act" in all 50 states and the District of Columbia.

Change Classification

- (6) Overhauling or removing an entire website

Reporting

- New York Times: The Same Agency That Runs Obamacare Is Using Taxpayer Money to Undermine It (9/4/2017)

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: Removal of "Facts and Features" Website from HHS.gov (May 14, 2019) and Jon Campbell: Removal of "Facts and Features" Website from HHS.gov (May 14, 2019).

Removal of references to the Affordable Care Act from HRSA's "About the Office of Women's Health" webpage

Tag: #HRSA-1

Summary of Findings

HRSA altered the "Priorities" section on the "About the Office of Women's Health" to remove a section about the Affordable Care Act and replaced it with one called "Women's Preventive Services." The "Affordable Care Act" section previously linked to the 2011 version of the *Women's Preventive Services Guidelines*, which heavily referenced the Affordable Care Act. The new "Women's Preventive Services" section links to the 2016 version of the *Women's Preventive Services Guidelines*, which does not mention the ACA.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (4) Removing section of page

Reporting

- N/A

Webpage 1

Page title: About the Office of Women's Health

Page status: Altered

- **Before:** June 14, 2016
- **After:** April 27, 2017

URL: https://www.hrsa.gov/about/organization/bureaus/owh/index.html

Known archives: An earlier version of the page, which includes a differently-worded section on the ACA, available from the Federal Depository Library Program Web Archive in the Womenshealth.gov collection.

Description of change:

The following changes occurred between June 14, 2016 and April 27, 2017:

a. **Removed** "Affordable Care Act" section from a page about the office's priorities.

- The "ACA" section had the following text and links:

    "In the US, women make approximately 80% of the health care decisions for their families, yet often go without health care coverage themselves. The Affordable Care Act (ACA) provides an opportunity for women to gain health care coverage for themselves and their families. Since 2013, the uninsured rate among women declined 9.4 per-

centage points, resulting in nearly 9.5 million adult women gaining coverage.

OWH works to educate underserved women of the Women's Preventive Services' Guidelines, which define services that all health insurance plans must cover without cost-sharing."

- The removed link to Women's Preventive Services' Guidelines redirects to a still-live page containing the 2011 version of the *Women's Preventive Services Guidelines*, which references the Affordable Care Act by name five times.

b. Added a "Women's Preventive Services" section to the page.

- The "Women's Preventive Services" section contained the following text and links:

"We use social media to raise awareness about the availability of women's preventive services.

We highlight women's preventive services during national health observances."

- The added link to women's preventive services leads to a page containing the 2016 version of the *Women's Preventive Services Guidelines*, which does not reference the ACA (except when citing the title of a notice in the *Federal Register*).

Note: *Other changes that occurred during this timeframe have not been included in this stub.*

Screenshot: A comparison of the June 14, 2016 and April 27, 2017 versions of the "Priorities" section on HRSA's "About the Office of Women's Health" webpage, highlighting the removed section about the ACA and the replacement section on Women's Preventive Services. Captured by Internet Archive's Way-back Machine.

Before (June 14, 2016)   **After (April 27, 2017)**

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Removal of reference to Medicaid, CHIP, and the Health Insurance Marketplace from HRSA's strategic goals

Tag: #HRSA-2

Summary of Findings

HRSA altered "Goal 1.3" on its "Goal 1: Improve Access to Quality Health Care and Services" to remove a reference to "Medicaid, CHIP, and the Health Insurance Marketplace."

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1:

Page title: Goal 1: Improve Access to Quality Health Care and Services

Page status: Altered

- **Before:** May 13, 2017
- **After:** April 1, 2019

URL: https://www.hrsa.gov/about/strategic-plan/goal-1.html

Known archives: None.

Description of change:

The following changes occurred between May 13, 2017 and April 1, 2019:

a. Removed "Medicaid, CHIP, and the Health Insurance Marketplace" from Objective 1.3 on the page.

    i) Objective 1.3 previously read: "Objective 1.3: Increase enrollment in and utilization of health insurance through Medicaid, CHIP, and the Health Insurance Marketplace."

    ii) Objective 1.3 now reads: "Objective 1.3: Connect HRSA patient populations to primary care and preventive services."

Screenshot: A comparison of the May 13, 2017 (left) and April 1, 2019 (right) versions of the "Priorities" section on HRSA's "Goal 1: Improve Access to Quality Health Care and Services" webpage, highlighting the removed ACA-related Objective 1.3 and its replacement. Captured by Internet Archive's Wayback Machine.

Before (May 13, 2017)   After (April 1, 2019)

Removal of the Affordable Care Act website from within Medicaid.gov

Tag: #Medicaid-1

Summary of Findings

In June 2018, the "Affordable Care Act" website, which contained fourteen webpages, was removed from within Medicaid.gov. The main page of the website, which was itself titled "Affordable Care Act," had links to thirteen pages with topics related to the Affordable Care Act (ACA) that have also been removed. Medicaid.gov's top menu previously listed a prominent link with the text "Affordable Care Act," which served as a dropdown menu with links to the removed pages. Some of the removed pages contained information that is no longer found on Medicaid.gov, while other pages contained content that is related to content on pages that have been live on Medicaid.gov for close to two years. Most or all of the content from two of the removed pages can now be found elsewhere within Medicaid.gov. In particular, the content of one page that was linked from the "Affordable Care Act" page can now be found on a live page titled "Affordable Care Act Program Integrity Provisions," which contains information about provisions to fight Medicaid fraud, waste, and abuse.

Change Classification

- (6) Overhauling or removing an entire website

Reporting

- Washington Post: [The Health 202: 'ACA' removed from swaths of Medicaid.gov website, watchdog reports](#) (07/12/2018); CNN: [Medicaid website hides some Obamacare information, group says](#) (07/12/2018).

For details see:

Rachel Bergman: [14-Page Affordable Care Act Website Removed from Medicaid.gov](#) (July 12, 2018) and Sunlight Foundation's Web Integrity Project Monitoring Report: [Removal of the Affordable Care Act Website from within Medicaid.gov](#) (July 10, 2018).

Removal of reference to Medicaid, CHIP, and the Health Insurance Marketplace from HRSA's strategic goals

Tag: #Medicaid-2

Summary of Findings

Medicaid.gov's "Medicaid and CHIP Eligibility Levels" webpage was altered to remove a reference to the Affordable Care Act.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links

Reporting

- N/A

Webpage 1

Page title: Medicaid and CHIP Eligibility Levels

Page status: Altered

- **Before:** July 23, 2018

- **After:** July 30, 2018

URL: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html

Known archives: A public web archive of this page, collected at the request of Centers for Medicare and Medicaid Services, is available from July 23, 2018.

Description of change:

The following changes occurred between July 23, 2018 and July 30, 2018:

a. **Altered** page title:

> **From:** "Medicaid and CHIP Eligibility Levels"

> **To:** "Medicaid, CHIP, and BHP Eligibility Levels"

b. **Removed** first paragraph, including text and links:

> "CMS has worked with states to "convert" their Medicaid and CHIP eligibility levels to be based on modified adjusted gross income (MAGI) as required by the Affordable Care Act. Not all populations that are enrolled in Medicaid and CHIP will have their eligibility determined based on MAGI. The table below reflects eligibility levels in each state for key MAGI coverage groups, relative to the federal poverty guidelines, as of April 1, 2016."

b. **Added** a new paragraph, including text:

> "The following table provides eligibility levels in each state for key coverage groups that use Modified Adjusted Gross Income (MAGI), as of April

1, 2018. The data represent the principal, but not all, MAGI coverage groups in Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP). All income standards are expressed as a percentage of the federal poverty level (FPL). The MAGI-based rules generally include adjusting an individual's income by an amount equivalent to a 5% FPL disregard. Other eligibility criteria also apply, such as citizenship, immigration status, and state residency."

Note: Other changes that occurred during this timeframe have not been included in this description.

Screenshot: A comparison of the July 23, 2018 (left) and July 30, 2018 (right) versions of the "Medicaid and CHIP Eligibility Levels" page, highlighting the changed section about MAGI. Captured by Internet Archive's Wayback Machine.

Before (July 23, 2018)

After (July 30, 2018)

Removal of the "Affordable Care Act & Medicare" webpage and corresponding links from the Medicare website

Tag: #Medicare

Summary of Findings

In December 2017, a page titled "The Affordable Care Act & Medicare" was removed from the Medicare website. A link that led to this page and descriptive text about the Affordable Care Act were also removed from the website's "About Us" page. Content on the removed page included information and links related to Medicare coverage being protected under the healthcare law, preventive services covered under Medicare, discounts on brand-name prescription drugs, and initiatives that support care coordination between providers. The page previously linked to HealthCare.gov, which is the federal health insurance Marketplace, and to another webpage on the Medicare domain called "Medicare & the Marketplace," which is no longer linked from the "About Us" portion of the Medicare website.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (3) Moving webpages
- (4) Removing section of page
- (5) Removing webpage

Reporting

The Hill: A watchdog group says CMS is pulling a disappearing trick with certain Obamacare-related websites (05/17/2018); Government Executive: Report: How HHS Buried Information About the Affordable Care Act (05/17/2018).

For details see:

Rachel Bergman: 14-Page Affordable Care Act Website Removed from Medicaid.gov (July 12, 2018) and Sunlight Foundation's Web Integrity Project Monitoring Report: Removal of the Affordable Care Act Website from within Medicaid.gov (July 10, 2018).

Removal of questions and infographic about the Affordable Care Act on MentalHealth.gov

Tag: #MentalHealth.gov

Summary of Findings

The "Health Insurance and Mental Health Services" webpage on MentalHealth.gov was altered in three different time periods between September 4, 2017 and October 21, 2018. While the page continues to reference the Affordable Care Act, the page altered references to the ACA on several occasions. An infographic titled, "3 Ways the Affordable Care Act is Increasing Access to Mental Health and Substance Use Disorder Services" was removed from the page along with a question and answer for the question "How does the Affordable Care Act help people with mental health issues?" A question, "Does the Affordable Care Act require insurance plans to cover mental health benefits?," was changed to "Do insurance plans have to cover mental health benefits?" for a period of time before reverting back to the original question.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links

Reporting

- N/A

Webpage 1

Page title: Health Insurance and Mental Health Services

Page status: Altered

- **Before:** September 4, 2017
- **After**: October 21, 2018

URL: https://www.mentalhealth.gov/get-help/health-insurance

Known archives: None.

Description of change:

1. The following content was changed between September 4, 2017 and December 16 2017:

    a. **Removed** infographic titled, "3 Ways the Affordable Care Act is Increasing Access to Mental Health and Substance Use Disorder Services."

    b. **Removed** question and answer for the question "How does the Affordable Care Act help people with mental health issues?"

Note: Other questions and answers that referenced the Affordable Care Act remained, unaltered, on the page.

2. The following content was changed between December 16, 2017 and March 21, 2018:

    a. **Altered** the question "Does the Affordable Care Act require insurance plans to cover mental health benefits?" **to** "Do insurance plans have to cover mental health benefits?"

        • The answer for the question remained the same.

3. The following content was changed between March 21, 2018 and October 21, 2018:

    a. **Altered** the question "Do insurance plans have to cover mental health benefits?" **to** "Does the Affordable Care Act require insurance plans to cover mental health benefits?"

    b. This alteration reversed the previous change that occurred between December 16, 2017 and March 21, 2018.

Before (September 4, 2017)

After (October 21, 2018)

Removal of language pertaining to sex discrimination from HHS's Office for Civil Rights webpages about Section 1557 of the Affordable Care Act

Tag: #OCR

Summary of Findings

Between March and August 2017, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) removed language relating to sex discrimination and prohibitions on sex discrimination on several webpages about Section 1557 of the Affordable Care Act (ACA). Mentions of "sex stereotyping" and information about sex discrimination on the basis of gender identity and termination of pregnancy were removed. The "Training Materials for Section 1557" page on the OCR website was removed between March 2017 and July 2018.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (4) Removing section of page
- (5) Removing webpage

Reporting

- ThinkProgress: [Health Department removes 'gender' from its civil rights page](#) (10/23/2018)

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: [Language Removals Pertaining to Sex Discrimination from HHS's Office for Civil Rights Webpages about Section 1557 of the Affordable Care Act](#) (July 17, 2018) and Rachel Bergman and Jon Campbell: [HHS removes sex discrimination prohibition language from civil rights office website](#) (July 19, 2018).

Removal of pages, references, and links pertaining to the Affordable Care Act from the Office of Minority Health website

Tag: #OMH-1

Summary of Findings

Over the course of two years, between January 2017 and January 2019, the Office of Minority Health (OMH), an agency within the Department of Health and Human Services (HHS), altered its website to remove webpages, references, and links pertaining to the Affordable Care Act (ACA). At least five pages were removed from the website, including the main "Affordable Care Act' page, which contained information about the Affordable Care Act and OMH's role in implementing the ACA. Some pages that previously contained references to the ACA were altered to remove the term. For instance, before OMH removed the "ACA Guidance for American Indians and Alaska Natives" page, the term "Affordable Care Act" was removed from the page's title, text body, and an infographic linked from the page.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (4) Removing section of page
- (5) Removing webpage

Reporting

- Politico: Senate Finance hearings on nursing homes loom next week (02/28/2019); MedPage Today: Office of Minority Health Drops ACA Pages From Website (03/01/2019).

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: Removal of Pages, References, and Links Pertaining to the Affordable Care Act from HHS's Office of Minority Health Website (February 26, 2019) and Aaron Lemelin: Office of Minority Health removes access to webpages about the Affordable Care Act (February 28, 2019).

Removal of reference to the Affordable Care Act from the Office of Minority Health "History of the Office of Minority Health" webpage

Tag: #OMH-2

Summary of Findings

The "History of the Office of Minority Health" page on HHS's Office of Minority Health website was altered to remove a reference to the Affordable Care Act.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: History of the Office of Minority Health

Page status: Altered

- **Before:** July 13, 2018
- **After**: October 17, 2018

URL: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=1

Known archives: A public web archive of this page, collected by the Federal Depository Library Program Web Archive, is available from July 13, 2018

Description of change:

The following content was changed between July 13, 2018 and October 17, 2018:

a. **Altered** text:

> **From:** "The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report and was reauthorized by the Affordable Care Act (ACA) in 2010."

> **To:** "The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report and was reauthorized by health care legislation signed into law in 2010."

Screenshot: A comparison of the July 13, 2018 (top) and October 17, 2018 (bottom) versions of the "History of the Office of Minority Health" page, highlighting the removed reference to the ACA. Captured by Internet Archive's Wayback Machine.

Before (July 13, 2018)

After (October 17, 2018)

Removal of a collection of webpages related to the Affordable Care Act from the Office of Population Affairs website

Tag: #OPA

Summary of Findings

The Office of Population Affairs, under the Department of Health and Human Services (HHS), removed a collection of ten webpages related to the Affordable Care Act (ACA) from its "Title X Family Planning" website. The removed pages included information on the Affordable Care Act, contraceptive coverage, the Health Insurance Marketplace, and the Affordable Care Act Collaborative. The URLs for these pages now lead to errors.

Change Classification

- (1) Altering or removing text and non-text content
- (2) Altering or removing links
- (4) Removing section of page
- (5) Removing webpage

Reporting

- Politico: White House shakes up drug policy office (02/07/2019); Government Executive: HHS Removed Webpages on Contraception Coverage Under Obamacare (02/07/2019)

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: Removal of a Collection of Webpages Related to the Affordable Care Act from HHS's Office of Population Affairs Website (February 5, 2019) and Cate Pinto and Rachel Bergman: HHS Office of Population Affairs removed Affordable Care Act content from Title X website (February 7, 2019).

Removal of Breast Cancer website and related webpages from within the Office on Women's Health website

Tag: #OWH-1

Summary of Findings

The "Breast Cancer" website and related pages were removed from within the Department of Health and Human Services' (HHS) Office on Women's Health (OWH) website. While content about mammogram breast cancer screening remains, informational pages and factsheets about the disease, including symptoms, treatment, risk factors, and public no- or low-cost cancer screening programs, have been entirely removed and are no longer found elsewhere on the OWH site. Among the material removed is information about provisions of the Affordable Care Act that require coverage of no-cost breast cancer screenings for certain women, as well as links to a free cancer screening program administered by the Centers for Disease Control and Prevention (CDC). The office did not proactively announce or explain the removals.

Change Classification

- (6) Removing website

Reporting

- Newsweek: Breast Cancer Information Removed from Department of Health and Human Services Website (04/02/2018); The Hill: Breast cancer page scrubbed from women's health website: report (04/02/2018)

For details see:

Sunlight Foundation's Web Integrity Project Monitoring Report: Removal of Breast Cancer Website and Related Webpages from within HHS's Office on Women's Health Website (March 29, 2018) and Andrew Bergman: Unexplained censorship of women's health website renews questions about Trump administration commitment to public health (April 2, 2018).

Note: *On April 5, 2018, following reporting about the removals, the Office on Women's Health added a single breast cancer page to womenshealth.gov. The page, titled "Breast Cancer," contains four brief sections titled: "What is breast cancer?," "Do I need to be screened for breast cancer?," "Learn more about breast cancer," and "Sources." Many of the removed page URLs documented in the WIP report now redirect to this page (at URL https://www.womenshealth.gov/cancer/breast-cancer/).*

Removal of "Affordable Care Act" from "Vision, mission, goals, and history" webpage on Office on Women's Health website

Tag: #OWH-2

Summary of Findings

A reference to the Affordable Care Act was removed from the "Our History" section of the "Vision, mission, goals, and history" page on Office on Women's Health Website .

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: Vision, mission, goals, and history

Page status: Altered (this occurred between **January 19, 2018** and **February 2, 2018** according to WIP's website monitoring software. The Internet Archive's Wayback Machine versions of the page are provided below)

- **Before:** January 18, 2018
- **After**: March 15, 2018

URL: https://www.womenshealth.gov/about-us/who-we-are/vision-mission-goals-and-history

Known archives: A public web archive of this page, collected by the Federal Depository Library Program Web Archive, is available from October 10, 2017.

Description of change:

The following content was changed between January 18, 2018 and February 2, 2018:

a. **Altered** text in "Our History" section:

> **From**: "Working collaboratively with federal agencies and partners, OWH supports a variety of campaigns, programs, and policies around the Affordable Care Act, health disparities, violence against women, HIV and AIDS, trauma-informed care, and health across the lifespan."

> **To**: "Working collaboratively with federal agencies and partners, OWH supports a variety of campaigns, programs, and policies around health disparities, violence against women, HIV and AIDS, trauma-informed care, health across the lifespan, and the provision of health care."

Before (January 18, 2018)

After (March 15, 2018)

Screenshot: A comparison of the January 18, 2018 (top left) and March 15, 2018 (bottom right) versions of the "Vision, mission, goals, and history" page, highlighting the removal of the reference to the ACA from the "Our History" section. Captured by Internet Archive's Wayback Machine.

Removal of references to the Affordable Care Act from Office on the Women's Health "Heart-healthy eating" webpage

Tag: #OWH-3

Summary of Findings

The "Heart-healthy eating" page on WomensHealth.gov was altered to remove references to the Affordable Care Act.

Change Classification

- (1) Altering or removing text and non-text content

Reporting

- N/A

Webpage 1

Page title: Heart-healthy eating

Page status: Altered *(*this occurred between **November 17, 2018** and **January 6, 2019** according to WIP's website monitoring software. The Internet Archive's Wayback Machine versions of the page are provided below)

- **Before:** November 17, 2018
- **After**: January 8, 2019

URL: https://www.womenshealth.gov/a-z-topics/heart-healthy-eating

> URL redirects to a replacement page: https://www.womenshealth.gov/healthy-eating/how-eat-health/heart-healthy-eating

Known archives: A public web archive of this page, collected by the Federal Depository Library Program Web Archive, is available from October 11, 2018.

Description of change:

The following content was changed between November 17, 2018 and November 22, 2018:

a. **Altered** URL: the "Heart-healthy eating" page was moved from the URL https://www.womenshealth.gov/a-z-topics/heart-healthy-eating to https://www.womenshealth.gov/healthy-eating/how-eat-health/heart-healthy-eating

i. The old URL redirects to the new URL.

b. **Altered** text: Under the "How can I get free or low-cost nutrition counseling?" section the following text was removed:

> "Nutrition counseling for adults at higher risk of chronic disease must be covered by most insurers under the Affordable Care Act (the health care law)."

Screenshot: A comparison of the bottom portion of the "Heart-healthy eating" from November 17, 2018 (left) and January 8, 2019 (right), highlighting the re-moved reference to the ACA. Captured by Internet Archive's Wayback Machine.

Before (November 17, 2018)

After (January 8, 2019)

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