

How GOP Megabill Would Hike ACA Marketplace Premiums in

West Virginia

If Congress ends marketplace premium tax credit improvements, eligible enrollees in West Virginia would pay on average \$1,404 more per year for marketplace health coverage—multiple times more per family. 51,000 residents had health insurance marketplace coverage in 2024, 163 percent more than in 2021. This includes:

- ~15,475 residents ages 55-64
- ~2,603 residents who are children

If Congress enacts the House-passed reconciliation bill, **13,375** enrollees would have to file new paperwork to stay covered.

Counties Hardest Hit:

Highest average loss of premium tax credits:

- Putnam County: \$2,316 more per year
- Tucker County: \$2,292 more per year
- Tyler County: \$2,256 more per year
- Pleasants County: \$2,016 more per year
- Wetzel County: \$1,896 more per year

Rural Counties:

Highest number of enrollees that could be affected:

- Kanawha County: 5,700
- Berkeley County: 3,800
- Cabell County: 3,100
- Monongalia County: 2,800
- Wood County: 2,200

If Congress ends marketplace premium tax credit improvements, eligible enrollees in rural counties would pay on average **\$1,345** more per year for marketplace health coverage—multiple times more per family.

22,700 residents in rural counties had health insurance marketplace coverage in 2024, 152 percent more than in 2021. This includes:

- ~7,416 residents ages 55-64
- ~138 residents who are children

If Congress enacts the House-passed reconciliation bill, **5,956** enrollees in rural counties would have to file new

paperwork to stay covered.



High Uninsured Counties:

If Congress ends marketplace premium tax credit improvements, eligible enrollees in high uninsured counties would pay on average \$1,366 more per year for marketplace health coverage—multiple times more per family. 6,400 residents in high uninsured counties had health insurance marketplace coverage in 2024, 127 percent more than in 2021. This includes:

- ~2,109 residents ages 55-64
- ~13 residents who are children

If Congress enacts the House-passed reconciliation bill, **1,853** enrollees in high uninsured counties would have to file new paperwork to stay covered.

High Diabetes Counties:

If Congress ends marketplace premium tax credit improvements, eligible enrollees in high diabetes counties would pay on average **\$1,404** more per year for marketplace health coverage—multiple times more per family.

51,100 residents in high diabetes counties had health insurance marketplace coverage in 2024, **165** percent more than in 2021. This includes:

~15,475 residents ages 55-64

~1,326 residents who are children

If Congress enacts the House-passed reconciliation bill, **13,375** enrollees in high diabetes counties would have to file new paperwork to stay covered.





High Primary Care Ratio Counties:

If Congress ends marketplace premium tax credit improvements, eligible enrollees in high primary care ratio counties would pay on average \$1,329 more per year for marketplace health coverage—multiple times more per family. 27,400 residents in high primary care ratio counties had health insurance marketplace coverage in 2024, 145 percent more than in 2021. This includes:

~8,944 residents ages 55-64

~486 residents who are children

If Congress enacts the House-passed reconciliation bill, **7,453** enrollees in high primary care ratio counties would have to file new paperwork to stay covered.



County Characteristics Definitions:

- **Rural:** Counties are classified as rural if they meet the definition of "Fully FORHP Rural Counties" by the Health Resources and Services Administration (HRSA) <u>Federal Office of Rural Health Policy</u>.
- **High Uninsured:** Counties are classified as a high uninsured county if the number of people without health insurance is above the national average.
- **High Diabetes:** Counties are classified as a high diabetes county if their diabetes rate is above the national average.
- **High Primary Care Physician Ratio:** Counties are classified as a high primary care physician ratio county if the ratio of the county's population to primary care physicians is above the national average.