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How Would Coverage, Federal Spending, and Private Premiums Change if the Federal Government Stopped Reimbursing Insurers for the ACA's Cost-Sharing Reductions?

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Timely Analysis of Immediate Health Policy Issues

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In-Brief

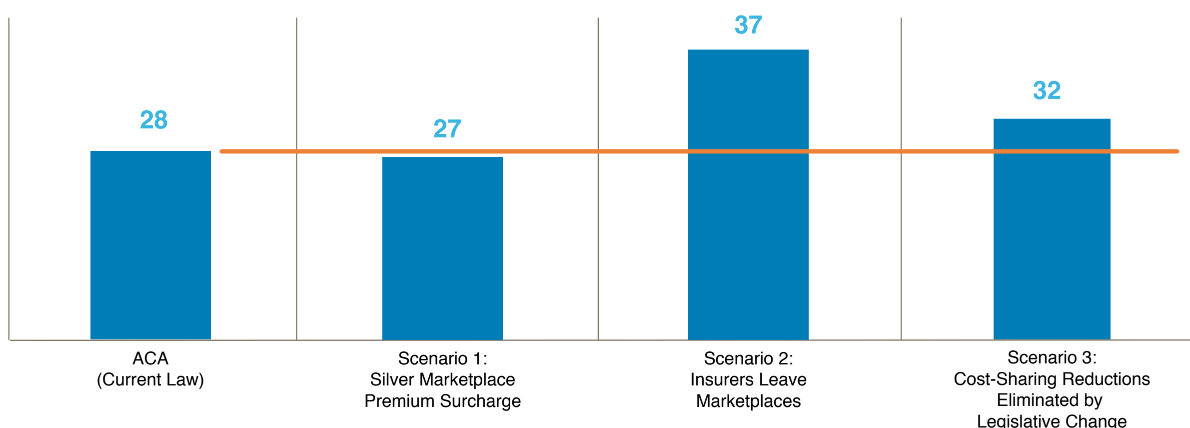
The Affordable Care Act (ACA) requires insurers to provide cost-sharing reductions (CSRs) that lower deductibles, co-payments, co-insurance, and out-of-pocket maximums for people eligible for nongroup market premium tax credits with incomes below 250 percent of the federal poverty level (FPL). But there is tremendous uncertainty about whether insurers will continue to be reimbursed by the federal government for these CSRs. We analyze three 2018 scenarios that could occur if federal CSR payments stop. Our main findings are as follows:

Scenario 1. If insurers have enough time before the start of the plan year to incorporate their anticipated CSR costs into a surcharge placed on silver marketplace premiums and are willing to remain in the marketplaces, then the surcharge would increase silver premiums by 23 percent in 2018. About 600,000 more people would enroll in marketplace coverage, reducing the number of uninsured. However, the federal government would spend 18 percent more on premium tax credits than it would have spent on tax credits and CSRs combined under current law, an additional $7.2 billion in 2018.

Scenario 2. If insurers exit the marketplaces in response to the loss of CSRs and other policy uncertainties and changes (e.g., lack of clarity on intended enforcement of the individual mandate and the administration's substantially reduced commitment to outreach and enrollment assistance), then the number of uninsured people would increase by 9.4 million, enrollment in the private nongroup market would decrease by 57 percent, and nongroup premiums would rise by 37 percent. Eliminating the tax credits and CSRs would reduce federal spending on this assistance by $40.7 billion in 2018.

Scenario 3. If lawmakers alter the ACA in response to the elimination of CSRs such that insurers are no longer required to pay CSRs to eligible enrollees, 4.0 million more people would be uninsured, and nongroup premiums would rise by 12 percent.

Number of Uninsured Nonelderly People Under The ACA and Three Scenarios with No Cost-Sharing Reductions (Millions) (Figure 1, Page 5)



Source: Urban Institute analysis using HIPSM 2017.

Introduction

There is tremendous uncertainty about whether insurers will be reimbursed by the federal government for future cost-sharing reductions (CSRs) paid to their low-income private nongroup marketplace enrollees. The Affordable Care Act (ACA) requires insurers to provide these subsidies, which lower deductibles, co-payments, co-insurance, and out-of-pocket maximums for people eligible for nongroup market premium tax credits who have incomes below 250 percent of FPL and purchase silver-level (70 percent actuarial value) marketplace coverage.[1] In December 2016, the U.S. House of Representatives sued the Obama administration over CSRs, arguing that the Treasury could not reimburse insurers for these subsidies because the funds had not been explicitly appropriated by Congress.[2] Hearings on the lawsuit have been delayed at the request of the Trump administration and the House, and the federal government is now paying the insurer reimbursements one month at a time with no commitment to continue. Congress could appropriate funds to make the payments and end the uncertainty, but so far it has not exercised this power.

The parties to the lawsuit agree on at least one issue: Marketplace insurers are required to provide eligible enrollees with the CSRs, regardless of whether the federal government reimburses the insurers for those incurred expenses. The CSRs bring the actuarial value of silver coverage up from 70 percent to 94 percent for people with incomes between 100 and 150 percent of FPL, to 87 percent for people with incomes between 150 and 200 percent of FPL, and to 73 percent for people with incomes between 200 and 250 percent of FPL.[3]

Uncertainty over whether reimbursements will continue has discouraged some insurers from selling coverage in the nongroup marketplaces for plan year 2018 and has led others to request substantially larger premium increases than they otherwise would have.[4–11] This brief analyzes the implications of ending federal CSR reimbursements to insurers under three response scenarios (Box 1). The first scenario, an update of our earlier work on this topic,[12] assumes that insurers have enough time before the start of the plan year to incorporate their anticipated CSR costs into a surcharge placed on silver marketplace premiums and that insurers are willing to remain in the marketplaces. At least one state, California,[13] required insurers to submit premiums computed under these assumptions. The second scenario assumes that insurers leave the nongroup marketplaces entirely, leaving eligible people no opportunity to use their premium tax credits, but unsubsidized coverage is still offered in the nonmarketplace nongroup market. Insurers may leave the marketplaces in response to uncertainty about and changes in other important policies in addition to the loss of CSRs, such as the federal government's lack of clarity on the intent to enforce the individual mandate and its substantially reduced commitment to marketplace outreach and enrollment assistance. In practice, Scenario 1 may occur in some states or substate areas while Scenario 2 occurs in others. The third scenario assumes that lawmakers alter the ACA in response to the elimination of CSRs such that insurers are no longer required to pay CSRs to eligible enrollees. In this scenario, eligible individuals would still have marketplace insurance options and could still use their premium tax credits, but people with incomes below 250 percent of FPL would face the full out-of-pocket requirements of their chosen plan.

Box 1. Modeling Scenarios for Nongroup Marketplaces, Assuming No Federal Funding of Cost-Sharing Reductions

	Premium tax credits available?	Cost-sharing reductions available to low-income people?	Insurers leave market-places?	Legislation required?
Scenario 1: Insurers incorporate their anticipated CSR costs into a surcharge placed on silver marketplace premiums only, and insurers stay in the marketplaces	Yes	Yes	No	No
Scenario 2: Insurers leave the nongroup marketplaces entirely	No	No	Yes	No
Scenario 3: Insurers are no longer required to pay CSRs	Yes	No	No	Yes

CSR = cost-sharing reduction

Methodology

We simulate these three scenarios using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM).[14] We start with a simulation of the ACA in 2018, assuming no change to current law or CSR payments. The model takes into account actual 2017 marketplace and Medicaid/CHIP enrollment data by state, as well as 2017 marketplace premiums, and it reproduces the reported national distribution of marketplace enrollment with premium tax credits and CSRs by income and age. We compare our simulation of the ACA in 2018 with three alternative scenarios that could occur if the federal government declines to reimburse insurers for CSRs (Box 1). All estimates assume that the changes have their full effect starting in the first year. In reality, these changes may take more than one premium rating cycle to reach equilibrium, unless insurers accurately anticipate the resulting adverse selection; we do not model that time path here.

We estimate the coverage implications of each scenario by income group as well as changes in the number of uninsured people by state. We also estimate the changes in federal spending that would result from each scenario and any associated changes in unsubsidized premiums.

This analysis builds on our January 2016 analysis of *House v. Burwell*.[12] The earlier analysis focused exclusively on the first of the three scenarios simulated here and used an earlier version of HIPSM that did not have the current enrollment data under the ACA and was built upon the Current Population Survey, limiting its ability to simulate state insurance markets. The current version of HIPSM uses two merged years of American Community Survey data and has been updated to take into account actual premium and enrollment data for plan year 2017. Other analyses of the implications of eliminating CSRs conducted by the Kaiser Family Foundation[15,16] and the Congressional Budget Office[17] focused exclusively on what we refer to as Scenario 1. The Kaiser Family Foundation provided 2016 premium effect estimates nationally and for 38 states but did not provide federal spending effects by state, and the Congressional Budget Office did not provide any state-specific estimates.

Box 2. Rationale for Scenario 1 Assumptions

In Scenario 1, insurers recoup their full expenditures on CSRs by building those costs into all their silver plan premiums in the marketplaces. Consistent with other analyses,[17] and our previous work,[12] we do not think that insurers would spread these costs beyond their silver plan premiums or load them only into premiums for CSR plans, for several reasons. First, the ACA does not permit insurers to charge different premiums for enrollees in CSR silver plans and enrollees in standard silver plans. Second, if insurers spread the CSR costs across other plan premiums, they would be charging those enrollees for a higher actuarial value of coverage than would be provided. This would discourage people from enrolling in these options through the marketplaces, and insurers would not want to create such disincentives. Spreading the costs across all tiers would mean increasing the prices of all products, and any insurer that did so would place itself at a disadvantage compared with lower-priced competitors that did not. Third, the federal government, state-based marketplace management, and state departments of insurance do not generally seem interested in actively managing insurers' pricing policies. Where the law allows, they have usually allowed insurers to determine their own policies and are reluctant to interfere unless required to enforce specific provisions of the ACA. A few states, such as California, have actively negotiated marketplace premiums with insurers, but other states have no clear incentive for requiring that CSR costs be spread across all marketplace products. Thus, we believe the most likely scenario is that the marketplace and regulators would allow insurers to build CSR expenses into their silver plan premiums only.

In addition, we do not expect insurers to spread the costs of CSRs to coverage for silver plans sold outside the marketplaces. Although section 1301(a)(1)(C)(iii) of the ACA requires that qualified health plans offer the same premiums inside and outside the marketplaces, we assume that elimination of federal CSR funding would create a strong incentive for insurers to offer ACA-compliant but non–Qualified Health Plan options outside the marketplaces, allowing insurers to charge different premiums for them. Many insurers already offer different plans inside and outside the marketplaces, so this should not be viewed as a significant burden on insurers. If insurers spread the costs associated with CSRs to their nonmarketplace plans, they would place themselves at a competitive disadvantage with insurers only selling nonmarketplace coverage because the latter have no such costs to cover. Thus, in our simulations and consistent with federal law, the health care risk of the nongroup market inside and outside the marketplaces is shared broadly, although the additional premium cost associated with CSRs is included in the marketplace silver plan premiums alone, effectively as a premium surcharge. HIPSM computes the costs associated with providing CSRs, calculates the premium "add-on" necessary to cover those costs, and increases the marketplace silver plan premiums accordingly. Premium tax credits are recomputed because they are tied to the now higher second-lowest-cost marketplace silver plan premium, individual and household decisions are made, the costs associated with the CSRs are recomputed, and the process iterates until it reaches equilibrium (i.e., until there are few or no additional changes under additional iterations of the model).

Results

Insurance Coverage Distribution Under the ACA and Three No-CSR Response Scenarios

Table 1 shows the 2018 national health insurance coverage distribution for the nonelderly population (under age 65) under current law and under the three simulated response scenarios. If Congress decides to explicitly appropriate CSRs, the outcome would be the same as the current law (ACA) results. Scenario 1, where insurers increase silver marketplace premiums to compensate for their costs associated with providing CSRs, would increase insurance coverage modestly, with 600,000 fewer people uninsured (Figure 1). This would occur because the surcharge added to silver marketplace coverage would increase the premium tax credit benchmark premiums, increasing the dollar value of the tax credits for eligible people with incomes up to 400 percent of FPL. The increased tax credits would allow people with incomes between 200 and 400 percent of FPL to purchase higher actuarial value (gold) plans at the same premium contribution that they are currently paying for silver coverage (or, for those with incomes between 200 and 250 percent of FPL, for 73 percent actuarial value plans). Nongroup enrollment would increase among people eligible for tax credits because the larger tax credit would allow them to purchase richer coverage for the same share of income (Figure 2).

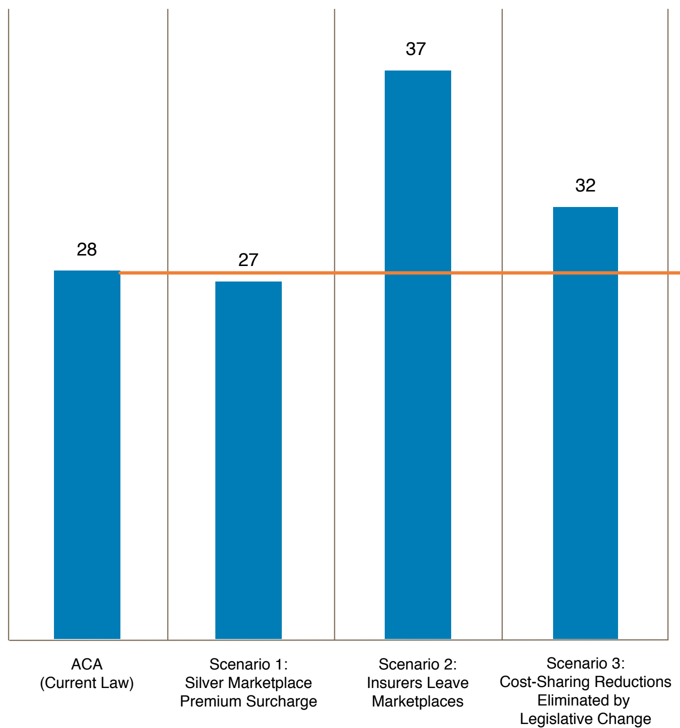
Under Scenario 2, where insurers refuse to sell coverage in the marketplaces because the federal government would no longer reimburse them for their CSR expenses, the number of uninsured people would increase by 9.4 million in 2018 (Figure 1 and Table 1). In this scenario, insurers would sell nongroup coverage in the *non*marketplace segment of the market, but people eligible for premium tax credits would have nowhere to use them. Nongroup insurance enrollment among people eligible for tax credits would fall by 7.1 million people, or 73 percent, and the resulting increase in premiums from the exit of this largely healthy population would lead to an additional coverage loss of 4.0 million people (41 percent) who have nongroup insurance but are ineligible for tax credits. Thus, total nongroup enrollment would fall by 57 percent, from 19.4 million under current law to 8.3 million people (Figure 2 and Table 1). About 1.6 million people, mostly children, would lose Medicaid or CHIP coverage, because parents would not seek marketplace coverage and thus would not learn that their children are eligible for a public program. About 3.3 million people losing their source of coverage would enroll in employer-based insurance, with the bulk of this group purchasing employer coverage deemed unaffordable for them under federal law.

Table 1. Health Insurance Coverage Distribution of the Nonelderly Under the ACA and Three Scenarios With No Cost-Sharing Reductions, 2018 (Millions of people)

	ACA		Scenario 1			Scenario 2			Scenario 3		
	(Current Law)		Silver Marketplace Premium Surcharge		Difference	Insurers Leave Marketplaces		Difference	Cost-Sharing Reductions Eliminated		Difference
Insured	**245.8**	**90%**	**246.4**	**90%**	**0.6**	**236.4**	**86%**	**-9.4**	**241.7**	**88%**	**-4.0**
Employer	148.8	54%	148.8	54%	0.0	152.1	56%	3.3	151.8	55%	2.9
Nongroup—eligible for tax credit	9.7	4%	10.2	4%	0.5	2.6	1%	-7.1	6.4	2%	-3.3
Nongroup—other	9.7	4%	9.7	4%	0.0	5.7	2%	-4.0	6.9	3%	-2.8
Medicaid/CHIP	69.0	25%	69.0	25%	0.0	67.4	25%	-1.6	68.1	25%	-0.9
Other (including Medicare)	8.5	3%	8.5	3%	0.0	8.5	3%	0.0	8.5	3%	0.0
Uninsured	**27.7**	**10%**	**27.1**	**10%**	**-0.6**	**37.1**	**14%**	**9.4**	**31.8**	**12%**	**4.0**
Total	**273.5**	**100%**	**273.5**	**100%**	**0.0**	**273.5**	**100%**	**0.0**	**273.5**	**100%**	**0.0**

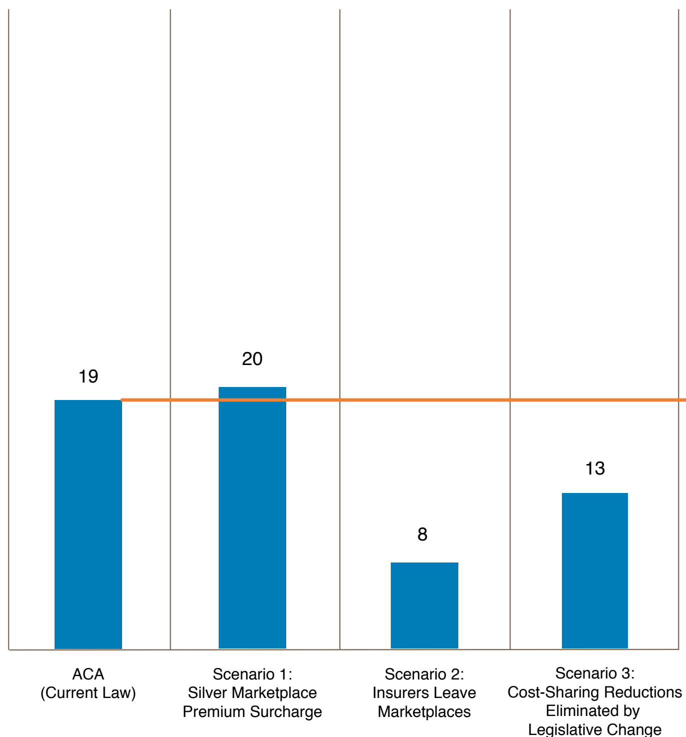
Source: Urban Institute analysis using HIPSM 2017.

Figure 1. Number of Uninsured Nonelderly People Under The ACA and Three Scenarios with No Cost-Sharing Reductions (Millions)



Source: Urban Institute analysis using HIPSM 2017.

Figure 2. Number of Nonelderly People with Private Nongroup Insurance Under the ACA and Three Scenarios with No Cost-Sharing Reductions (Millions)



Source: Urban Institute analysis using HIPSM 2017.

Scenario 3 assumes that a legislative change would allow insurers to sell marketplace coverage without requiring that CSRs be paid to eligible enrollees; thus, premium tax credits could still be used. In this scenario, 3.3 million people enrolled in nongroup coverage using their premium tax credits and CSRs would drop coverage because of the higher out-of-pocket requirements. The loss of these covered lives would raise nongroup premiums, decreasing the number enrolled in unsubsidized nongroup coverage by 2.8 million people. Total nongroup enrollment would fall by 32 percent to 13.3 million people (Figure 2 and Table 1). A smaller number of children would lose their Medicaid/CHIP coverage under this scenario (compared to scenario 2), and 2.9 million people would newly enroll in employer coverage. But again, most of these people would be opting into employer coverage deemed unaffordable under federal law. On net, the number of people uninsured would increase by 4.0 million (Figure 1 and Table 1).

Insurance Coverage by Income Group Under the ACA and Three No-CSR Response Scenarios

Table 2 shows how changes in coverage under each scenario would be distributed across people in different income groups. The top panel of the table provides the total number of people in each coverage type and income group under the ACA; this is the scenario if CSR payments are made. The next three panels show the percent change in coverage of each type within each income group under scenarios 1, 2, and 3.

Under Scenario 1, decreases in the number of uninsured people are concentrated among those with incomes between 200 and 400 percent of FPL. These decreases come from 9 to 18 percent increases in nongroup coverage using tax credits, depending upon the income group. Tax credits for people in each income group increase in value under this scenario because of the increase in the silver benchmark premium. This benchmark increase yields larger tax credits and thus allows eligible people to purchase higher-

Table 2. Percent Change in Health Insurance Coverage Under Three No-Cost-Sharing Reduction Scenarios Relative to the ACA, by Income, 2018

	< 100% of FPL	100–150% of FPL	150–200% of FPL	200–250% of FPL	250–300% of FPL	300–400% of FPL	> 400% of FPL	Total
ACA (current law)								
Millions of people								
Insured	**50.0**	**23.7**	**21.8**	**18.6**	**17.5**	**30.6**	**83.6**	**245.8**
Employer	7.4	7.3	10.7	12.3	13.1	25.0	73.0	148.8
Nongroup—eligible for tax credit	0.1	2.5	2.8	1.3	1.1	1.8	0.0	9.7
Nongroup—other	0.6	0.4	0.4	0.5	0.5	0.9	6.4	9.7
Medicaid/CHIP	40.1	12.4	6.8	3.6	2.1	1.9	2.2	69.0
Other (including Medicare)	1.8	1.2	1.0	0.8	0.7	1.1	1.9	8.5
Uninsured	**8.4**	**2.1**	**2.4**	**2.2**	**1.5**	**1.7**	**9.4**	**27.7**
Total	**58.5**	**25.8**	**24.1**	**20.8**	**19.0**	**32.3**	**93.0**	**273.5**
Scenario 1: Silver Marketplace Premium Surcharge								
Percent change relative to the ACA								
Insured	**0%**	**0%**	**0%**	**1%**	**1%**	**1%**	**0%**	**0%**
Employer	0%	0%	0%	0%	0%	0%	0%	0%
Nongroup—eligible for tax credit	0%	0%	0%	18%	13%	9%	0%	6%
Nongroup—other	0%	0%	1%	2%	1%	1%	0%	0%
Medicaid/CHIP	0%	0%	0%	0%	0%	0%	0%	0%
Other (including Medicare)	0%	0%	0%	0%	0%	0%	0%	0%
Uninsured	**0%**	**0%**	**0%**	**-11%**	**-10%**	**-9%**	**0%**	**-2%**
Total	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Scenario 2: Insurers Leave Marketplaces								
Percent change relative to the ACA								
Insured	**-1%**	**-8%**	**-10%**	**-5%**	**-5%**	**-4%**	**-2%**	**-4%**
Employer	1%	9%	6%	2%	2%	2%	1%	2%
Nongroup—eligible for tax credit	-63%	-85%	-76%	-67%	-64%	-63%	0%	-73%
Nongroup—other	-41%	-25%	-36%	-40%	-46%	-50%	-41%	-41%
Medicaid/CHIP	-1%	-3%	-7%	-5%	-6%	-6%	-4%	-2%
Other (including Medicare)	0%	0%	0%	0%	0%	0%	0%	0%
Uninsured	**6%**	**95%**	**88%**	**45%**	**53%**	**70%**	**20%**	**34%**
Total	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Scenario 3: Cost-Sharing Reductions Eliminated by Legislative Change								
Percent change relative to the ACA								
Insured	**-1%**	**-5%**	**-5%**	**-2%**	**0%**	**0%**	**-1%**	**-2%**
Employer	1%	9%	6%	2%	1%	1%	1%	2%
Nongroup—eligible for tax credit	-36%	-57%	-50%	-29%	0%	0%	0%	-34%
Nongroup—other	-25%	-17%	-26%	-31%	-39%	-43%	-27%	-29%
Medicaid/CHIP	0%	-2%	-5%	-2%	-1%	-2%	-3%	-1%
Other (including Medicare)	0%	0%	0%	0%	0%	0%	0%	0%
Uninsured	**3%**	**53%**	**48%**	**19%**	**5%**	**8%**	**10%**	**15%**
Total	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Source: Urban Institute analysis using HIPSM 2017.

Note: FPL = federal poverty level.

value coverage for the same share of income they now spend under the ACA. As a result, the number of uninsured decreases by about 11 percent among people with incomes between 200 and 250 percent of FPL, by 10 percent among those with incomes between 250 and 300 percent of FPL, and by 9 percent among those with incomes between 300 and 400 percent of FPL.

As nongroup coverage increases among tax credit-eligible people under Scenario 1, the nongroup insurance risk pool becomes slightly healthier, leading to slight decreases in premiums for bronze, gold, and platinum coverage and small additional increases in nongroup coverage for the unsubsidized population. The uninsured share of the total nonelderly population would fall by 2 percent.

Under Scenario 2, where insurers exit the marketplaces, the number of uninsured people would increase by 34 percent. Increases in the uninsured are highest among those with incomes between 100 and 400 percent of FPL because people in this income group could no longer use their premium tax credits. People with incomes between 100 and 250 percent of FPL also would lose their CSRs.[18] The number of tax credit-eligible people enrolled in nongroup coverage would fall by 85 percent among those with incomes between 100 to 150 percent of FPL, by 76 percent among those with incomes between 150 and 200 percent of FPL; by 67 percent among people with incomes between 200 and 250 percent of FPL; and by about 63 percent among people with incomes between 250 and 400 percent of FPL. Nongroup market coverage for people ineligible for tax credits under current law would fall by about 41 percent because of worsening average health care risk in the market and related premium increases; these declines would be spread broadly across the income distribution.

Under Scenario 3, where tax credits can still be used but CSRs are eliminated, the number of uninsured people would increase by 15 percent. The highest increases in the uninsured would occur among those currently eligible for CSRs: people with incomes below 250 percent of FPL. Nongroup enrollment would fall by 36 percent among eligible people with incomes below 100 percent of FPL; by 57 percent among those with incomes between 100 and 150 percent of FPL; by 50 percent among those with incomes between 150 and 200 percent of FPL; and by 29 percent among those with incomes between 200 and 250 percent of FPL. The loss of these CSR enrollees would increase average health care risk, raising premiums. Thus, the number of people enrolled in nongroup coverage without tax credits would decline by 29 percent across all income groups.

State-by-State Changes in the Uninsured Under Three No-CSR Response Scenarios, Compared with the ACA

Table 3 shows the change in the number of people uninsured under each scenario by state. Under Scenario 1, the number of people uninsured would decrease modestly in almost every state. States with the largest percent decreases include Rhode Island (8 percent), Arkansas (6 percent), and West Virginia (6 percent). States with little percent change in their uninsured populations include Florida and Wisconsin (less than 1 percent). All these changes are relatively small, but larger changes tend to be found in states with more uninsured people in the income range of 200–400 percent of FPL. This group would be most likely to newly enroll in coverage because higher silver benchmark premiums would allow them to use their premium tax credits to purchase more comprehensive gold coverage at no additional cost.

New York and Minnesota are unique in that they have implemented Basic Health Programs (BHPs) under the ACA. BHPs cover people with incomes up to 200 percent of FPL, so CSRs are only paid for marketplace enrollees with incomes between 200 and 250 percent of FPL. Federal BHP payments were not challenged in *House v. Burwell*, so BHP enrollment likely would not be affected by the lawsuit. As a result, the elimination of CSRs would have a smaller impact in New York and Minnesota under all three scenarios. While other states could adopt BHPs as a strategy to ensure federal funding for CSRs for eligible residents with incomes below 200 percent of FPL, doing so generally requires state legislation and the development of administrative structures to implement a program, and, as a consequence, creating a BHP takes time.

Scenario 2 leads to an increase in the number of uninsured people in every state, affecting those currently enrolled in coverage with premium tax credits as well as those ineligible for the credits; the latter are affected by the worsening insurance pool as the former lose coverage. For example, Florida has had notably higher marketplace participation than average and Texas relatively low marketplace participation under current law. In Scenario 2, Florida would see a 61 percent increase in the uninsured and Texas would only see an 18 percent increase. The percent increase in the uninsured in Massachusetts would be higher than in any other state because its uninsurance rate is extremely low under current law.

Percent changes in the uninsured under Scenario 3 would vary across states based on the current enrollment rates of people eligible for CSRs, but all states would experience some increase in uninsurance. States with low enrollment rates, such as South Dakota and Wyoming, would see smaller percent increases in their uninsured under this scenario. States with high enrollment rates, such as Florida and Vermont, would experience larger percent increases in their uninsured populations. With the effects of Scenario 3 concentrated among marketplace enrollees with incomes up to 250 percent of FPL, the overall impact on the uninsured would be smaller than under Scenario 2.

Changes in Federal Funding Under Three No-CSR Response Scenarios, Compared with the ACA

Figure 3 shows the dollar and percent change in federal funding for marketplace financial assistance nationally under the three scenarios in 2018, compared with that under current law. We estimate that under current law, $40.7 billion would be

Table 3. Uninsured Under the ACA and Three No-Cost-Sharing Reduction Scenarios, by State, 2018 (Thousands of People)

State	ACA	Scenario 1			Scenario 2			Scenario 3		
	(Current Law)	Silver Marketplace Premium Surcharge			Insurers Leave Marketplaces			Cost-Sharing Reductions Eliminated		
	Number of Uninsured	Number of Uninsured	Difference from ACA	Percent Change from ACA	Number of Uninsured	Difference from ACA	Percent Change from ACA	Number of Uninsured	Difference from ACA	Percent Change from ACA
Alabama	507	496	-11	-2%	632	125	25%	583	77	15%
Alaska	95	89	-5	-6%	120	25	27%	101	6	6%
Arizona	701	675	-26	-4%	821	120	17%	807	106	15%
Arkansas	159	149	-10	-6%	227	68	42%	182	23	14%
California	2,952	2,921	-31	-1%	4,334	1,382	47%	3,474	523	18%
Colorado	388	385	-3	-1%	476	88	23%	427	38	10%
Connecticut	157	153	-5	-3%	247	90	57%	201	44	28%
Delaware	60	58	-1	-2%	81	22	36%	69	9	15%
District of Columbia	26	26	0	0%	30	4	15%	28	2	8%
Florida	2,210	2,205	-4	0%	3,564	1,354	61%	2,817	608	28%
Georgia	1,598	1,562	-36	-2%	1,928	330	21%	1,725	127	8%
Hawaii	92	90	-2	-2%	104	12	13%	98	6	7%
Idaho	175	169	-6	-4%	258	83	47%	213	37	21%
Illinois	957	935	-23	-2%	1,219	261	27%	1,096	139	15%
Indiana	481	467	-14	-3%	629	148	31%	528	47	10%
Iowa	150	147	-3	-2%	182	32	21%	163	12	8%
Kansas	312	306	-7	-2%	376	64	20%	347	34	11%
Kentucky	199	193	-6	-3%	260	62	31%	219	21	10%
Lousiana	327	316	-11	-3%	461	134	41%	382	55	17%
Maine	79	75	-3	-4%	132	54	68%	101	23	29%
Maryland	350	343	-7	-2%	458	108	31%	397	47	13%
Massachusetts	97	96	-1	-1%	213	116	120%	146	50	52%
Michigan	504	489	-15	-3%	754	250	50%	609	105	21%
Minnesota*	321	321	0	0%	396	75	23%	379	57	18%
Mississippi	384	383	-1	0%	443	59	15%	412	28	7%
Missouri	558	540	-18	-3%	718	160	29%	632	74	13%
Montana	74	72	-2	-3%	121	47	63%	95	21	28%
Nebraska	157	155	-3	-2%	216	59	38%	196	38	24%
Nevada	340	331	-9	-3%	436	95	28%	375	35	10%
New Hampshire	58	55	-3	-6%	93	35	60%	69	12	20%
New Jersey	589	576	-13	-2%	851	262	45%	694	106	18%
New Mexico	168	161	-7	-4%	208	40	24%	182	13	8%
New York*	1,219	1,217	-1	0%	1,648	429	35%	1,311	92	8%
North Carolina	1,125	1,101	-24	-2%	1,555	430	38%	1,348	223	20%
North Dakota	43	41	-1	-3%	65	22	52%	50	7	17%
Ohio	579	549	-30	-5%	775	196	34%	655	76	13%
Oklahoma	557	543	-14	-2%	656	99	18%	608	52	9%
Oregon	240	235	-6	-2%	357	117	49%	294	54	22%
Pennsylvania	543	522	-20	-4%	842	299	55%	703	160	29%

Table 3. Continued

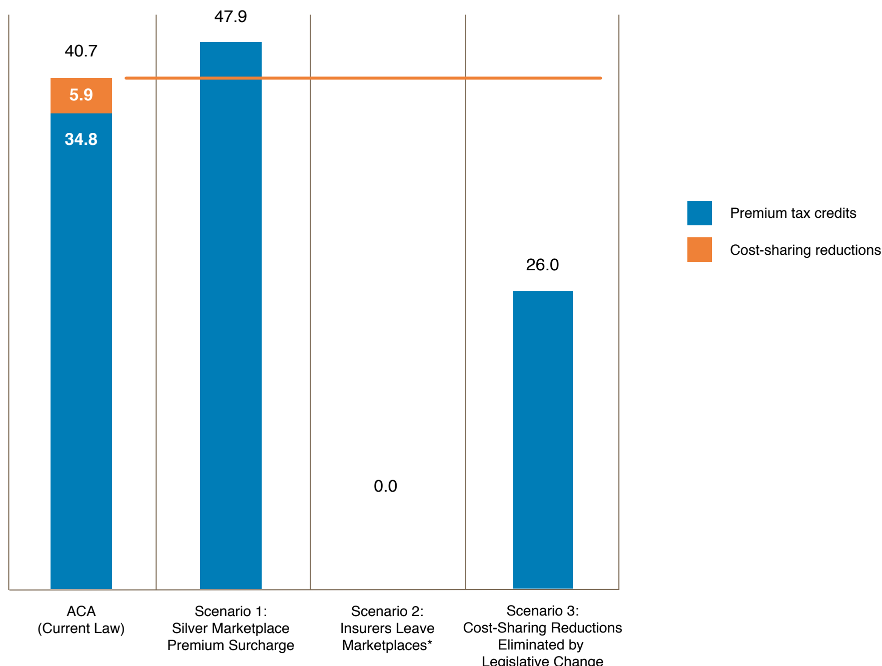
State	ACA	Scenario 1			Scenario 2			Scenario 3		
	(Current Law)	Silver Marketplace Premium Surcharge			Insurers Leave Marketplaces			Cost-Sharing Reductions Eliminated		
	Number of Uninsured	Number of Uninsured	Difference from ACA	Percent Change from ACA	Number of Uninsured	Difference from ACA	Percent Change from ACA	Number of Uninsured	Difference from ACA	Percent Change from ACA
Rhode Island	48	44	-4	-8%	75	26	55%	59	11	23%
South Carolina	547	533	-14	-3%	722	174	32%	628	81	15%
South Dakota	84	84	0	0%	108	24	29%	100	16	20%
Tennessee	650	637	-13	-2%	805	155	24%	745	95	15%
Texas	4,686	4,569	-117	-2%	5,531	845	18%	4,980	295	6%
Utah	294	293	-1	0%	425	131	45%	355	61	21%
Vermont	24	24	0	-1%	40	16	66%	31	7	29%
Virginia	904	885	-18	-2%	1,177	273	30%	1,023	119	13%
Washington	468	449	-19	-4%	625	157	33%	519	50	11%
West Virginia	73	69	-5	-6%	113	40	54%	91	18	25%
Wisconsin	348	347	-1	0%	520	172	49%	434	86	25%
Wyoming	62	58	-4	-6%	87	25	41%	72	10	16%
Total	**27,719**	**27,141**	**-578**	**-2%**	**37,114**	**9,394**	**34%**	**31,753**	**4,034**	**15%**

Source: Urban Institute analysis using HIPSM 2017.

Note: FPL = federal poverty level.

** Minnesota and New York established Basic Health Plan programs to provide coverage for low-income residents (those with incomes between 133 and 200 percent of the federal poverty level) who would otherwise be eligible to purchase coverage through the health insurance marketplaces. In Scenario 1, the elimination of cost-sharing reductions in these two states is simulated to result in the allocation of premium surcharges to nongroup enrollees with incomes between 200 and 250 percent of the federal poverty level.*

Figure 3. Federal Spending on Marketplace Financial Assistance Under the ACA and Three Scenarios with No Cost-Sharing Reductions (Billions)



Source: Urban Institute analysis using HIPSM 2017.

** Scenario 2 excludes federal funding of the Basic Health Programs in New York and Minnesota.*

spent on tax credits and CSRs in 2018—$34.8 billion on premium tax credits and $5.9 billion on CSRs. Under Scenario 1, federal funding would increase to $47.9 billion, an 18 percent increase over current law; that entire amount would go to premium tax credits, with no funding for CSRs. Federal spending would be higher in this scenario because loading the CSR costs into silver marketplace premiums would yield larger premium tax credits. The increase in premium tax credits would exceed the federal savings from eliminating CSRs because the increase in the tax credits would benefit all tax credit–eligible enrollees, not only those eligible for CSRs. The higher tax credits would increase nongroup enrollment by about 600,000 (Figure 2), further adding to federal costs.

Under Scenario 2, all premium tax credit and CSR payments (except those for Basic Health Plans in New York and Minnesota, not shown) would simply be eliminated. Under Scenario 3, federal

financial assistance flowing to the marketplaces would fall by 36 percent nationally, not only because of the savings from eliminating CSR payments, but also because of the associated decrease in enrollment among the low-income population, which would reduce federal payments for premium tax credits. Because tax credits for lower-income enrollees are larger than those for higher-income enrollees, significant decreases in enrollment among those with incomes below 250 percent of FPL would yield substantial decreases in federal tax credit spending overall. As we describe in the following section, this decrease in enrollment would lead to premium increases as relatively healthy people decline to enroll. These increased premiums would increase tax credits per person enrolled, but not enough to offset the effect of fewer people receiving tax credits.

Table 4 shows differences in federal spending on marketplace enrollees by state. The table does not include federal BHP payments to New York and Minnesota. The lawsuit does not challenge the legality of federal BHP payments, and we did not attempt to predict how the administration would interpret the BHP payment formula in the absence of CSR payments.[19]

Under Scenario 1, Alaska would see significant increases in federal spending, largely because the state already has very high premiums and health care costs. The two BHP states, Minnesota and New York, would see very small increases because only residents with incomes between 200 and 250 percent of FPL receive cost-sharing reductions under current law.

Under Scenario 3, the change in federal spending is determined by the balance of two opposing forces: Reduced marketplace enrollment lowers federal spending, while the resulting premium increases caused by adverse selection increase federal spending. Alaska, for example, would see large premium increases in Scenario 3 on top of already high premiums, so the premium increase offsets more of the effect of reduced enrollment. The resulting decrease in federal spending is less than in many other states. The two BHP states would see very little change in marketplace enrollment, so they would also see little change in premiums. Federal spending on tax credits would be essentially unchanged. Washington, D.C., shows a similar result because of its Medicaid waiver that enrolls some adults with incomes up to 200 percent of FPL.

Changes in Premiums Under Three No-CSR Scenarios, Compared with the ACA

Figure 4 shows the effect that each scenario would have on private nongroup insurance premiums. Under Scenario 1, the surcharge placed on silver marketplace coverage would increase those premiums by 23 percent. Other plans would be unaffected. Scenario 2 would lead to a 37 percent increase in all private nongroup premiums (with only nonmarketplace coverage available). The effect would vary across states depending upon two factors: (1) the health care risk of the population eligible for tax credits compared with the health care risk of higher-income nongroup enrollees under current law; and (2) the share of nongroup enrollees eligible for tax credits. The effect on premiums under Scenario 3 (a 12 percent increase) would be smaller than under Scenario 2 because fewer enrollees exit the market, limiting the adverse selection effect.

Discussion

Scenario 1 represents the highest level of insurance coverage and the highest federal costs if the federal government decides not to compensate insurers for the cost-sharing reductions they must pay to eligible low-income enrollees under current law. In this scenario, insurers stay in all marketplaces and have enough time and flexibility to incorporate their expected CSR costs into their silver marketplace premiums. As those premiums increase, federal government costs increase, but affordability is protected and, for some consumers, even enhanced. These effects are unlikely to occur in every area of the country, however.

The policy uncertainty facing nongroup insurers goes well beyond the payment of CSRs. The lack of clarity on enforcement of the individual mandate, the shorter open-enrollment periods, and the reduction in federal support for outreach and enrollment assistance all have the potential to reduce coverage and worsen the nongroup insurance risk pool.

States can require insurers to use assumptions like those in Scenario 1 when computing premiums without CSRs; California has already directed insurers to do so. But no state can guarantee continued insurer participation without CSRs, particularly when the policy uncertainty facing nongroup insurers goes well beyond the payment of CSRs. The lack of clarity on enforcement of the individual mandate, the shorter open-enrollment periods, and the reduction in federal support for outreach and enrollment assistance all have the potential to reduce coverage and worsen the nongroup insurance risk pool. Insurers are left guessing how these changes will affect the entire risk pool and the average risk of their enrollees. Uncertainty likely will discourage some insurers from selling coverage in the marketplaces, and some areas may wind up with no insurers at all. Many counties may become "bare" if CSRs are not paid on top of all the other changes being made. It is extremely difficult to operate any business effectively, let alone a business as sensitive as insurance, when the market equilibrium is constantly disrupted by changing rules. Without CSRs, some areas of the country may experience coverage losses and premium increases like those in Scenario 2.

Scenario 3, where insurers are no longer required to pay CSRs if the federal government does not agree to reimburse for them, is possible but unlikely, given the contentiousness of the current political environment. However, that scenario would lead to large relative increases in the number of low-income uninsured people.

Table 4. Federal Spending on Marketplace Financial Assistance Under the ACA and Two No-Cost-Sharing Reduction Scenarios, by State, 2018 (Millions)

State	ACA (Current Law)			Scenario 1: Silver Marketplace Premium Surcharge		Scenario 3: Cost-Sharing Reductions Eliminated	
	Premium Tax Credits	Cost-Sharing Reductions	Total	Premium Tax Credits	Percent Change from ACA	Premium Tax Credits	Percent Change from ACA
Alabama	$832.4	$121.0	$953.4	$1,147.0	20%	$632.5	-34%
Alaska	$98.1	$10.2	$108.3	$184.6	70%	$88.8	-18%
Arizona	$787.0	$44.9	$831.9	$1,202.7	45%	$696.7	-16%
Arkansas	$154.0	$33.3	$187.4	$246.4	32%	$131.5	-30%
California	$4,342.5	$642.7	$4,985.2	$5,762.4	16%	$3,375.6	-32%
Colorado	$157.2	$26.2	$183.5	$241.3	31%	$171.5	-7%
Connecticut	$346.2	$37.6	$383.9	$472.7	23%	$324.4	-15%
Delaware	$74.7	$9.0	$83.7	$102.3	22%	$55.2	-34%
District of Columbia	$7.1	$0.2	$7.3	$8.7	19%	$7.3	0%
Florida	$5,478.9	$1,013.0	$6,491.9	$7,222.1	11%	$3,874.7	-40%
Georgia	$1,252.3	$316.3	$1,568.6	$1,792.8	14%	$830.9	-47%
Hawaii	$58.0	$8.6	$66.5	$89.2	34%	$57.8	-13%
Idaho	$286.2	$55.4	$341.6	$407.6	19%	$216.7	-37%
Illinois	$963.3	$110.7	$1,073.9	$1,333.8	24%	$793.8	-26%
Indiana	$429.9	$78.8	$508.7	$617.0	21%	$353.3	-31%
Iowa	$139.9	$18.4	$158.3	$208.3	32%	$139.1	-12%
Kansas	$311.6	$50.8	$362.4	$455.6	26%	$241.9	-33%
Kentucky	$164.5	$31.6	$196.1	$263.8	35%	$129.7	-34%
Lousiana	$490.8	$65.2	$556.0	$675.4	21%	$371.7	-33%
Maine	$293.5	$47.3	$340.8	$393.3	15%	$238.8	-30%
Maryland	$279.4	$42.2	$321.6	$395.2	23%	$201.8	-37%
Massachusetts	$613.3	$97.1	$710.4	$814.8	15%	$348.4	-51%
Michigan	$645.7	$116.3	$762.0	$902.1	18%	$500.2	-34%
Minnesota*	$211.6	$1.8	$213.4	$228.3	7%	$213.4	0%
Mississippi	$308.1	$62.8	$370.9	$405.3	9%	$214.8	-42%
Missouri	$825.6	$179.2	$1,004.8	$1,164.4	16%	$551.6	-45%
Montana	$154.4	$17.9	$172.3	$204.3	19%	$120.0	-30%
Nebraska	$341.0	$51.8	$392.8	$454.6	16%	$234.7	-40%
Nevada	$289.6	$46.5	$336.1	$431.0	28%	$223.8	-33%
New Hampshire	$76.1	$13.4	$89.5	$106.7	19%	$57.8	-35%
New Jersey	$538.1	$93.4	$631.6	$744.6	18%	$357.4	-43%
New Mexico	$77.6	$14.0	$91.6	$121.2	32%	$47.2	-49%
New York*	$594.5	$15.7	$610.1	$654.2	7%	$610.1	0%
North Carolina	$2,716.5	$421.9	$3,138.4	$3,642.2	16%	$2,079.0	-34%
North Dakota	$47.4	$7.5	$54.9	$70.3	28%	$39.8	-27%
Ohio	$464.2	$91.9	$556.1	$717.6	29%	$393.2	-29%
Oklahoma	$623.0	$86.7	$709.8	$902.1	27%	$445.3	-37%
Oregon	$244.1	$37.2	$281.2	$329.6	17%	$193.2	-31%
Pennsylvania	$1,239.7	$129.3	$1,369.0	$1,638.0	20%	$966.2	-29%

Table 4. Continued

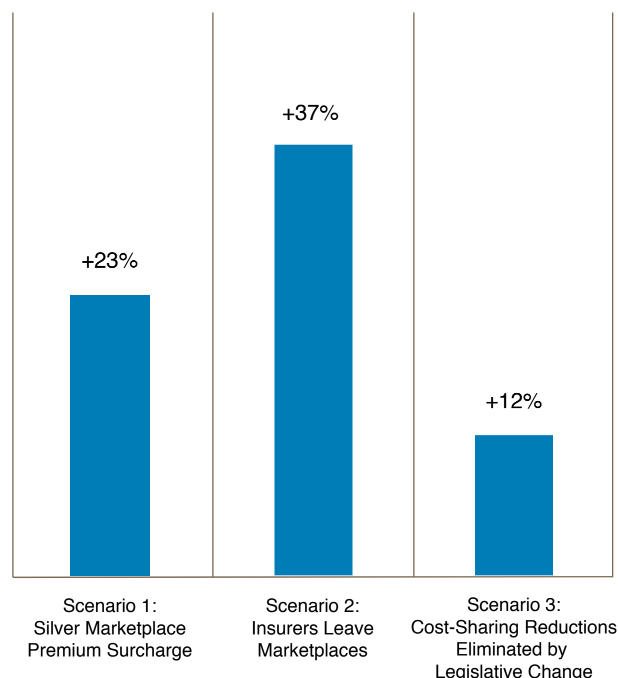
State	ACA (Current Law)			Scenario 1: Silver Marketplace Premium Surcharge		Scenario 3: Cost-Sharing Reductions Eliminated	
	Premium Tax Credits	Cost-Sharing Reductions	Total	Premium Tax Credits	Percent Change from ACA	Premium Tax Credits	Percent Change from ACA
Rhode Island	$45.8	$9.6	$55.4	$67.1	21%	$34.2	-38%
South Carolina	$861.8	$161.0	$1,022.7	$1,187.3	16%	$600.6	-41%
South Dakota	$114.5	$19.5	$134.0	$154.0	15%	$111.5	-17%
Tennessee	$860.6	$130.3	$990.9	$1,191.3	20%	$619.0	-38%
Texas	$3,026.7	$737.0	$3,763.6	$4,469.4	19%	$2,017.8	-46%
Utah	$437.4	$74.1	$511.5	$589.2	15%	$290.3	-43%
Vermont	$69.4	$7.7	$77.1	$91.4	19%	$40.4	-48%
Virginia	$1,110.8	$237.8	$1,348.6	$1,526.4	13%	$748.3	-45%
Washington	$306.0	$59.4	$365.3	$457.3	25%	$230.8	-37%
West Virginia	$130.6	$18.0	$148.6	$189.5	28%	$91.5	-38%
Wisconsin	$776.2	$126.3	$902.6	$1,015.9	13%	$610.0	-32%
Wyoming	$124.5	$23.0	$147.5	$182.7	24%	$118.8	-19%
Total	**$34,822.5**	**$5,851.4**	**$40,673.9**	**$47,875.0**	**18%**	**$26,043.4**	**-36%**

Source: Urban Institute analysis using HIPSM 2017.

Note: FPL = federal poverty level.

** Minnesota and New York established Basic Health Plan programs to provide coverage for low-income residents (those with incomes between 133 and 200 percent of the federal poverty level) who would otherwise be eligible to purchase coverage through the health insurance marketplaces. In Scenario 1, the elimination of cost-sharing reductions in these two states is simulated to result in the allocation of premium surcharges to nongroup enrollees with incomes between 200 and 250 percent of the federal poverty level. Spending estimates in these two states are only shown for individuals not covered under a Basic Health Plan.*

Figure 4. Percent Increase in Private Nongroup Insurance Premiums Under Three Scenarios with No Cost-Sharing Reductions, Relative to the ACA



Source: Urban Institute analysis using HIPSM 2017.

Notes: Scenario 1 estimate applies to silver marketplace premiums only. Scenario 2 and Scenario 3 estimates apply to the entire private nongroup insurance market selling ACA-compliant coverage.

NOTES

1 Silver coverage is intended to have an actuarial value of 70 percent, meaning that for an average population, the insurer reimburses 70 percent of covered health care benefits, and the average enrollee is responsible for the remaining 30 percent of claims costs.

2 Jost T. Rapid developments in *House v. Burwell*. Health Affairs Blog. Posted December 29, 2016. http://healthaffairs.org/blog/2016/12/29/rapid-developments-in-house-v-burwell/.

3 For reference, the 2017 benchmark silver plan in Cleveland has a $5,500 deductible for single coverage and a $6,500 out-of-pocket maximum. The associated 94 percent actuarial value plan has a $0 deductible and a $700 out-of-pocket maximum; the 87 percent actuarial value plan has a $450 deductible and a $2,250 out-of-pocket maximum; and the 74 percent actuarial value plan has a $3,500 deductible and a $5,450 out-of-pocket maximum.

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5 Pennsylvania's five marketplace insurers asked for an aggregate statewide rate increase of 8.8 percent for individual plans. The insurers plan to seek a 23.3 percent statewide rate increase if the individual mandate is repealed, and a 20.3 percent increase if CSRs are not paid. Insurance commissioner announces single-digit aggregate 2018 individual and small group market rate requests, confirming move toward stability unless Congress or the Trump administration act to disrupt individual market [news release]. Harrisburg, PA: Commonwealth of Pennsylvania; June 1, 2017. http://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=248.

6 Florida state regulators asked insurers to submit backup plans for premium increases because of CSR uncertainty, and Florida Blue will increase rates by 20 percent if CSRs are not paid. Chang D. Florida insurers want to hike Obamacare rates, and they may go even higher. *Miami Herald*. August 3, 2017. http://www.miamiherald.com/news/health-care/article165197907.html.

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8 In Idaho, CSR concerns are reportedly responsible for 23.2 percent of PacificSource Health Plans of Idaho's anticipated 45.6 percent rate increase, 20 percent of SelectHealth's 45 percent increase, and 17 percent of Mountain Health Co-op's 25 percent increase. Young D. Trump healthcare policy uncertainty is expected to drive ACA premiums higher. S&P Global Market Intelligence News. https://marketintelligence.spglobal.com/our-thinking/news/trump-healthcare-policy-uncertainty-is-expected-to-drive-aca-premiums-higher.

9 In Michigan, Meridian has requested an 8.3 percent rate increase with CSRs intact, or a 59.4 percent increase without CSRs; HAP has requested a 16.1 percent increase with CSRs or a 24 percent increase without CSRs; and Priority Health has requested a 17.7 percent increase with CSRs or a 19 percent increase without CSRs. Greene J. Michigan health insurers file record-high Obamacare rate increases for 2018. *Crain's Detroit Business*. June 14, 2017. http://www.crainsdetroit.com/article/20170614/news/631446/michigan-health-insurers-file-record-high-obamacare-rate-increases-for.

10 Blue Cross Blue Shield North Carolina requested a 22.9 percent rate increase because of CSR uncertainty; the company said it otherwise would have asked for an 8.8 percent increase. Bryan B. Insurance companies have made it crystal clear how Trump could send Americans' healthcare costs soaring. *Business Insider*. June 4, 2017. http://www.businessinsider.com/north-carolina-pennsylvania-insurance-premiums-increase-trump-2017-6.

11 BlueCross BlueShield of Tennessee would have offered a nominal increase in 2018, but instead proposed another double-digit increase because of CSR uncertainty. Colorado Health Institute. *Federal Uncertainty Drives Another Year of Insurance Price Increases: 2018 Preliminary Insurance Rates Analysis*. Denver: Colorado Health Institute; 2017. http://www.coloradohealthinstitute.org/research/insurance-prices/2018-preliminary.

12 Blumberg LJ, Buettgens M. The Implications of a Finding for the Plaintiffs in House v. Burwell. Washington: Urban Institute; 2016. http://www.urban.org/research/publication/implications-finding-plaintiffs-house-v-burwell.

13 Covered California. Supplemental guidance on rate filing instructions related to the cost-sharing reduction program. Sacramento, CA: Covered California; 2017. http://hbex.coveredca.com/stakeholders/plan-management/PDFs/Covered-CA-CSR_Supplemental_Rate_Filing_Instructions_6-6-17.pdf.

14 At the time of our earlier analysis of the implications of a finding for the plaintiffs in *House v. Burwell*, HIPSM was based on Current Population Survey data. Since then, HIPSM has been updated, with its core now based on the much larger American Community Survey (ACS).

15 Estimates: average ACA marketplace premiums for silver plans would need to increase by 19% to compensate for lack of funding for cost-sharing subsidies [news release]. Menlo Park, CA: Kaiser Family Foundation; April 6, 2017. http://www.kff.org/health-reform/press-release/estimates-average-aca-marketplace-premiums-for-silver-plans-would-need-to-increase-by-19-to-compensate-for-lack-of-funding-for-cost-sharing-subsidies/.

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17 Congressional Budget Office. *The Effects of Terminating Payments for Cost-Sharing Reductions*. Washington: Congressional Budget Office; 2017. https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53009-costsharingreductions.pdf.

18 A small number of people with incomes below the poverty level are eligible for tax credits and cost-sharing reductions. These people are legal immigrants to the US who would otherwise be eligible for Medicaid except that they arrived within the preceding five years.

19 The Congressional Budget Office acknowledges this uncertainty, estimating that the impact could be either positive or negative.

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