“The American Health Care Act Would Harm the 6th Congressional District” in the following ways:

- 43,811 people got health care coverage from the health reforms brought about through the ACA
- 13.1% > 6.9% decline in uninsured in the 6th district
- 69,724 people have coverage through Medicare expansion (138% of federal poverty limit) which would be effectively eliminated beginning in 2020
- 212,362 people, including seniors, people with disabilities and children are at risk due to “per-capita caps.”
- 13,816 people purchased healthcare through the marketplace in 2016; 78% received financial help
- 315,300 people under 65 have some type of pre-existing condition. The ACHA gives states the choice of allowing insurers to discriminate based on pre-existing conditions
- $584.700,000 paid to health care providers between January 2014 and October 2015 due to Medicaid expansion
- 79% - the amount statewide of increased reimbursement to hospitals ($2 billion from 2013 to 2015)

Pugel, Dustin. “What’s at Stake in ACA Repeal by Congressional District.” March 10, 2017. www.kypolicy.org. Kentucky Center for Economic Policy (KCEP)

Comparison of AHCA, BCRA and ACA

	AHCA	BCRA	ACA
Uninsured	23.0 million Americans	24.7 million Americans	
Tax Credits	Would offer tax credits to middle-income and some upper-income taxpayers, who thus would be more likely to purchase coverage	Limits tax credits to people with incomes below 350% of the Federal Poverty Limit. The high percent-of-income tax credit caps make the tax credits have a lower value.	

Age Rating Ratio	5:1 States would be able to apply for a waiver to apply higher ratios in both individual and small group insurance markets	5:1 States would be able to apply for a waiver to apply higher ratios in both individual and small group insurance markets	3:1 No waiver
Employer Mandate	Retroactively eliminate the employer tax penalty beginning January 2016	Retroactively eliminate the employer tax penalty beginning January 2016	Employers with at least 50 full-time equivalent employees face tax penalties if they do not offer affordable health coverage
Essential Health Benefits	Beginning January 1, 2020, individual and small group policies would no longer have to meet certain actuarial value levels; states could apply for EHB waivers and establish their own EHB requirements	Makes it easier for states to waive EHB in individual and small group markets	Provides 10 categories of EHB; self-funded plans are exempt. If self-funded plans choose to offer the EHBs, they many not impose lifetime or annual dollar limits.
Health Savings Accounts	Beginning 2018, tax-free contributions would rise to $7,350 for a self-only plan and $14,700 for other than single plan	Beginning 2018, tax-free contributions would rise to $7,350 for a self-only plan and $14,700 for other than single plan	Contribution limit: $3,400 for single coverage and $6,500 for family coverage.
Over-the-Counter Drugs	Beginning with 2017 tax year, no prescription is needed for OTC drugs to be considered a qualified expense under a HSA FSA or HRA	Beginning with 2017 tax year, no prescription is needed for OTC drugs to be considered a qualified expense under a HSA FSA or HRA	Participants are required to have a prescription for OTC drugs to qualify for tax-free reimbursement from HSAs, FSAs and HRAs
Health Insurance Fee	Retroactively eliminated	Retroactively eliminated	An annual fee imposed on certain health insurers scheduled to begin in 2018
Individual Mandate	Retroactive repeal effective January 1, 2016	Retroactive repeal effective January 1, 2016	Americans are required to maintain health insurance, qualify for an exemption, or pay a penalty

Premiums in the Individual Health Insurance Market/Subsidies	• Insurers would be allowed to charge up to 30% more to those with gaps in coverage; • Would eliminate ACA subsidies based on income and offered through exchanges beginning in 2020; • Refundable tax credit based on age and adjusted by an income formula beginning in 2019 • States could apply for continuous coverage penalty • Insurers could use health status (pre-existing conditions) when developing premium amounts beginning in 2019	• Add an age-adjusted component to existing premium tax credits; • 6-month waiting period on individuals who have a gap in creditable coverage in the 12 months prior to enrolling; • States may set their own loss ratios; • Cost-sharing subsidies would terminate for plan years beginning in 2020	• Health insurers cannot charge individuals higher premiums than healthy people of the same age due to health status factors • Taxpayers are eligible for a premium tax credit for a qualified health plan if the household income is 100% but not more than 400% of the Federal Poverty Limit.

Blumberg, Linda, et.al. State-by-State Coverage and Government Spending Implications of the American Health Care Act." June 28, 2017. www.urban.org