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What's at Stake for America's Families: Why Congress Must Go Big and Bold in Reconciliation to Improve Health and Health Care for Millions of People

Congress is working to pass a vitally important budget reconciliation bill that would significantly lower health care costs, narrow racial and ethnic disparities in health and health care, and ensure everyone in America can lead a healthier life. As President Biden, Majority Leader Schumer, and Speaker Pelosi have emphasized, this is an historic opportunity to substantially improve health care access and affordability.

Among the many significant policies under consideration for the reconciliation package, four major health care priorities have emerged:

- **Reforming prescription drug pricing, including authorizing Medicare to negotiate for fair drug prices.**
- **Extending the Medicare benefit to cover oral health care, as well as vision and hearing services.**
- **Improving the affordability of plans in the health insurance Marketplaces.**
- **Providing federal coverage for people in the "coverage gap" who live in states that didn't expand Medicaid under the Affordable Care Act (ACA).**

President Biden[1,2] and congressional leadership[3,4] have expressed their strong support for enacting all four of these policies.

At this critical moment, congressional action on these four priorities would make health care dramatically more affordable and more equitable. In this paper, we examine how each of these provisions would transform access to health care for tens of millions of people — and what is at stake if Congress fails to act.

What's at Stake for America's Families: Reforming Prescription Drug Pricing

The high cost of prescription drugs is a huge health and economic problem in the United States. Almost one in three people can't fill prescriptions because of cost.[5] Voters strongly support congressional action to address this problem: Nearly 90% of people across party lines say they want Congress to act now to lower drug costs.[6]

In 2019, the House passed H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, but it was stopped in the Republican-led Senate. Congress can now include key legislative elements of H.R. 3 in the reconciliation bill to provide broad financial relief to people while incentivizing pharmaceutical innovation. These provisions include:

- Allowing Medicare to negotiate for fair prescription drug prices, and extending those negotiated prices to private insurers to make sure that everyone in America can benefit.
- Establishing a real price-benchmarking mechanism like every other economically advanced country has, rather than merely creating a meaningless "discount" off of an inflated "list price."
- Covering both the initial launch price of drugs and price increases.
- Creating strong penalties for drug companies if they do not come to an agreement with CMS on a drug's price.

Implementing these kinds of provisions in reconciliation legislation would generate enormous savings for American consumers -- over $80 billion in savings per year in 2019 dollars, which is about 15% of total prescription drug spending.[7] Passing meaningful reform would mean people would no longer have to choose between basic financial needs and prescribed medications.

Table 1 shows what's at stake for patients and families across the nation, comparing, by state, how much prescription drugs cost under current law versus how much they would cost if Congress adopted policies from H.R. 3 to lower costs. **Savings to families across America are significant, ranging from $115 million every year to the people of Wyoming to $6.4 billion in California, including $600 million every year to West Virginians, $1.7 billion to Arizonans, and $2.35 billion to the people of New Jersey.**

NEARLY **90%** of people across party lines say they want Congress to act now to lower drug costs.

Table 1: Savings on Prescription Drugs Purchased at Pharmacies and by Mail for All Residents, Current Law vs. Full Implementation of Lower Drug Costs Now Act, by State, 2019 (millions)[8]

Location	Total Prescription Drug Costs Under Current Law	Total Prescription Drug Costs Under H.R. 3	Annual Savings H.R. 3 Would Deliver
United States	**$551,993,298,331**	**$470,850,283,476**	**$ 81,143,014,855**
Alabama	$9,723,803,343	$8,294,404,252	$1,429,399,091
Alaska	$955,659,970	$815,177,954	$140,482,016
Arizona	$11,787,170,655	$10,054,456,569	$1,732,714,086
Arkansas	$5,261,976,478	$4,488,465,936	$773,510,542
California	$43,428,436,817	$37,044,456,605	$6,383,980,212
Colorado	$8,725,579,593	$7,442,919,393	$1,282,660,200
Connecticut	$7,464,280,009	$6,367,030,848	$1,097,249,161
Delaware	$2,366,150,930	$2,018,326,743	$347,824,187
District of Columbia	$1,550,080,903	$1,322,219,010	$227,861,893
Florida	$36,090,170,150	$30,784,915,138	$5,305,255,012
Georgia	$17,733,091,423	$15,126,326,984	$2,606,764,439
Hawaii	$1,771,461,939	$1,511,057,034	$260,404,905
Idaho	$2,469,636,229	$2,106,599,703	$363,036,526
Illinois	$25,261,545,317	$21,548,098,155	$3,713,447,162
Indiana	$13,041,046,702	$11,124,012,837	$1,917,033,865
Iowa	$4,427,968,507	$3,777,057,136	$650,911,371
Kansas	$5,773,751,630	$4,925,010,140	$848,741,490
Kentucky	$10,465,472,927	$8,927,048,407	$1,538,424,520
Louisiana	$9,449,682,383	$8,060,579,073	$1,389,103,310
Maine	$2,303,458,766	$1,964,850,327	$338,608,439
Maryland	$9,498,308,175	$8,102,056,873	$1,396,251,302
Massachusetts	$12,459,752,148	$10,628,168,582	$1,831,583,566

National Prescription Drug Savings Per Year Under H.R. 3

Table 1: Savings on Prescription Drugs Purchased at Pharmacies and by Mail for All Residents, Current Law vs. Full Implementation of Lower Drug Costs Now Act, by State, 2019 (millions)[8], Continued

Location	Total Prescription Drug Costs Under Current Law	Total Prescription Drug Costs Under H.R. 3	Annual Savings H.R. 3 Would Deliver
Michigan	$19,118,572,243	$16,308,142,123	$2,810,430,120
Minnesota	$8,506,834,080	$ 7,256,329,470	$1,250,504,610
Mississippi	$5,432,472,532	$4,633,899,070	$ 798,573,462
Missouri	$11,687,902,968	$9,969,781,232	$1,718,121,736
Montana	$1,395,399,629	$ 1,190,275,884	$205,123,745
Nebraska	$3,220,674,011	$2,747,234,931	$473,439,080
Nevada	$4,534,173,637	$3,867,650,112	$666,523,525
New Hampshire	$2,313,940,884	$1,973,791,574	$340,149,310
New Jersey	$16,040,768,037	$13,682,775,136	$2,357,992,901
New Mexico	$3,214,943,621	$2,742,346,909	$472,596,712
New York	$38,490,909,726	$ 32,832,745,996	$5,658,163,730
North Carolina	$19,921,713,283	$16,993,221,430	$2,928,491,853
North Dakota	$882,512,690	$752,783,325	$129,729,365
Ohio	$23,403,606,804	$19,963,276,604	$3,440,330,200
Oklahoma	$6,850,850,313	$5,843,775,317	$1,007,074,996
Oregon	$5,495,748,170	$4,687,873,189	$807,874,981
Pennsylvania	$21,702,555,824	$18,512,280,118	$3,190,275,706
Rhode Island	$1,782,160,575	$1,520,182,970	$261,977,605
South Carolina	$8,984,683,299	$7,663,934,854	$1,320,748,445
South Dakota	$ 1,100,020,629	$938,317,597	$161,703,032
Tennessee	$15,601,476,621	$13,308,059,558	$2,293,417,063
Texas	$45,598,984,085	$38,895,933,425	$6,703,050,660
Utah	$4,587,025,798	$3,912,733,006	$674,292,792
Vermont	$904,270,153	$ 771,342,441	$132,927,712
Virginia	$13,370,495,927	$11,405,033,026	$1,965,462,901
Washington	$9,999,046,576	$8,529,186,729	$1,469,859,847
West Virginia	$3,935,320,667	$3,356,828,529	$578,492,138
Wisconsin	$11,128,194,384	$9,492,349,810	$1,635,844,574
Wyoming	$ 779,556,176	$664,961,418	$114,594,758

Note: Savings estimates under H.R. 3 assume percentage savings in 2025 estimated by CMS Office of the Actuary (OACT), relative to current-law projections, for all markets.

What's at Stake for America's Families: Extending Medicare Benefits, Including Oral Health Coverage

Medicare does not currently cover dental care, leaving millions of older adults and people with disabilities in pain and unable to get the care they need to stay healthy.

Adding dental coverage to Medicare is widely popular and has strong bipartisan support. A June 2021 poll found that roughly 85% of voters support adding oral health coverage to Medicare, including almost 90% of Democrats and nearly 80% of Republicans.[9] When voters are asked which health care issues Congress should work on this year, adding Medicare dental coverage – alongside vision and hearing coverage – is far and away the most popular health care proposal that is currently on the table.

That's likely because dental care is the number one medical service that people across America skip due to cost. **Without Medicare oral health coverage, more than 40% of older adults in six states – Arkansas, Kentucky, Missouri, Mississippi, Tennessee, and West Virginia - had not seen a dentist in over a year, even before the pandemic. In seven states – Alabama, Arkansas, Kentucky, Mississippi, Oklahoma, Tennessee, and West Virginia – 20% or more of older adults had lost all of their natural teeth, due in part to not having access to or being able to afford routine dental care.[10]**

As Congress considers legislation to make health care more affordable and equitable, it is time to modernize Medicare to include an oral health benefit. Adding oral health coverage to Medicare Part B would allow 60 million older adults and people with disabilities to not only be able to get important dental care, but to also be healthier, have lower health care costs, and be better able to get and keep jobs.

Tables 2 and 3 underscore the extent of the dental care access crisis for older people in America and for others who are covered under Medicare, by state, and they show how many people oral health coverage would help.

ROUGHLY **85%** of voters support adding oral health coverage to Medicare.

Table 2: Number of People Who Would Benefit from Medicare Oral Health Coverage, by State[11]

State	Number of Medicare Enrollees
United States	**58,249,480**
Alabama	1,059,206
Alaska	97,483
Arizona	1,356,544
Arkansas	644,372
California	6,372,374
Colorado	931,229
Connecticut	689,572
Delaware	213,678
District of Columbia	94,520
Florida	4,638,573
Georgia	1,761,078
Hawaii	278,558
Idaho	344,604
Illinois	2,259,885
Indiana	1,277,996
Iowa	634,097
Kansas	542,853
Kentucky	939,651
Louisiana	883,379
Maine	345,205
Maryland	1,053,339
Massachusetts	1,349,512
Michigan	2,093,453
Minnesota	1,040,001
Mississippi	608,806

State	Number of Medicare Enrollees
Missouri	1,243,013
Montana	235,469
Nebraska	351,668
Nevada	544,263
New Hampshire	305,150
New Jersey	1,635,982
New Mexico	429,618
New York	3,674,851
North Carolina	2,021,551
North Dakota	133,422
Ohio	2,371,223
Oklahoma	749,470
Oregon	879,772
Pennsylvania	2,766,532
Rhode Island	223,866
South Carolina	1,097,691
South Dakota	177,532
Tennessee	1,377,466
Texas	4,251,525
Utah	410,587
Vermont	150,221
Virginia	1,535,575
Washington	1,388,311
West Virginia	441,852
Wisconsin	1,193,017
Wyoming	112,742

Table 3: Current Oral Health Outcomes for Older Adults, by State, Shown in Both Total Number and Percentage of Population[12]

State	Percentage of Older Adults (65+) Who Have Not Had a Dental Visit in the Last Year	Number of Older Adults (65+) Who Have Not Had a Dental Visit in the Last Year	Percentage of Older Adults (65+) Who Have Lost All Their Natural Teeth	Number of Older Adults (65+) Who Have Lost All Their Natural Teeth
United States	**32%**	**16,461,026**	**13%**	**6,850,241**
Alabama	39%	317,101	20%	162,200
Alaska	38%	32,747	16%	13,680
Arizona	32%	396,196	12%	149,508
Arkansas	41%	201,509	22%	107,602
California	29%	1,594,908	7%	390,362
Colorado	27%	211,417	10%	78,685
Connecticut	23%	134,134	9%	53,181
Delaware	23%	40,383	15%	26,151
District of Columbia	30%	25,028	11%	8,838
Florida	29%	1,223,705	13%	536,713
Georgia	37%	527,768	17%	235,356
Hawaii	18%	46,200	6%	16,002
Idaho	33%	89,943	13%	35,591
Illinois	33%	625,853	11%	217,604
Indiana	35%	358,436	18%	186,834
Iowa	30%	156,406	12%	62,666
Kansas	30%	133,805	14%	63,590
Kentucky	44%	309,329	25%	174,220
Louisiana	39%	272,144	18%	122,430
Maine	34%	91,622	18%	47,954
Maryland	30%	270,077	11%	96,068
Massachusetts	24%	264,744	13%	141,197
Michigan	27%	452,520	12%	197,768
Minnesota	23%	198,870	9%	79,720
Mississippi	49%	226,351	23%	105,569
Missouri	40%	401,241	19%	185,111

Table 3: Current Oral Health Outcomes for Older Adults, by State, Shown in Both Total Number and Percentage of Population[12], Continued

State	Percentage of Older Adults (65+) Who Have Not Had a Dental Visit in the Last Year	Number of Older Adults (65+) Who Have Not Had a Dental Visit in the Last Year	Percentage of Older Adults (65+) Who Have Lost All Their Natural Teeth	Number of Older Adults (65+) Who Have Lost All Their Natural Teeth
Montana	32%	63,954	14%	27,918
Nebraska	30%	86,927	12%	35,879
Nevada	37%	173,921	14%	64,924
New Hampshire	28%	65,230	12%	29,176
New Jersey	27%	378,837	8%	109,442
New Mexico	32%	117,305	15%	54,645
New York	31%	962,288	13%	417,303
North Carolina	37%	606,501	17%	285,121
North Dakota	32%	34,962	13%	14,138
Ohio	33%	643,317	17%	327,437
Oklahoma	37%	220,810	20%	120,877
Oregon	31%	223,895	14%	98,456
Pennsylvania	33%	742,929	16%	366,962
Rhode Island	28%	48,125	13%	23,100
South Carolina	37%	329,457	17%	148,872
South Dakota	32%	44,480	13%	17,792
Tennessee	42%	448,150	22%	234,285
Texas	39%	1,372,684	13%	470,434
Utah	25%	85,457	10%	35,693
Vermont	32%	37,906	15%	18,118
Virginia	27%	351,162	12%	151,609
Washington	28%	318,841	9%	106,280
West Virginia	45%	157,304	26%	92,760
Wisconsin	27%	259,978	10%	99,403
Wyoming	30%	28,755	16%	15,184

What's at Stake for America's Families: Improving Affordability in the ACA Marketplaces

Over 14 million people currently get their health coverage through the health insurance Marketplaces.[†] While the Marketplaces provide individuals and families with an array of coverage options that were not available before the ACA was signed into law, those purchasing Marketplace coverage may still face high premiums. Or their plans may have high deductibles, which exceed $3,000 in most states,[13] limiting access to care and contributing to medical debt and other financial burdens. The American Rescue Plan signed into law by President Biden in March 2021 temporarily increased and expanded Advance Premium Tax Credits (APTCs) to lower premiums for people enrolled in Marketplace health plans through the end of 2022.

OVER **14** MILLION **people currently get their health coverage through the ACA Marketplace.**

Through the reconciliation process, Congress now has a critical opportunity to further improve and extend APTCs to lower premiums, as well as to provide additional support to reduce deductibles and other out-of-pocket costs.

The public overwhelmingly supports the goal of improved health insurance affordability. According to Kaiser Family Foundation polling in 2019, 53% of the people surveyed reported that they were "very" or "somewhat" worried about their ability to afford their health insurance deductible – more than any other aspect of health care costs except unexpected medical bills. This was followed closely by 42% of people expressing the same concern about their ability to afford their monthly health insurance premium.[14]

Table 4 shows how many more people will be covered in a given year if Congress makes permanent the American Rescue Plan's enhancements to premium subsidies in states that participate in healthcare.gov. **Millions of people — including 158,000 in Arizona, 193,000 in Georgia, and almost 700,000 in Texas — now depend on the American Rescue Plan's changes for their health coverage.**

[†] By the end of the open enrollment period for 2021, 12 million people were relying on the Marketplace for their health care, and an additional 2.5 million people were enrolled through the Biden administration's Special Enrollment Period for the Public Health Emergency.

Table 4: Impact of American Rescue Plan's Premium Subsidies on Number of Insured by State, 2022 (healthcare.gov states)[15]

State	People Gaining Health Insurance Due to American Rescue Plan	State	People Gaining Health Insurance Due to American Rescue Plan
Alabama	58,000	Montana	16,000
Alaska	18,000	Nebraska	18,000
Arizona	158,000	New Hampshire	19,000
Arkansas	53,000	New Mexico	42,000
Delaware	6,000	North Carolina	120,000
Florida	78,000	North Dakota	14,000
Georgia	193,000	Ohio	190,000
Hawaii	18,000	Oklahoma	70,000
Illinois	136,000	Oregon	64,000
Indiana	106,000	South Carolina	89,000
Iowa	29,000	South Dakota	18,000
Kansas	43,000	Tennessee	143,000
Kentucky	61,000	Texas	681,000
Louisiana	87,000	Utah	17,000
Maine	6,000	Virginia	94,000
Michigan	95,000	West Virginia	31,000
Mississippi	57,000	Wisconsin	32,000
Missouri	110,000	Wyoming	11,000

One of the most important ways the new APTCs have supported health coverage is by expanding the availability of low-premium coverage. Table 5 shows the state-by-state impact of the premium relief provided in the American Rescue Plan in terms of the number of people who now have access to low or zero premium plans. An extension of the American Rescue Plan's APTC policies will be essential to ensuring that coverage continues to be affordable for the millions of low- and middle-income people who gained access to low- or no-cost premium Marketplace coverage. **Over 1.1 million people gained new access to very affordable coverage in Florida and Texas alone.**

Table 5: State Residents Newly Offered Comprehensive, Private Health Insurance for $50 a Month or Less Due to American Rescue Plan's Premium Assistance (healthcare.gov states)[16]

All HealthCare.gov States	3,152,000
Alabama	41,000
Alaska	8,000
Arizona	149,000
Arkansas	65,000
Delaware	11,000
Florida	510,000
Georgia	217,000
Hawaii	5,000
Illinois	153,000
Indiana	118,000
Iowa	21,000
Kansas	44,000
Kentucky	50,000
Louisiana	55,000
Maine	25,000
Michigan	151,000
Mississippi	75,000
Missouri	77,000

All HealthCare.gov States	3,152,000
Montana	17,000
Nebraska	19,000
New Hampshire	22,000
New Mexico	31,000
North Carolina	169,000
North Dakota	5,000
Ohio	166,000
Oklahoma	58,000
Oregon	55,000
South Carolina	81,000
South Dakota	11,000
Tennessee	102,000
Texas	584,000
Utah	50,000
Virginia	135,000
West Virginia	22,000
Wisconsin	80,000

Notes: Estimates show the combined effects of the American Rescue Plan for Marketplace enrollees and for uninsured people who are eligible for qualified health plans (QHPs). Estimates show the number of people gaining access for the first time to QHP coverage for $50 a month or less, including those who formerly had to pay an amount up to $50 but, as a result of American Rescue Plan, now have access to zero-net-premium plans. Numbers may not total due to rounding.

Reducing premiums for people who purchase their insurance in the Marketplace would dramatically improve health care affordability. But in some cases, high deductibles and other out-of-pocket cost-sharing prevent consumers from obtaining essential health care and contribute to medical debt and other financial burdens. Based on data from the healthcare.gov enrollment platform, the average Marketplace consumer spends $1,782 a year in out-of-pocket costs, with a low of $1,134 in Mississippi and a high of $3,663 in West Virginia. And based on data reported by the Kaiser Family Foundation, the average deductible for healthcare.gov plans now exceeds $3,600 in the median state, ranging from $1,902 in Alabama to $4,786 in Ohio.[17]

In addition to legislation proposed by Representative Lauren Underwood (D-IL) that would permanently extend APTC improvements, Senator Jeanne Shaheen (D-NH) and Representative Kim Schrier (D-WA) have introduced bills that propose to substantially reduce deductibles and other out-of-pocket costs paid by people with Marketplace

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plans. Congress can incorporate provisions from these bills into reconciliation legislation, providing financial assistance to people earning less than 400% of the federal poverty level (roughly $50,000 for an individual and $100,000 a year for a family of four). Taking Senator Shaheen's proposal (S. 499, Improving Health Insurance Affordability Act of 2021) as an example, the legislation would lower average out-of-pocket costs in Marketplace plans from $1,782 to $685 a year — a 60% drop![18]

Table 6 shows average annual out-of-pocket costs (not including premiums) for people with Marketplace coverage, including deductibles, copayments, and other cost-sharing, and the impact of S. 499 in saving money for consumers.[19]

Table 6: Out-of-Pocket Health Care Spending for People Who Buy Their Own Insurance in the ACA Marketplace, by State: Current Law vs. S. 499, 2021 (healthcare.gov states only)[20]

State	Average Out-of-Pocket Health Care Costs Resulting from Deductibles, Coinsurance, and Copayments		Average Annual Savings per Person Under S. 499	
	Current Law	S.499	Dollars Saved	Percentage Reduction in Out-of-Pocket Health Care Costs
Alabama	$1,537	$682	$855	55.6%
Alaska	$2,533	$1,077	$1,456	57.5%
Arizona	$2,234	$911	$1,323	59.2%
Arkansas	$1,770	$676	$1,095	61.9%
Delaware	$2,159	$982	$1,177	54.5%
Florida	$1,520	$541	$979	64.4%
Georgia	$1,342	$583	$759	56.6%
Hawaii	$2,106	$1,049	$1,057	50.2%
Illinois	$2,341	$922	$1,420	60.7%
Indiana	$2,194	$972	$1,222	55.7%
Iowa	$2,204	$931	$1,274	57.8%
Kansas	$1,928	$776	$1,152	59.8%
Kentucky	$2,330	$891	$1,439	61.8%
Louisiana	$2,346	$916	$1,431	61.0%
Maine	$2,433	$893	$1,540	63.3%
Michigan	$1,906	$709	$1,196	62.7%
Missouri	$1,266	$488	$778	61.5%
Mississippi	$1,923	$770	$1,153	60.0%
Montana	$2,580	$960	$1,619	62.8%
Nebraska	$2,703	$993	$1,710	63.3%
New Hampshire	$1,781	$809	$972	54.6%
New Mexico	$1,586	$703	$883	55.7%
North Carolina	$1,837	$717	$1,120	61.0%
North Dakota	$1,659	$682	$976	58.8%
Ohio	$2,272	$875	$1,397	61.5%
Oklahoma	$1,933	$684	$1,249	64.6%

Table 6: Out-of-Pocket Health Care Spending for People Who Buy Their Own Insurance in the ACA Marketplace, by State: Current Law vs. S. 499, 2021 (healthcare.gov states only),[20] Continued

State	Average Out-of-Pocket Health Care Costs Resulting from Deductibles, Coinsurance, and Copayments		Average Annual Savings per Person Under S. 499	
	Current Law	S.499	Dollars Saved	Percentage Reduction in Out-of-Pocket Health Care Costs
Oregon	$2,220	$971	$1,249	56.3%
South Carolina	$2,026	$695	$1,331	65.7%
South Dakota	$2,590	$917	$1,673	64.6%
Tennessee	$2,122	$773	$1,349	63.6%
Texas	$1,538	$582	$956	62.2%
Utah	$1,446	$530	$915	63.3%
Virginia	$2,049	$809	$1,240	60.5%
West Virginia	$3,791	$1,407	$2,384	62.9%
Wisconsin	$2,423	$956	$1,467	60.5%
Wyoming	$2,282	$1,091	$1,190	52.1%
All healthcare.gov States	$1,782	$685	$1,097	61.6%

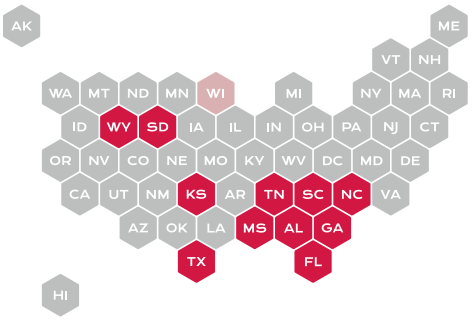
Notes: Out-of-pocket costs are expenses consumers incur when seeking care that is subject to deductibles, coinsurance and copayments. The files we consulted contained sufficient information to estimate costs and savings only for healthcare.gov states. Out-of-pocket costs were estimated based on medical loss ratio requirements, actuarial values calculated based on metal-tier plan and (for silver-tier plans) income, and estimates for induced demand and induced utilization that The Center for Consumer Information and Insurance Oversight (CCIIO) published in the final Notice of Benefit and Payment Parameters for 2014. Totals do not sum because of rounding and because some state-specific metal-level totals were not reported due to small numbers that may have allowed individual identification.

What's at Stake for America's Families: Closing the Medicaid Coverage Gap

Currently 12 states* have refused to fully expand Medicaid for people with incomes at or below 138% of the federal poverty level (FPL), or $17,774 for an individual and $36,570 for a family of four.[21] Over 2.2 million people, 60% of whom are people of color, fall into a resulting "coverage gap" because they earn too much to qualify for their state's Medicaid program but not enough to qualify for Marketplace subsidies. These states' refusal to expand Medicaid further exacerbates longstanding health inequities: Some people with incomes below the poverty line have access to health care, while others do not. In expansion states, the availability of Medicaid coverage has decreased cancer deaths, poverty rates, and evictions. **Comprehensive health insurance and all of the health and economic benefits associated with it are currently unavailable to people who could and should be eligible for coverage in Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.**

The public strongly supports a federal solution for the coverage gap. A May 2021 health tracking poll found that almost 80% of Americans supported "expanding government health insurance coverage for lower-income people in non-expansion states" and found it to be an important priority.[22]

Under budget reconciliation, the federal government can provide coverage that is equivalent to Medicaid in non-expansion states through either enhanced Marketplace coverage or through a federally run "Medicaid Look-Alike" program, or through a combination of the two. Like Medicaid, the program would cover the people in the coverage gap with $0 premium plans and highly simplified enrollment methods. The program would also cover essential health benefits (EHBs); additional Medicaid benefits that include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) to young adults; family planning; and full Medicaid payment of federally qualified health centers (FQHCs).



MORE THAN **2.2 MILLION** people who could and should be eligible for coverage but are not currently reside in these states.*

* One of these states, Wisconsin, partially expanded Medicaid, but not to people 100-138% of FPL. Approximately 91,000 people in this income group could gain additional benefits and lower health care costs through a full Medicaid expansion.

A federal coverage gap solution would have a significant effect on the health and wellbeing of the people who currently fall into the coverage gap in non-expansion states. The tables in this section show the:

- Number of uninsured people who would gain coverage, including the number of adults with disabilities
- Decrease in deaths
- Decrease in evictions for each non-expansion state.

The following table shows the number of uninsured adults in 2019, including a subset of uninsured adults with disabilities, who are unable to access Medicaid in non-expansion states because they fall into the coverage gap and who would gain coverage under a federal coverage gap plan.

Table 7. Impact of Federal Coverage Gap Solution on Number of Insured by State[23]

State	Total Number of Uninsured People Who Would be Newly Covered Under a Federal Plan	People with Disabilities Who Would Be Newly Covered Under a Federal Plan
Alabama	137,000	25,000
Florida	425,000	54,000
Georgia	275,000	40,000
Kansas	44,000	10,000
Mississippi	110,000	16,000
North Carolina	207,000	31,000
South Carolina	105,000	20,000
South Dakota	16,000	Data not available*
Tennessee	119,000	27,000
Texas	766,000	96,000
Wyoming	7,000	Data not available*

*Indicates reliable estimates were not available due to small sample size.

Numerous studies over the decades have shown that health coverage reduces mortality. This is because good health insurance brings better access to prevention, a better chance for early detection of life-threatening conditions and access to effective treatments. The

following table is based on the most recent available multivariate analysis of the impact of Medicaid expansion on deaths. It shows a significant reduction in mortality over the first four years after implementing expansion. Closing the coverage gap would save thousands of lives per year.

Table 8. Number of Deaths Prevented by Closing the Medicaid Coverage Gap, by State, 2021-2024[24]

State	Deaths Prevented
Alabama	337
Florida	1448
Georgia	749
Kansas	197
Mississippi	203
North Carolina	731

State	Deaths Prevented
South Carolina	352
South Dakota	59
Tennessee	474
Texas	2029
Wyoming	39

Medicaid coverage is an important tool to reduce poverty. When low-income people are uninsured or underinsured, they are at grave risk of being pushed into bankruptcy or another financial crisis by any health care spending. Out-of-pocket spending on health care pushed over 10.5 million Americans into poverty in 2016.[25]

Medicaid's comprehensive coverage mitigates the risk that health care costs will cause a low-income household to have to choose between paying for rent vs. health care. As a result, Medicaid expansion has a demonstrated reduction in the risk of evictions.[26] Below, we estimate the decrease in evictions that could occur in non-expansion states if Congress closes the Medicaid coverage gap.

Table 9. Estimated Number of Evictions Prevented by Closing the Medicaid Coverage Gap, by State

State	Decreased Evictions
Alabama	3,014
Florida	9,350
Georgia	6,050
Kansas	968
Mississippi	2,420
North Carolina	4,554

State	Decreased Evictions
South Carolina	2,310
South Dakota	352
Tennessee	2,618
Texas	16,852
Wyoming	154

CONGRESS, GO BIG. GO BOLD.

Conclusion

Against a backdrop of an unprecedented pandemic and rising health care costs, Congress has an extraordinary opportunity to pass landmark legislation to improve health and alleviate economic burden for families across America. There is not one easy fix. In order to move our country toward a more affordable, equitable, and just system of delivering health and health care, policymakers must be willing to fight on multiple fronts simultaneously. Lowering the cost of prescription drugs, strengthening Medicare benefits, lowering out-of-pocket costs and expanding high-quality health coverage will have both short and long-term impacts, ultimately leading to a healthier country. **The solutions are on the table – now it's up to lawmakers to seize this singular moment for bold and lasting change.**

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