



# Higher Costs for 42,912 North Carolinians in the 12<sup>th</sup> District Under the American Health Care Act

The Affordable Care Act (ACA) provides financial assistance to hundreds of thousands of North Carolinians to lower the premiums of their private plans on the individual health insurance market.

The American Health Care Act being debated in Congress would repeal that financial assistance—called premium tax credits—with a flat, age-related tax credit that does not adjust for income or health plan costs.

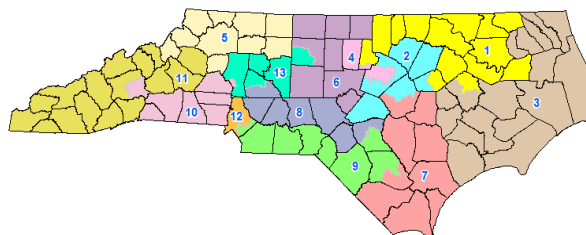


Table: District 12 Enrollment and Premium Tax Credits in the Health Insurance Marketplace, 2017

	Constituents Enrolled in a Marketplace Plan	Constituents Benefiting from ACA Premium Tax Credit	Percentage of Enrolled Constituents who Rely on ACA Premium Tax Credit
<b>12<sup>th</sup> District</b>	48,324	42,912	88.8%

Under the American Health Care Act, the average tax credit in North Carolina will be \$5,360 lower than the average credit under the ACA,<sup>1</sup> putting coverage at risk for 42,912 constituents who rely upon the ACA's premium tax credit to afford their health insurance coverage.<sup>2</sup>

Changes to the premium tax credits as proposed by the American Health Care Act would cause many of the 12<sup>th</sup> district's residents to find coverage unaffordable. As a result, fewer constituents in the 12<sup>th</sup> district will remain insured, putting the district's progress since passage of the ACA in reducing the uninsured rate by 16.9 percent in jeopardy.<sup>3</sup>

Moreover, the American Health Care Act would eliminate the Medicaid Expansion. In the 12<sup>th</sup> district, there are 22,900 people living in the coverage gap who could become eligible for quality health coverage if North Carolina closed the gap via Medicaid Expansion. Under the American Health Care Act, these consumers will remain without affordable coverage options.

<sup>1</sup> Aviva Aron-Dine and Tara Straw. "House Tax Credits Would Make Health Insurance Far Less Affordable in High-Cost States." Center on Budget and Policy Priorities. March 16, 2017. <http://www.cbpp.org/sites/default/files/atoms/files/3-9-17health.pdf>

<sup>2</sup> District-level data compiled by aggregating data from the zip code level provided by 2017 Marketplace Open Enrollment Period Final ZIP Code-Level Public Use File. Centers for Medicare & Medicaid Services. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Downloads/OE2017\\_ZIP\\_PUF\\_FINAL.zip](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Downloads/OE2017_ZIP_PUF_FINAL.zip), accessed via [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selection\\_ZIP.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html)

<sup>3</sup> U.S. House of Representatives Committee on Energy and Commerce, Committee on Oversight and Government Reform. "True Costs of Repeal: Republican Plans to Repeal the Affordable Care Act Will Harm Every Congressional District." March 2017. <https://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20District-by-District%20Report%2003022017.pdf>