

By the Numbers

An early look at how Virginians would be harmed by key provisions of the House Republican plan

Affordable Care Act

Expansion of health insurance coverage

Access to affordable health coverage and mandates resulted in a sharp increase in health insurance coverage.

- **Number of Virginians who gained coverage: 327,000**
- **Decrease in share of Virginians without insurance: 31%**

Federal support for Medicaid expansion

Provided federal funding to expand Medicaid coverage for low-income working families.

- **Number of Virginia who could benefit: Up to 400,000**

Medicaid eligibility & funding

Strengthened existing Medicaid eligibility and funding.

- **Number of Virginians with Medicaid coverage: 937,000**

Tax credits

Provides tax credits to help middle-income families and individuals purchase health insurance, with credits scaled to cost of coverage and ability to pay.

- **Number of Virginians who benefit: 319,068**

Reductions in out-of-pocket expenses

Reduces out-of-pocket health care expenses for many moderate-income families and individuals.

- **Number of Virginians who enrolled in plans with cost-sharing reductions: 238,000**

Restrictions on charging more based on age

Prevents health insurance companies from charging older adults more than three times what they charged young adults.

Taxes on the wealthy

Included targeted taxes to pay costs of coverage expansion and shore up the Medicare trust fund, including surcharges on investment income and wages for very high-income individuals and couples.

- **Number of Virginia households who are impacted by high-income taxes: Less than 475,000**

House Republican Plan

Removes individual and employer mandates and reduces tax credits for purchasing insurance for low-income individuals and families. Allows insurers to charge individuals and families 30% more if they allowed their coverage to lapse. Net result is likely to be an erosion of coverage gains.

Ends enhanced Medicaid funding for low-income working families in 2020, leaving states responsible for a far higher share of costs for new enrollees.

Institutes Medicaid per capita caps: Shifts Medicaid from an equal federal-state partnership to fixed, arbitrary federal funding per beneficiary, disconnected from need. Will shift \$370 billion in Medicaid costs to states over 10 years and is likely to result in reduced coverage and reduced access to needed care, lower reimbursement rates for providers, and higher uncompensated care costs.

Shifts from credits calculated based on individual costs and income to flat credit amounts with some age adjustment. Will result in much smaller tax credits for moderate-income older Virginians, many of whom will no longer be able to afford to purchase coverage.

Eliminated in 2020

Changes provision to allow health insurance companies to charge older adults up to five times what they charge young adults.

Eliminates many of the taxes, including a 3.8 percent surcharge on investment income for high-income individuals and couples and 0.9 percent additional Medicare tax for very high earners. The wealthiest 400 households in the U.S. would get an average tax cut of \$7 million per year, while taxes for many low-income working families would increase. Eliminating the two taxes on very high-income households would cost the federal government \$275 billion over 10 years.