



“Skinny Repeal” is Just Repeal and Run Lite

The Senate Republicans’ latest attempt to repeal the Affordable Care Act – dubbed the “skinny repeal” – would destabilize the individual market and drive up costs, while paving the way for full repeal. If this proposal – which is more aptly named “repeal and run lite” – passes, Senate Republicans will send the House Freedom Caucus a blank check to make deep cuts to Medicaid, give generous tax breaks for the wealthy, and eliminate consumer protections for pre-existing conditions. No matter how you slice it, a “skinny repeal” is a fake bill that still pulls the rug out from under millions of Americans.

Even by itself, the Senate’s “skinny repeal” has devastating consequences. It would allow younger, healthier individuals to exit the market, driving costs up high for older, sicker people. Furthermore, at least 15 million people would lose insurance while many more will face premium spikes of 20 percent or more.¹ As people lose their coverage, hospitals will have to bear an additional \$14 billion in uncompensated costs in 2026 alone, further burdening already vulnerable hospitals.

In 2026, more than 100,000 people in New Mexico and 135,000 in Nevada will be uninsured. West Virginians will see their premiums go up by \$1,000. Hospitals will bear \$526 million more in uncompensated costs in Pennsylvania in 2026 and \$505 million more in Ohio.

More troubling, these numbers *understate* the devastating consequences of a “skinny repeal” if the bill continues forward with a blank check to House Republicans. A “skinny repeal” is just another backdoor way for Republicans make health care unaffordable for people who need it the most.

| What Happens After Skinny Repeal in 2026 | | | |
|--|-----------------|--------------------------|---|
| State | Coverage Losses | Annual Premium Increases | Annual Uncompensated Care Increases to Hospitals (Millions of \$) |
| Alabama | 226,100 | \$1,181 | 203 |
| Alaska | 28,400 | \$2,170 | 26 |
| Arizona | 329,900 | \$1,217 | 297 |
| Arkansas | 151,600 | \$754 | 136 |
| California | 2,365,500 | \$619 | 2129 |
| Colorado | 269,300 | \$751 | 242 |
| Connecticut | 191,500 | \$970 | 172 |
| Delaware | 43,000 | \$1,015 | 39 |
| DC | 40,600 | \$715 | 37 |
| Florida | 1,047,900 | \$734 | 943 |
| Georgia | 474,000 | \$686 | 427 |
| Hawaii | 54,900 | \$833 | 49 |
| Idaho | 83,000 | \$835 | 75 |
| Illinois | 635,800 | \$698 | 572 |
| Indiana | 297,100 | \$686 | 267 |
| Iowa | 162,500 | \$722 | 146 |
| Kansas | 130,800 | \$866 | 118 |
| Kentucky | 246,600 | \$550 | 222 |
| Louisiana | 231,300 | \$895 | 208 |
| Maine | 65,700 | \$818 | 59 |
| Maryland | 274,300 | \$742 | 247 |
| Massachusetts | 349,800 | \$593 | 315 |
| Michigan | 478,600 | \$569 | 431 |
| Minnesota | 263,800 | \$878 | 237 |
| Mississippi | 145,800 | \$845 | 131 |
| Missouri | 263,800 | \$744 | 237 |
| Montana | 46,100 | \$1,020 | 41 |
| Nebraska | 86,000 | \$883 | 77 |
| Nevada | 135,500 | \$677 | 122 |
| New Hampshire | 54,000 | \$641 | 49 |
| New Jersey | 420,900 | \$847 | 379 |
| New Mexico | 103,900 | \$619 | 94 |
| New York | 1,077,800 | \$1,094 | 970 |
| North Carolina | 486,300 | \$1,373 | 438 |
| North Dakota | 34,600 | \$794 | 31 |
| Ohio | 561,300 | \$550 | 505 |
| Oklahoma | 184,400 | \$1,183 | 166 |
| Oregon | 220,100 | \$749 | 198 |
| Pennsylvania | 584,300 | \$1,003 | 526 |
| Rhode Island | 50,300 | \$626 | 45 |
| South Carolina | 219,800 | \$970 | 198 |
| South Dakota | 41,300 | \$1,075 | 37 |
| Tennessee | 313,700 | \$1,006 | 282 |
| Texas | 1,246,700 | \$691 | 1122 |
| Utah | 135,500 | \$701 | 122 |
| Vermont | 31,600 | \$1,181 | 28 |
| Virginia | 364,900 | \$710 | 328 |
| Washington | 360,300 | \$571 | 324 |
| West Virginia | 94,800 | \$1,006 | 85 |
| Wisconsin | 270,200 | \$910 | 243 |
| Wyoming | 24,000 | \$1,114 | 22 |

Sources: Congressional Budget Office, Kaiser Family Foundation, Garthwaite et al.

Note: All estimates occur by 2026. Premium increases are based on the second lowest cost silver tax plan and CBO projection of premium increases from December 2016 *Health Options for Reducing the Deficit*, option 5. Premiums are before tax credits. Premiums for each state are based on the premium for a major city in each state. Decreases in coverage are from the July 26th, 2017 CBO score of selected provisions of the Better Care Reconciliation Act. Decreases in coverage assume that the projected decreases in coverage are divided proportionally among the 2015 size of the insured population for each category (individual, employer, and Medicaid), based on population estimates from the Kaiser Family Foundation. Increased cost in uncompensated care uses the result that each additional uninsured person costs local hospitals \$900 per year.

¹ <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/52142-breakout-chapter5.pdf>;
Premium increase applies to the individual insurance market.