



How The American Rescue Plan Helped Expand Health Insurance Access for CT-01 Residents

(Rep. John B. Larson)

Impact of American Rescue Plan's Enhanced Premium Tax Credits on CT-01

- Estimates from the Joint Economic Committee show that **Representative John B. Larson's vote for the American Rescue Plan Act (ARPA) helped 7,000 people** in the CT-01 newly enroll in health insurance plans on the Affordable Care Act (ACA) marketplaces last year.¹
- For Connecticut as a whole, Democrats helped a total of **38,000 people** newly enroll in ACA plans.
- On average, the ARPA helped Americans on ACA plans **save \$67 a month** on health insurance premiums – a total of more than **\$800 per person each year**.

National ACA Enrollment Numbers under President Biden

- During President Biden's first year in office, **5.8 million Americans** newly enrolled in ACA plans.
- This surge in enrollment was largely due to Democrats passing the American Rescue Plan, which significantly expanded premium tax credits that help low- and middle-income families afford health insurance.
- These enhanced premium tax credits put caps on the amount that any family will pay in premiums as a set percentage of their income, meaning that many families can get **insurance for \$0 a month in premiums**.

The Joint Economic Committee published an [issue brief](#) on the overall impacts of the enhanced premium tax credits.

¹ To create these estimates, JEC staff used publicly available state-level data from the Center for Medicare and Medicaid Services (CMS) on the number of people who [newly enrolled](#) in ACA plans during 2021 and congressional district-level data from the 2019 American Community Survey's (ACS) 1-Year estimates on the number of people in each district under 65 who "directly purchase" their health insurance. To create a given district level estimate, we multiplied the relevant state's number of new ACA enrollees from 2021 by the fraction of that state's 2019 population under 65 who both directly purchased their insurance and lived in the relevant district. We used the 2019 ACS data as these data are the most recent, accurate and nationally representative survey of health insurance take-up that provides data at the congressional district level. We are assuming that the prevalence of directly purchasing insurance in a given district did not vary drastically from 2019 to 2021, as the proportion in each district was largely unchanged between 2016 and 2019. Each estimate was rounded to the nearest thousand.