



JOINT ECONOMIC COMMITTEE DEMOCRATS

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U.S. Senator Martin Heinrich • Ranking Member

Senate TrumpCare Raises Out-of-Pocket Costs

The latest version of the Senate Republicans' TrumpCare plan continues to fail to keep premiums and out-of-pocket costs affordable for Americans. TrumpCare reduces the benchmark value of plans from 70 percent of a consumer's expected costs to 58 percent, increasing out-of-pocket costs for millions of Americans.

The Congressional Budget Office [estimates](#) that consumers will be caught between two impossible choices: pay more in insurance premiums or be stuck with high deductibles and out-of-pocket costs, making their health insurance virtually worthless and unaffordable.¹

The Joint Economic Committee Democratic Staff estimates that out-of-pocket costs for a 64-year-old woman would increase by more than \$1,000 in many states, and up to \$2000 in Colorado. These estimates likely *underestimate* the effects of TrumpCare, particularly if the new Cruz-Lee amendment becomes law. That amendment would allow insurers to offer even lower-quality plans that further shift the cost burden onto consumers. By contrast, for consumers to keep the same quality and maintain the lower out-of-pocket costs that they currently have under an Affordable Care Act silver plan, they would be expected to pay at least 9 percent, or \$692, more in premiums.²

Out-of-Pocket Cost Increases for a 64-Year-Old Woman under Senate TrumpCare

State	Current Silver Plans	BCRA Estimate	Increase (Percent Increase)
AL	\$1,763	\$3,029	\$1,266 (72%)
AK	\$2,379	\$3,096	\$717 (30%)
AZ	\$1,980	\$2,950	\$970 (49%)
AR	\$1,930	\$2,904	\$974 (50%)
CA ^{1,3}	\$754	\$1,201	\$447 (59%)
CO ¹	\$2,582	\$4,589	\$2,007 (78%)
CT ²	N/A	N/A	N/A
DE	\$2,197	\$2,881	\$684 (31%)
DC ^{1,3}	\$2,598	\$3,394	\$796 (31%)
FL	\$2,002	\$2,935	\$933 (47%)
GA	\$2,163	\$3,065	\$902 (42%)
HI	\$1,063	\$2,584	\$1,521 (143%)
ID ²	N/A	N/A	N/A
IL	\$1,986	\$2,783	\$797 (40%)
IN	\$2,021	\$2,829	\$808 (40%)
IA	\$1,945	\$2,963	\$1,018 (52%)
KS	\$2,392	\$2,953	\$561 (23%)
KY	\$1,847	\$2,771	\$924 (50%)
LA	\$2,561	\$3,049	\$488 (19%)
ME	\$2,317	\$3,077	\$760 (33%)
MD ²	N/A	N/A	N/A
MA ²	N/A	N/A	N/A
MI	\$2,186	\$2,970	\$784 (36%)
MN ^{1,3}	\$2,710	\$3,464	\$755 (28%)
MS	\$2,005	\$2,978	\$973 (49%)
MO	\$2,253	\$2,971	\$718 (32%)
MT	\$2,194	\$2,903	\$709 (32%)
NE	\$2,114	\$2,811	\$697 (33%)
NV	\$1,996	\$2,862	\$866 (43%)
NH	\$2,330	\$3,085	\$755 (32%)
NJ	\$1,756	\$3,054	\$1,298 (74%)
NM	\$1,658	\$2,953	\$1,295 (78%)
NY ²	N/A	N/A	N/A
NC	\$1,806	\$3,120	\$1,314 (73%)
ND	\$2,363	\$3,079	\$716 (30%)
OH	\$2,175	\$2,961	\$786 (36%)
OK	\$1,816	\$2,946	\$1,130 (62%)
OR	\$2,051	\$2,951	\$900 (44%)
PA	\$1,832	\$3,064	\$1,232 (67%)
RI ²	N/A	N/A	N/A
SC	\$2,119	\$3,119	\$1,000 (47%)
SD	\$2,244	\$2,961	\$717 (32%)
TN	\$2,154	\$2,988	\$834 (39%)
TX	\$1,931	\$2,916	\$985 (51%)
UT	\$2,324	\$3,031	\$707 (30%)
VT ^{1,3}	\$2,547	\$3,395	\$848 (33%)
VA	\$2,257	\$3,028	\$771 (34%)
WA ²	N/A	N/A	N/A
WV	\$1,874	\$2,511	\$637 (34%)
WI	\$2,151	\$3,032	\$881 (41%)
WY	\$2,400	\$2,992	\$592 (25%)

Source: JEC Democratic Staff calculations based on data from Healthcare.gov and state health care exchange portals

Note: JEC Democratic Staff calculations for a 64-year-old woman with medium health care utilization as defined by Healthcare.gov. For calculations using the Healthcare.gov portal, calculations are based on Healthcare.gov's out-of-pocket (OOP) cost estimator tool using medium health care utilization level. Data represent the differences between average OOP costs for Bronze and Silver plans in 2017. In each state, the average for Bronze and Silver plans is taken (unweighted). Benchmark plans under the Better Care Reconciliation Act (BCRA) will have a similar actuarial value as Bronze plans under current law. Cost estimates are based on a major city in each state as defined by the Kaiser Family Foundation (<http://www.kff.org/health-reform/issue-brief/2017-premium-changes-and-insurer-participation-in-the-affordable-care-acts-health-insurance-marketplaces/>). OOP do not include premiums or premium tax credits.

¹ CA, CO, DC, MN, and VT operate their own exchanges and have their own cost estimators. Staff calculations assume medium levels of utilization or health when options are given and an annual income of \$42,000 if required.

² CT, ID, MD, MA, NY, RI, and WA operate their own exchanges, but do not provide OOP cost estimates.

³ CA, DC, MN, and VT are for a 64-year-old (no specified sex).

¹ <https://www.cbo.gov/publication/52849>

² <https://www.brookings.edu/blog/up-front/2017/06/28/how-would-the-senates-health-care-bill-affect-individual-market-premiums/>