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Who Benefits from Enhanced Premium Tax Credits in the Marketplace?

Jessica Banthin, Matthew Buettgens, Michael Simpson, and Jason Levitis

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Enhanced premium tax credits (PTCs) were a key element of the American Rescue Plan Act (ARPA) passed by Congress in March 2021, which aimed to expand and stabilize health insurance coverage during the COVID-19 pandemic. The enhanced PTCs substantially increased the subsidies available for people to buy insurance in the Marketplace: they reduced net premiums to zero for some people with low incomes and made subsidies available to people with higher incomes for the first time. The ARPA provisions regarding enhanced PTCs are temporary and were set to expire after 2022, but the Inflation Reduction Act (IRA) of 2022 extended them through 2025. As a result, Marketplace enrollment steadily increased and, during the 2024 open enrollment period, jumped by 5 million people, or 31 percent.[1] Soon, Congress will debate whether to extend enhanced PTCs again, or possibly make them permanent.

In this brief, we estimate the impact of the ARPA/IRA enhanced PTCs on coverage for 2025, the last year in which they are authorized under current law. The year 2025 is also the year when we expect to see the largest impact from enhanced PTCs on coverage, since we project Marketplace enrollment in 2025 will continue at the high levels seen in 2024. We compare coverage with and without enhanced PTCs to isolate the number of people who have gained Marketplace coverage due to this provision of the law. When estimating coverage under a policy without enhanced PTCs, we assume an alternate scenario in which the original Affordable Care Act PTCs would have remained in effect.

We also calculate household net premiums (after subsidies) with and without enhanced PTCs to measure the improvements in affordability among those receiving premium subsidies. We show how all

income groups have benefitted from this change in law and how impacts have varied by state. We find that enhanced PTCs have helped several million people gain coverage and have improved the affordability of coverage for all Marketplace enrollees.

Our key findings are as follows:

- Because enhanced PTCs make coverage more affordable to more people, we project that 7.2 million more people will receive subsidized Marketplace coverage under enhanced PTCs in 2025 than if original PTCs had stayed in place.
- Under enhanced PTCs, we project that there will be 4.0 million fewer uninsured people in 2025 relative to a policy under original PTCs, a difference of 14 percent.
- In 2025, we project that household net premiums will be lower by 50 to 100 percent for the lowest income groups under a policy of enhanced PTCs compared with a policy of original PTCs. Net premiums will be lower by about one-quarter for people with higher incomes who receive subsidized Marketplace coverage.
- In five states—Texas, South Carolina, Mississippi, Louisiana, and Georgia—we project the nongroup market in 2025 will be roughly double the size under the enhanced PTCs compared with original PTCs, leading to declines in the number of uninsured of 21 percent or greater.

Background

The Affordable Care Act of 2010 transformed the nongroup market by prohibiting exclusions for preexisting conditions; requiring community-rated premiums that vary only by age, region, and smoking status; regulating what types of polices can be sold; and defining a set of minimum essential health benefits. The Affordable Care Act also established Marketplaces where eligible people could access premium tax credits that subsidized the cost of coverage. The original PTCs provided subsidies that progressively declined with income and limited the share of household income that individuals owed toward their net premium, ranging from 2.07 percent of income for people with the lowest incomes to 9.83 percent of income for people with incomes between 300 and 400 percent of the federal poverty level (FPL) as of 2021, the last year in which they were in effect (appendix A, table A1). People with incomes below 100 percent of FPL and above 400 percent of FPL were not eligible for the original PTCs.

Effective in April 2021, the ARPA changed the premium subsidy schedule by lowering the limits on the share of household income people pay for premiums (see appendix A, table A1). The IRA then extended this change through 2025. Under the original PTCs, for example, people with incomes below 150 percent of the federal poverty line (FPL) would have to pay as much as 3.64 percent of their income toward premiums for a benchmark plan (the second lowest-cost silver plan in their rating area) in 2025. Under the ARPA/IRA enhanced PTCs, they pay zero percent of their income. The ARPA reduced payment thresholds across all income categories, which substantially reduced net premiums for households. The ARPA also extended eligibility for PTCs to higher income groups. Under the original

PTCs, people with incomes over 400 percent of FPL were not eligible for any premium tax credits. Under the enhanced PTCs, eligible people in this group pay no more than 8.5 percent of their income.

In response to the enhanced PTCs, Marketplace plan selections during the annual open enrollment period have grown steadily since 2021, from 12 million in 2021 to 14.5 million in 2022 to 16.4 million in 2023.[2] In 2024, plan selections jumped 31 percent to a total of 21.4 million people signing up for coverage. Changes in the number of plan selections provide a good estimate of the trend but do not accurately measure actual enrollment. Numbers drop when the first monthly premiums are due and there is often mid-year attrition. In this report, we present estimates of average monthly enrollment, a more accurate measure of coverage.

Although the trend in Marketplace enrollment is clear, it is nonetheless difficult to assess the full impact of enhanced PTCs on coverage because of simultaneous changes in Medicaid rules. Between 2020 and 2023, Medicaid enrollment grew to unprecedented levels due to the pandemic-related continuous coverage requirement that prohibited states from disenrolling people from Medicaid. It is likely that expanded Medicaid enrollment dampened the response to the enhanced PTCs as people stayed on Medicaid instead of switching to the Marketplace once they found jobs. However, when the continuous coverage requirement ended in March 2023, states began redetermining eligibility for Medicaid and disenrolling ineligible people. We expect this so-called unwinding to extend into 2025, and it has already led to more people switching from Medicaid to Marketplace coverage (Buettgens, Carter, Banthin, and Levitis 2024). Looking to 2025, we project that Marketplace enrollment will remain at the same high levels as in 2024.

Data and Methods

We used the Urban Institute's Health Insurance Policy Simulation Model to produce our analysis of the effects of ARPA/IRA's enhanced PTCs on coverage and household spending in 2025.[3] The Health Insurance Policy Simulation Model is a microsimulation model of the US health care system focused on the nonelderly population and is designed to estimate the cost and coverage effects of proposed policy changes. The model's baseline is regularly updated to reflect changes in law, state policies such as Medicaid expansion, premium increases, population growth, general inflation, and the most recent published Medicaid and Marketplace enrollment and costs in each state. We project the model's baseline to 2025, the final year of enhanced PTCs under current law, and the year in which we expect to find their largest impact.

For this report, we updated the Health Insurance Policy Simulation Model using 2024 Marketplace premiums and state-level Marketplace enrollment data from the 2024 Open Enrollment Period Report snapshot released by the Centers for Medicare & Medicaid Services.[4] We adjust the Open Enrollment Period Report snapshot numbers downward to more accurately represent average monthly Marketplace enrollment for the entire year. These adjustments reflect the "effectuation" of plan choices, midyear attrition, and recent evidence that some 2024 plan selection data was inflated due to the actions of certain brokers.[5] We also incorporated Marketplace data from mid-2023 to show the

distribution of plan selections by metal tiers (bronze, silver, gold, and platinum), which reflect the generosity of plan benefits.

To isolate the effects of the ARPA/IRA subsidies, we compare the enhanced PTCs to a policy without them using the Health Insurance Policy Simulation Model to simulate coverage and household spending in 2025 as if the original PTCs indexed to 2025 were in effect. Our estimates for 2025 under enhanced PTCs assume Marketplace coverage will be at similar levels to coverage in 2024. For more information on the Health Insurance Policy Simulation Model see Buettgens and Banthin 2022.

Results

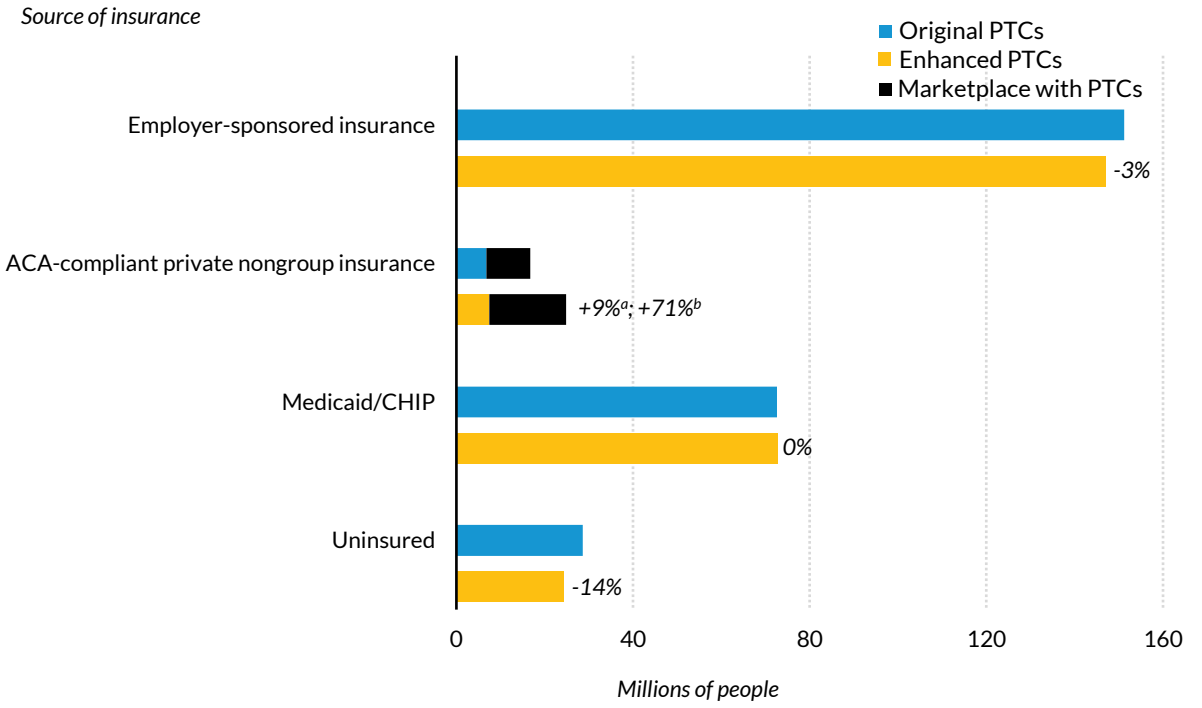
Our analysis of the ARPA/IRA's enhanced PTCs compared with original PTCs resulted in the following projections.

Decrease in Uninsured People and Increase in Marketplace Enrollment

Enhanced PTCs will reduce the number of uninsured people in the US by 4.0 million and increase Marketplace enrollment of people receiving PTCs by 7.2 million in 2025. By making coverage more affordable to more people, the subsidized Marketplace will expand to cover 17.4 million people under enhanced PTCs in 2025, compared with 10.2 million people had original PTCs stayed in effect, a large difference of 7.2 million, or 71 percent (figure 1). The total nongroup market—which includes the subsidized and unsubsidized Marketplace, other nongroup coverage that complies with federal standards purchased outside of the Marketplace, and the Basic Health Program—will cover 24.9 million people under enhanced PTCs, compared with 17.1 million people if original PTCs had stayed in effect, a difference of 7.9 million or 46 percent (appendix A, table A2).

FIGURE 1

Projected Coverage of the Nonelderly under Original and Enhanced Marketplace Subsidies, 2025



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Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.
Notes: PTC = Premium Tax Credit; CHIP = Children's Health Insurance Program. [a] = Basic Health Program, full-pay Marketplace, and other ACA compliant nongroup; [b] = Marketplace with Premium Tax Credit. Percentages are the differences between enhanced and original premium tax credits per FPL category.

Enhanced PTCs attract people to the Marketplace, drawing them about equally from two categories: people who are uninsured and people who have employer-sponsored insurance coverage. We estimate that enhanced PTCs will reduce the number of uninsured people by 4.0 million in 2025 compared with a policy with original PTCs, a decline of about 14 percent (see figure 1). Uninsured people who qualify for zero or very low premiums under the enhanced PTCs will find it much more affordable to purchase coverage. In addition, we estimate employer-sponsored insurance will shrink by 4 million people, a decline of about 3 percent. In some cases, people with unaffordable employer-sponsored insurance offers who qualify for Marketplace subsidies and who previously stayed in employer-sponsored insurance will make the switch to the Marketplace when premiums are made lower under the enhanced PTCs. In other cases, some small firms will decide against offering health coverage to their employees when enhanced PTCs make the Marketplace more attractive than similar policies offered by the firm.

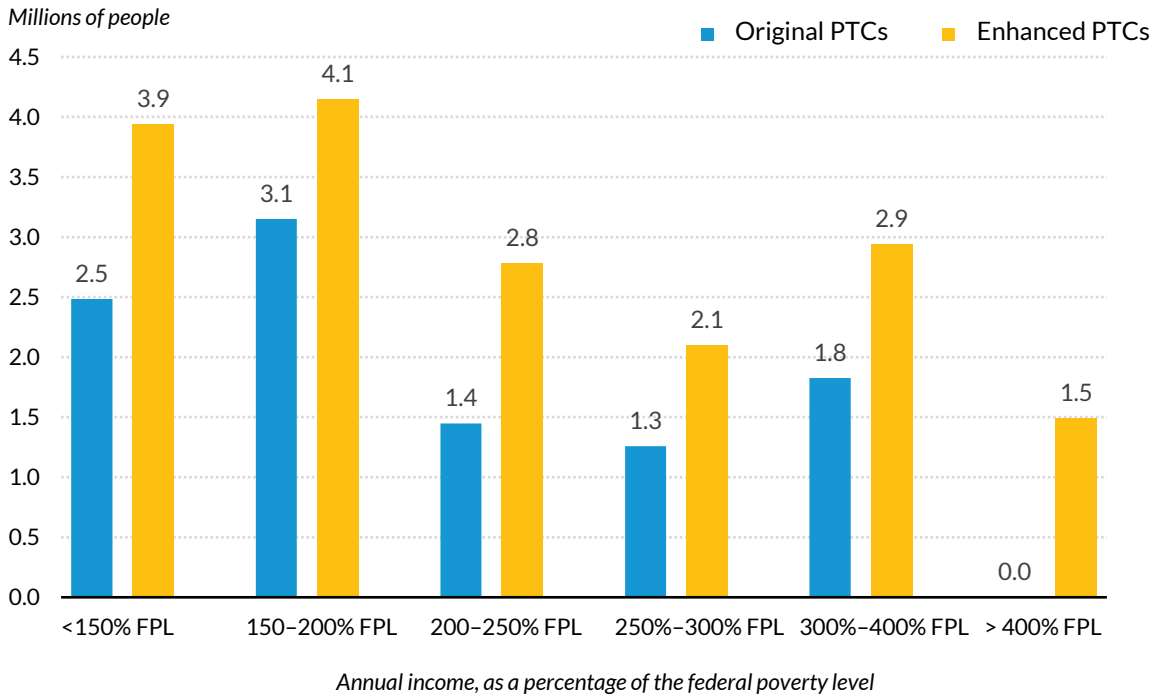
Under enhanced PTCs, there will be almost no change in the number of people enrolled in Medicaid in 2025, compared with a policy with original PTCs, according to our projections.

Greater Marketplace Enrollment and Affordability

Enhanced PTCs lead to greater Marketplace enrollment in all income categories. We estimate greater Marketplace enrollment across all income categories in 2025, a result of enhanced PTCs replacing original PTCs (figure 2). Among people with incomes below 150 percent of FPL, we project an increase of 1.5 million people or 59 percent. Among people with incomes between 150 and 200 percent of FPL, we project an increase of 1.0 million people or 32 percent. Among people with incomes between 200 and 250 percent of FPL, we project an increase of 1.3 million people, almost double the number of enrolled people if original PTCs had stayed in place. We project similar enrollment increases in higher income categories.

FIGURE 2

Projected Subsidized Marketplace Coverage with Original and Enhanced Premium Tax Credits by Federal Poverty Level Category, 2025



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Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.
Note: PTC = premium tax credit; FPL = federal poverty level. FPL varies by year and household size; for 2024 FPL is $15,060 for an individual and $31,200 for a family of 4, and 400% of FPL is $60,240 for an individual and $124,800 for a family of 4. People above 400% of FPL with PTCs under original subsidies are projected to receive a state-funded premium tax credit.

Among people with incomes above 400 percent of FPL, we project a substantial increase in Marketplace enrollment in 2025. Under original PTCs, people in this group would not be eligible for any federal subsidies.[6] Under the enhanced PTCs enacted in 2021, this group became eligible for subsidies

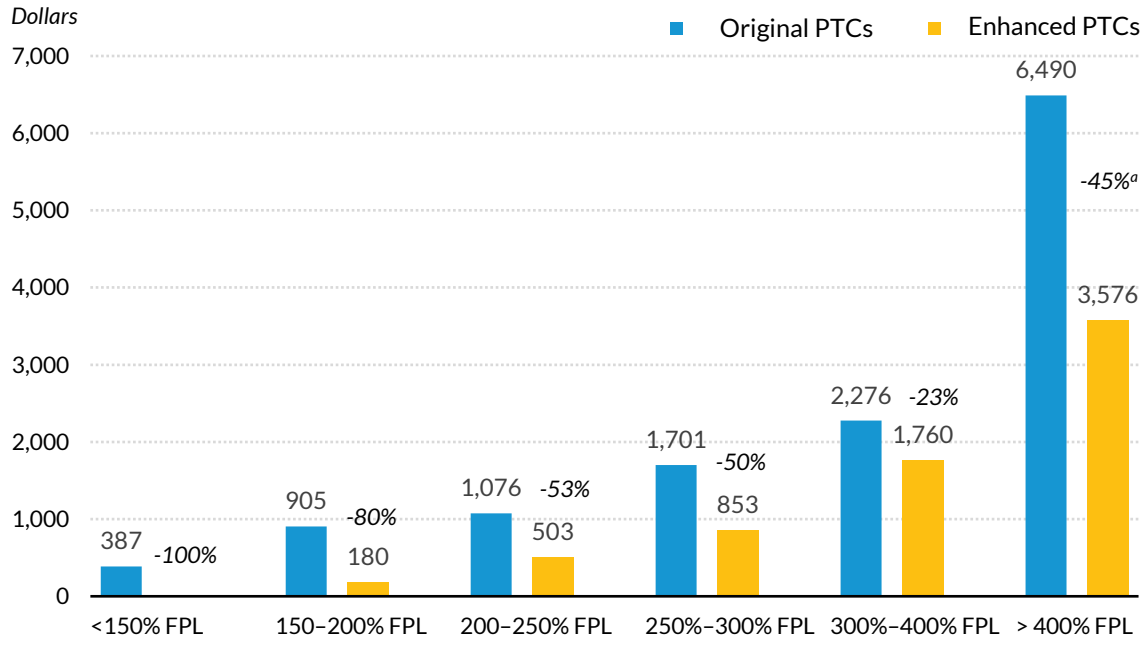
for the first time. In 2025, we project that subsidized Marketplace enrollment will jump to 1.5 million people for this income category.

Enhanced PTCs substantially improve the affordability of Marketplace premiums across all income categories. Enhanced PTCs directly reduce the premiums paid by individuals and families who enroll in Marketplace coverage by applying a more generous subsidy schedule that lowers the threshold (or share) of family income owed for the premium. Enhanced PTCs further reduce premiums indirectly by attracting substantially more and healthier people to the Marketplace, which lowers the average health risk of the nongroup population and also encourages increased competition among insurers. We project that under enhanced PTCs, average total Marketplace premiums (before subsidies) will be 5 percent lower on average across all states in 2025 compared with total Marketplace premiums under a policy of original PTCs (data not shown).

Accounting for both factors, we project substantial declines in net premiums. People with incomes below 150 percent of FPL will typically pay no premiums in 2025 under enhanced PTCs compared with $387 under original PTCs (figure 3). The premium cost is notably low because people in this income category are eligible for zero-premium plans. We project that people with incomes between 150 and 200 percent of FPL will pay $180 in average annual premiums in 2025 under enhanced PTCs compared with $905 under original PTCs, a decline of 80 percent. Among people with incomes between 200 and 250 percent of FPL, we project $503 in average annual premiums under enhanced PTCs compared with $1,076 under original PTCs, a decline of 53 percent. We project a decline of 50 percent for people with incomes between 250 and 300 percent of FPL and a decline of 23 percent for people with incomes between 300 and 400 percent of FPL.

FIGURE 3

Projected Average Annual Premiums Paid by People with Subsidized Marketplace Coverage under Original and Enhanced Premium Tax Credits, by Federal Poverty Level Category, 2025



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Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.
Notes: PTC = premium tax credit; FPL = federal poverty level. FPL varies by year and household size; for 2024 FPL is $15,060 for an individual and $31,200 for a family of 4, and 400% of FPL is $60,240 for an individual and $124,800 for a family of 4. Percentages are the differences between enhanced and original premium tax credits per FPL category.
[a] No federal subsidies are available to people above 400% of FPL under original PTCs, so premiums shown are for unsubsidized Marketplace participants in that income group.

Policies under both enhanced and original PTCs require that household premium contributions get larger as income increases. This pattern is seen in figure 3, where we see that people with incomes over 400 percent of FPL pay the highest average premiums. People in this income category are eligible for federal subsidies under enhanced PTCs but not under original PTCs. We project they will pay $3,576 in average annual premiums in 2025 under enhanced PTCs.

Effect on Cost Sharing

Enhanced PTCs do not alter cost-sharing expenses directly for Marketplace enrollees but do allow some people to switch to more generous plans that have lower cost-sharing obligations (appendix A, table A3). Once enrolled in Marketplace coverage, individuals and families incur out-of-pocket costs when they use health care services, which is called cost sharing. Cost-sharing expenses include deductibles and copays and vary by the type of plan enrollees choose. The Marketplace offers plans labeled bronze,

silver, gold, and platinum that cover 60, 70, 80, and 90 percent of expected health care costs on average, respectively. These are referred to as the metal tiers of Marketplace plans. We project that 2.7 million subsidized Marketplace enrollees, or 16 percent, will choose gold plans in 2025 under enhanced PTCs, compared with 0.9 million enrollees, or 9 percent, under original PTCs (table 1).

TABLE 1

Projected Metal Tier Distribution of Subsidized Marketplace Beneficiaries under Original and Enhanced Subsidies, 2025

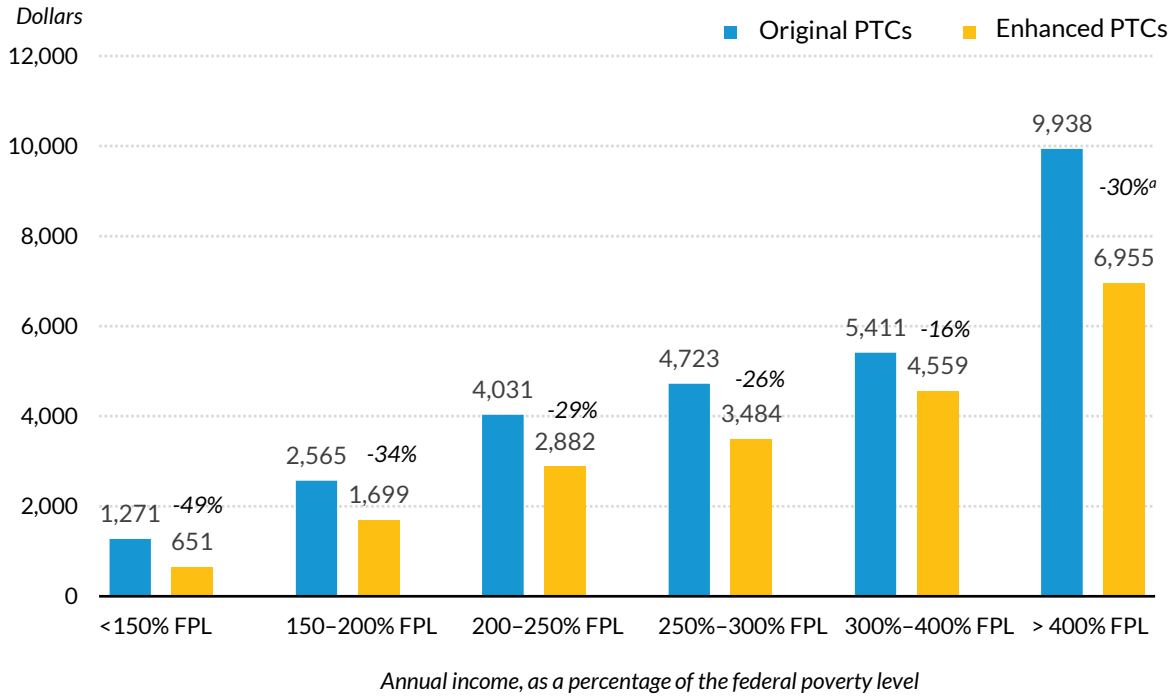
		Bronze	Silver	Gold
Original subsidies	(millions)	3.8	5.4	0.9
	(percent)	38%	54%	9%
Enhanced subsidies	(millions)	6.5	8.2	2.7
	(percent)	37%	47%	16%

Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.
Note: Plan selections for Platinum are less than 1 percent and are therefore included together with Gold.

Combining all household expenses (premium payments and cost-sharing expenses), we project that subsidized Marketplace enrollees will spend less on total health care spending under enhanced PTCs than under original PTCs in 2025 in every income category (figure 4). However, some of the lower average spending on cost sharing is due to the lower average health risk of newly enrolled people, which we do not show separately. For example, people with incomes below 150 percent of FPL will pay $651 in total health care spending in 2025 under enhanced PTCs compared with $1,271 under original PTCs, according to our projections. The difference of $619 includes lower premium payments, lower cost sharing for people who switched to more generous plans, and lower spending on cost sharing for healthier people who will enroll in the Marketplace when premiums are reduced under the enhanced PTCs.

FIGURE 4

Projected Annual Average Health Spending for People with Subsidized Marketplace Coverage under Original and Enhanced Premium Tax Credits by Federal Poverty Level Category, 2025



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Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.
Notes: PTC = premium tax credit; FPL = federal poverty level. FPL varies by year and household size; for 2024 FPL is $15,060 for an individual and $31,200 for a family of 4, and 400% of FPL is $60,240 for an individual and $124,800 for a family of 4. People above 400% of FPL with PTCs under original subsidies are projected to receive a state-funded premium tax credit. Percentages are the differences between enhanced and original premium tax credits per FPL category.
[a] No federal subsidies are available to people above 400% of FPL under original PTCs, so premiums shown are for unsubsidized Marketplace participants in that income group.

State Coverage

States with the largest percent increases in nongroup coverage under enhanced PTCs will see the largest percent declines in the number of uninsured people in 2025. We find substantial variation by state in terms of how enhanced PTCs will increase overall nongroup market coverage and reduce the number of uninsured people compared with a policy without enhanced PTCs. Five states—Texas, South Carolina, Mississippi, Louisiana, and Georgia—are projected to have the largest percent differences in nongroup coverage in 2025; this includes the Marketplace. Four of these five states have not expanded Medicaid eligibility to 138 percent of FPL as allowed under the Affordable Care Act, so there are more people eligible to enroll in the Marketplace. In these five states, the nongroup market will be roughly double the size under the enhanced PTCs compared with original PTCs (appendix A, table A4). At the same time, we project these five states plus Alabama, Arkansas, Ohio, and Tennessee will see the

sharpest percent drops in the number of uninsured people, of 21 percent or more, under enhanced PTCs compared with the number of uninsured people under original PTCs. At the other end of the spectrum, we find that states with a Basic Health Program, including New York and Minnesota, or additional state subsidies, including California and Massachusetts, have much smaller coverage effects from the enhanced PTCs compared with original PTCs. The Basic Health Program and the additional state subsidies make Marketplace coverage more affordable and help reduce the number of uninsured people.

Discussion

The enhanced PTCs originally enacted under ARPA in 2021 and extended through 2025 by IRA have dramatically increased enrollment in the Marketplace. In this report, we switch the comparison from change over time to a scenario without enhanced PTCs to demonstrate the full impact of the tax credits. We project that in 2025, enhanced PTCs will increase subsidized Marketplace enrollment by 7.2 million compared to a scenario under original PTCs. By making premiums for Marketplace coverage significantly more affordable, these subsidies will also reduce the number of uninsured by 4.0 million people, a 14 percent decline compared with a policy of original PTCs.

The substantial impacts of enhanced PTCs may be larger than many policymakers expected, because growing Medicaid enrollment from 2021 through early 2023 partially masked the changes in Marketplace enrollment and overall coverage during the first years of enhanced PTCs. Medicaid enrollment grew by more than 20 million people from April 2020 through March 2023 as a result of the continuous coverage requirement. When Congress ended the requirement on March 31, 2023, and allowed states to resume eligibility redeterminations, midyear enrollments in the Marketplace increased in the second and third quarters of 2023 above previous trends.[7] Then, during the 2024 open enrollment period, plan selections jumped by 5 million people or 31 percent compared with 2023.

Our projections for 2025 assume most of the surge in enrollment represents real demand for coverage, spurred by more affordable coverage from the enhanced PTCs. The affordability of Marketplace premiums is substantially improved by the enhanced PTCs in two ways. First, the subsidy schedule directly lowers the share of income that must be paid toward premiums. Second, the lower premiums attract people with lower health risk to enroll in the Marketplace, which reduces average premiums, increases the size of the market, and encourages more competition among insurers. When premiums are lower, many healthy people who might otherwise have risked going uninsured are willing to pay for coverage.

We find that the enhanced PTCs substantially reduce premium costs across all income groups. Net premiums are lower by 50 to 100 percent in the lowest income groups, below 300 percent of FPL. Net premiums are lower by about one-quarter for people with incomes above 300 percent of FPL. Moreover, lower premiums allow some people to switch to more generous plans; we find that the share of people choosing gold plans doubles under enhanced PTCs compared with original PTCs.

Finally, the enhanced PTCs will make the overall nongroup market, including the Marketplace, a larger, more stable market over time. Compared with the fluctuation and instability of premiums in the nongroup market before the Affordable Care Act, this is a significant and sometimes overlooked benefit. A larger market encourages more competition from insurers, resulting in more choices and lower premium increases than a smaller nongroup market. A larger market is more protected against the risk of disruption should an insurer leave the market. Although market size doesn't protect against rising health care costs, it may offer space for state policy innovations.

Conclusion

Since the enhanced PTCs were first enacted in 2021, they have led to record-high enrollment in the Marketplaces at all income levels. We will see their greatest impact on coverage in 2025, the final year in which they will be in effect unless they are extended by Congress. Enhanced PTCs result in lower premiums for Marketplace consumers at all income levels and set zero-cost premiums for many low-income consumers. Even those not eligible for PTCs see lower premiums with enhanced PTCs because the additional enrollment has improved the nongroup market risk pool. If Congress does not extend enhanced PTCs after 2025, we project that these gains will be reversed, and 4 million people could become uninsured.

Appendix A: Supplemental Tables

TABLE A1

Premium Tax Credit Percentage-of-Income Limits for Benchmark Coverage under the Affordable Care Act and the American Rescue Plan Act/Inflation Reduction Act Enhancements

Income (% of FPL)	Original (pre-ARPA) schedule, 2021 (% of income)	Original (pre-ARPA) schedule, 2025 (% of income)	ARPA/IRA schedule (% of income)
<138	2.07	1.82	0.0
138–150	3.10–4.14	2.73–3.64	0.0
150–200	4.14–6.52	3.64–5.73	0.0–2.0
200–250	6.52–8.33	5.73–7.33	2.0–4.0
250–300	8.33–9.83	7.33–8.65	4.0–6.0
300–400	9.83	8.65	6.0–8.5
>400	n/a	n/a	8.5

Sources: Internal Revenue Service; US Department of Health and Human Services; and American Rescue Plan Act of 2021, Pub. L. No. 117-2.

Notes: FPL = federal poverty level; ARPA = American Rescue Plan Act; IRA = Inflation Reduction Act; n/a = not applicable (no subsidies are available at this income level). Pre-ARPA caps are indexed for each year. The ARPA enhanced subsidy schedules' percentage-of-income limits are not indexed.

TABLE A2

Projected Health Insurance Coverage Distribution of the Nonelderly under Original and Enhanced Premium Tax Credits, 2025

Thousands of people

	People covered under original PTCs	People covered under enhanced PTCs	Change	Percent difference
Insured (MEC)	**249,535**	**253,601**	**4,065**	**2%**
Employer	151,176	147,142	-4,034	-3%
ACA compliant private nongroup	17,050	24,926	7,875	46%
Basic Health Program	1,459	1,467	8	1%
Marketplace with PTC, <150% of FPL	2,485	3,939	1,454	59%
Marketplace with PTC, 150–200% of FPL	3,150	4,147	997	32%
Marketplace with PTC, 200–250% of FPL	1,449	2,784	1,336	92%
Marketplace with PTC, 250–300% of FPL	1,258	2,097	840	67%
Marketplace with PTC, 300–400% of FPL	1,827	2,943	1,116	61%
Marketplace with PTC, > 400% of FPL	0	1,494	1,494	n/a
Full-pay Marketplace	1,366	1,562	195	14%
Other nongroup	4,058	4,493	435	11%
Medicaid/CHIP	72,575	72,799	224	*
Other public	8,734	8,734	0	0%
Uninsured (no MEC)	**30,869**	**26,804**	**-4,065**	**-13%**
Uninsured	28,362	24,394	-3,968	-14%
Noncompliant nongroup	2,507	2,410	-97	-4%

Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.

Notes: MEC = minimum essential coverage; ACA = Affordable Care Act; PTC = premium tax credit; CHIP = children's health insurance program; n/a = not applicable; * = less than +/-0.5%; FPL = federal poverty level; FPL varies by year and household size; for 2024, FPL is $15,060 for an individual and $31,200 for a family of 4, and 400 percent of FPL is $60,240 for an individual and $124,800 for a family of 4.

TABLE A3

Cost Sharing under the Affordable Care Act and the American Rescue Plan Act/Inflation Reduction Act Enhancements

Actuarial value of plans for those enrolled in silver-level coverage

Income (% of FPL)	Original (pre-ARPA) schedule (% of total costs paid by plan)	ARPA/IRA schedule (% of total costs paid by plan)
<138	94	94
138–150	94	94
150–200	87	87
200–250	73	73
>250	70	70

Sources: Internal Revenue Service; US Department of Health and Human Services; and American Rescue Plan Act of 2021, Pub. L. No. 117-2.

Notes: FPL = federal poverty level; ARPA = American Rescue Plan Act; IRA = Inflation Reduction Act.

TABLE A4

Projected Difference and Percentage Difference in Private Nongroup Insurance Coverage and Uninsurance under Enhanced Premium Tax Credits Compared with Original Tax Credits, by State, 2025

	Private Nongroup Insurance		Uninsurance	
State	Difference (thousands of people)	% change from original PTCs	Difference (thousands of people)	% change from original PTCs
Total	**7,875**	**46%**	**-3,968**	**-14%**
Alabama	171	72%	-131	-25%
Alaska	8	35%	-3	-3%
Arizona	120	37%	-103	-14%
Arkansas	64	52%	-49	-23%
California	263	12%	-174	-6%
Colorado	47	15%	-35	-8%
Connecticut	22	15%	-9	-5%
Delaware	17	45%	-5	-7%
District of Columbia	2	11%	*	**
Florida	1,378	59%	-453	-17%
Georgia	665	103%	-336	-24%
Hawaii	3	8%	*	**
Idaho	60	71%	-35	-20%
Illinois	65	13%	-45	-4%
Indiana	103	43%	-88	-18%
Iowa	33	27%	-22	-16%
Kansas	67	51%	-66	-19%
Kentucky	55	65%	-47	-18%
Louisiana	154	111%	-92	-24%
Maine	7	11%	-3	-4%
Maryland	49	20%	-25	-6%
Massachusetts	41	11%	-8	-3%
Michigan	122	31%	-76	-15%
Minnesota	24	8%	-16	-5%
Mississippi	156	118%	-112	-30%
Missouri	140	52%	-51	-11%
Montana	17	24%	-7	-11%
Nebraska	31	29%	-14	-12%
Nevada	18	14%	-11	-3%
New Hampshire	14	23%	-10	-15%
New Jersey	115	38%	-75	-10%

	Private Nongroup Insurance		Uninsurance	
State	Difference (thousands of people)	% change from original PTCs	Difference (thousands of people)	% change from original PTCs
New Mexico	5	6%	2	1%
New York	37	2%	6	**
North Carolina	304	65%	-74	-8%
North Dakota	10	22%	-4	-6%
Ohio	169	45%	-140	-22%
Oklahoma	122	75%	-59	-14%
Oregon	34	18%	-20	-6%
Pennsylvania	66	13%	-32	-5%
Rhode Island	5	13%	-3	-6%
South Carolina	338	121%	-142	-25%
South Dakota	11	39%	-8	-11%
Tennessee	254	82%	-197	-28%
Texas	2,119	133%	-1,039	-21%
Utah	90	32%	-15	-5%
Vermont	6	15%	-2	-3%
Virginia	122	34%	-47	-7%
Washington	49	17%	-35	-6%
West Virginia	24	51%	-16	-15%
Wisconsin	65	26%	-30	-7%
Wyoming	12	29%	-11	-13%

Source: The Urban Institute, Health Insurance Policy Simulation Model, 2024.
Note: PTC = premium tax credit; * = less than +/-500 people; ** = less than +/-0.5%.

Notes

[1] Marketplace Open Enrollment Period Public Use Files for 2021-2024; Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services. https://www.cms.gov/data-research/statistics-trends-and-reports/marketplace-products.

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[6] California previously offered premium subsidies to persons with incomes over 400 percent of FPL but discontinued the program when ARPA/IRA subsidies became available. New Jersey currently offers limited premium subsidies to persons with incomes up to 600 percent of FPL. See Louise Norris, "Which States Offer Their Own Health Insurance Subsidies," Healthinsurance.org, May 8, 2024, https://www.healthinsurance.org/faqs/which-states-offer-their-own-health-insurance-subsidies/.

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About the Authors

Jessica S. Banthin is a senior fellow in the Health Policy Center, where she studies the effects of health insurance reform policies on coverage, costs, and households' financial burdens. Before joining the Urban Institute, she served more than 25 years in the federal government, most recently as deputy director for health at the Congressional Budget Office. During her eight-year term at the Congressional Budget Office, Banthin directed the production of numerous major cost estimates of legislative proposals to modify the Affordable Care Act. Banthin has also conducted significant research on a wide range of topics such as the burdens of health care premiums and out-of-pocket costs on families, prescription drug spending, and employer and nongroup market premiums. She has special expertise in the design of microsimulation models for analyzing health insurance coverage and an extensive background in the design and use of household and employer survey data.

Matthew Buettgens is a senior fellow in the Health Policy Center at the Urban Institute, where he is the mathematician leading the development of Urban's Health Insurance Policy Simulation Model (HIPSM). The model is used to provide technical assistance for health reform implementation in Massachusetts, Missouri, New York, Virginia, and Washington, and by the federal government. His recent work includes several research papers analyzing various aspects of national health insurance reform, both nationally and state-by-state. Research topics have included the costs and coverage implications of Medicaid expansion for both federal and state governments; small firm self-insurance under the Affordable Care Act and its effect on the fully insured market; state-by-state analysis of changes in health insurance

coverage and the remaining uninsured; the effect of reform on employers; the affordability of coverage under health insurance exchanges; and the implications of age rating for the affordability of coverage.

Michael Simpson is a principal research associate at the Health Policy Center at the Urban Institute. He has 25 years of experience developing economic models and using survey and administrative data. His current work focuses on using Urban's Health Insurance Policy Simulation Model to project health insurance coverage and spending both in the baseline and under policy alternatives. Before joining Urban, Simpson developed the Congressional Budget Office's long-term dynamic microsimulation model. He analyzed numerous policy reform proposals, investigated differences between various projections of Social Security finances and benefits, quantified the importance of Monte Carlo variation in model results, and created multiple methods to demonstrate uncertainty in projections.

Jason Levitis is a senior fellow in the Health Policy Center at the Urban Institute and a nonresident senior fellow at Yale Law School's Solomon Center for Health Law and Policy. He conducts research on health insurance policy and provides technical assistance to state health officials. Levitis's research focuses on federal and state policies affecting private health coverage, the Affordable Care Act, and the intersection of health care and tax law. He has worked extensively on federal and state financing and regulation of private health coverage, health insurance subsidies, Section 1332 waivers, and interactions with federal tax law. He is deeply versed in operational issues and approaches to minimizing consumers' administrative burdens. Levitis served at the US Treasury Department from 2009 to 2017. He represented the Treasury on the interagency team that helped craft the ACA and later led the Treasury's ACA implementation as counselor to the assistant secretary for tax policy.

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500 L'Enfant Plaza SW
Washington, DC 20024
www.urban.org

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