

Fast Facts

The BCRA Would be Particularly Harmful for West Virginians

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West Virginia Would Sustain Huge Coverage Losses

- 211,000 West Virginians would lose coverage by 2022 if BCRA is passedⁱ
- The BCRA would increase West Virginia's non-elderly uninsured rate from 5% to over 19%, a 299% increase, more than any other stateⁱⁱ
- 1 out of 7 non-elderly West Virginians who would have coverage under the ACA would lose it because of the BCRA

West Virginia's Medicaid and CHIP Programs Would Cut in Half

- The BCRA would cut West Virginia's CHIP program by 47% by 2022 (compared to 26 percent nationally)ⁱⁱⁱ
- The number of people enrolled in Medicaid would fall by more than half by 2022, or 263,000 people^{iv}

BCRA Would Drastically Increase West Virginia's Costs to Maintain Medicaid Expansion

- The state's cost to maintain expansion would rise by 50% by 2021, 100% by 2022, and 150% by 2023^v

BCRA Would Make Access to Substance Use Disorder Treatment Less Available

- West Virginia has the highest drug overdose death rate in 2015^{vi}
- The share of West Virginians with substance use or mental health disorders who were hospitalized but uninsured fell from 23 percent in 2013 to 5 percent in 2014^{vii}
- Rolling back expansion would roll back coverage for the 33% of West Virginia expansion enrollees who used mental health or substance use disorder services in 2014^{viii}

ⁱ Linda J. Blumberg *et al.*, "State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act," Urban Institute, June 2017, <http://www.urban.org/research/publication/state-state-coverage-and-government-spending-implications-better-care-reconciliation-act>.

ⁱⁱ Aviva Aron-Dine and Hannah Katch, "West Virginian Among Worst-Harmed States Under Senate Health Bill," July 21, 2017, https://www.cbpp.org/research/health/west-virginia-among-worst-harmed-states-under-senate-health-bill#_ftn1

ⁱⁱⁱ Aviva Aron-Dine and Hannah Katch, "West Virginian Among Worst-Harmed States Under Senate Health Bill," July 21, 2017, https://www.cbpp.org/research/health/west-virginia-among-worst-harmed-states-under-senate-health-bill#_ftn1

^{iv} Linda J. Blumberg *et al.*, "State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act," Urban Institute, June 2017, <http://www.urban.org/research/publication/state-state-coverage-and-government-spending-implications-better-care-reconciliation-act>.

^v Matt Broaddus and Edwin Park, "Senate Bill Would Effectively Eliminate Medicaid Expansion by Shifting Hundreds of Billions in Expansion Costs to States," Center on Budget and Policy Priorities, June 23, 2017, <http://www.cbpp.org/research/health/senate-bill-would-effectively-eliminate-medicaid-expansion-by-shifting-hundreds-of>.

^{vi} Department of Health and Human Services, Office of the Assistance Secretary for Planning and Evaluation, "Continuing progress on the opioid epidemic: The role of the Affordable Care Act," January 11, 2017, <https://aspe.hhs.gov/pdf-report/continuing-progress-opioid-epidemic-role-affordable-care-act>.

^{vii} Department of Health and Human Services, Office of the Assistance Secretary for Planning and Evaluation, "Continuing progress on the opioid epidemic: The role of the Affordable Care Act," January 11, 2017, <https://aspe.hhs.gov/pdf-report/continuing-progress-opioid-epidemic-role-affordable-care-act>.

^{viii} United States Government Accountability Office, "Medicaid Expansion: Behavioral Health Treatment Use in Selected States in 2014," July 2017, <https://www.gao.gov/products/GAO-17-529>.