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Enhanced Premium Tax Credits Are Critical for Women and LGBTQ+ People

If Republican leaders in Congress refuse to extend the enhanced premium tax credit (PTC), millions of women and LGBTQ+ people will lose access to affordable Marketplace insurance, jeopardizing their health and economic security. It is imperative that Congress extend the enhanced PTCs and continue to protect access to health care coverage for women and LGBTQ+ people.

Enhanced Premium Tax Credits Are Critical for Women and LGBTQ+ People.

For the past decade, PTCs under the Affordable Care Act (ACA) have made Marketplace coverage affordable for women and LGBTQ+ people with low and moderate incomes by reducing the amount of their monthly health insurance premiums. PTCs allow women and LGBTQ+ people to access comprehensive and non-discriminatory health benefits, including reproductive care, preventive screenings, and other health care services vital to their health.

Premium tax credits were originally available to those with household incomes between 100 and 400% of the Federal Poverty Level (FPL)—for example, between \$21,330 and \$85,320 for a household of three in 2020.¹ PTC recipients were required to contribute between 2 and 9.8% of their income towards annual premiums—a maximum contribution of about \$400 of a \$21,330 income and \$8,344 of a \$85,320 income.

During the COVID-19 pandemic, the American Rescue Plan Act of 2021 (ARPA) set the 2022 premium contributions to 0% for those with incomes between 100 and 150% of FPL (allowing for zero-premium coverage) and capped contributions at 8.5%. ARPA also expanded PTC eligibility to more households. Instead of limiting eligibility to households under 400%, ARPA considers whether households have access to alternative sources of affordable coverage, such as employer-based coverage with annual premiums less than 9.5% of a household's income. For example, a household of three with an income of \$88,000 (more than 400% of FPL in 2022),² struggling to pay \$12,000 in annual premiums (13.6%) for employer-based coverage, became eligible for PTCs—saving over \$4,000 a year. This change also helped households without employer-based coverage, such as families juggling part-time jobs, secure PTCs regardless of income. The Inflation Reduction Act of 2022 extended enhanced PTCs through 2025.

As health care costs and premiums continue to rise,³ affordability measures, such as enhanced PTCs, are necessary to protect access to health care coverage for women and LGBTQ+ people.

PTCs reduced the share of uninsured women and LGBTQ+ people.

Cost is a primary barrier to health insurance. Women with lower incomes are at a greater risk of being uninsured,⁴ and a majority uninsured adults cite high costs of coverage for why they are uninsured.⁵ Because women, particularly women of color, and LGBTQ+ people are more likely to have lower incomes due to gender and racial pay discrimination and overrepresentation in low-paid jobs,⁶ large shares of women and LGBTQ+ people rely on PTCs to provide critical access to affordable coverage. Indeed, PTCs have aided in significantly reducing the share of uninsured women and LGBTQ+ people.

In 2014, over 9 million women, who otherwise lacked access to affordable health insurance, were eligible to benefit from the newly established PTC, including a disproportionate number of women of color.⁷ Tax credits, along with other provisions of the ACA, helped increase insurance coverage rates,⁸ and the share of uninsured women and girls decreased from 12.3% in 2013⁹ to 7.6% in 2020.¹⁰ Rates of uninsured LGB+¹¹ people also decreased from 17.4% in 2013 to 12.7% in 2019.¹²

When the enhanced PTCs were enacted in 2021, an estimated 4.1 million uninsured women, just of reproductive age, were eligible to benefit from the enhancements.¹³ And over 200,000 LGBTQ+ enrollees were eligible for zero-premium plans.¹⁴ The enhanced PTCs allowed most Marketplace enrollees to find quality health coverage for \$10 or less.¹⁵

Under the first year of enhanced PTCs, women's enrollment in the Marketplace increased by over 18% or 1.2 million—from 6.5 million in 2021 to nearly 7.8 million in 2022.¹⁶ The percentage of total Marketplace enrollees receiving PTCs also increased,¹⁷ with well over 6 million women in the Marketplace receiving PTCs in 2022.¹⁸ By the end of 2022, the share of uninsured women and girls reached a historic low of 6.8%.¹⁹

By 2024, women's enrollment in the Marketplace grew to nearly 11.2 million²⁰—a 72% increase from 2021. Furthermore, 92% of all 2024 Marketplace enrollees purchased coverage with PTCs,²¹ with approximately 10 million women receiving

PTCs.²² Current rates of uninsured women and girls remain low,²³ and the rate of uninsured LGBTQ+ people has decreased to 9% as of 2024.²⁴

Ending the enhanced PTCs would harm women and LGBTQ+ people.

Ending the enhanced PTCs would reverse the historic progress made towards ensuring all women and LGBTQ+ people have health coverage and jeopardize the health and economic security of women and LGBTQ+ people.

If the enhanced PTCs end, millions of women would become uninsured.²⁵ It is estimated that between 2.2 million²⁶ and 4 million people²⁷ will become uninsured, with Marketplace enrollments declining by over 7 million.²⁸ Losing enhanced PTCs would be particularly devastating for women and LGBTQ+ people living in states without Medicaid expansion, disproportionately Black and Latinx,²⁹ because enhanced PTCs provide access to zero-premium coverage for those with incomes between 100 percent to 150 percent FPL. Nearly 2.5 million people³⁰ would suddenly lose access to zero-premium comprehensive coverage and face hundreds of dollars in premium spikes, all while having an income of less than \$22,590 for an individual or less than \$38,730 for a household of three.³¹

The expiration of enhanced PTCs will cause a steep rise in premiums and decrease insurance affordability for people of all ages and income levels, in every state.³² These premium increases would disproportionately impact women and LGBTQ+ people's access to health care. With fewer financial resources, women are already more likely than men to forego or delay health care due to cost³³ and nearly 1 out of 3 LGBTQ+ individuals report difficulty paying medical bills.³⁴ If enhanced PTCs expire, the average premium would spike from \$0 to \$387 for those with incomes between 100 and 150 percent of FPL and from \$180 to \$905 for those with incomes between 150 and 200 percent of FPL.³⁵ Increases for mid-life individuals, including women and LGBTQ+ adults ages 50 to 64, are projected to be even higher, with annual premium spikes between \$599 and \$4,574.³⁶ Drastically higher premiums would exacerbate affordability issues, forcing women and LGBTQ+ people forego other necessities to pay for health care, take on medical debt, or go without coverage and care altogether.

If enhanced PTCs are ended, the health and financial wellbeing of women and LGBTQ+ people will inevitably suffer. Those whose coverage would be unaffordable, would be at risk of lengthy periods of uninsurance,³⁷ worsening

their health outcomes.³⁸ Uninsured women and LGBTQ+ people are less likely than their insured counterparts to have regular care and to receive important preventive services, such as cancer screenings.³⁹ And lack of regular care is especially harmful for women,⁴⁰ particularly Black⁴¹ and Indigenous⁴² women, and LGBTQ+ people,⁴³ who experience high rates of chronic conditions. Without health coverage, women and LGBTQ+ people may experience declines in their health, increasing the likelihood of medical debt, difficulty paying for necessities, and financial instability.⁴⁴

Millions of women and LGBTQ+ people rely on enhanced PTCs to receive health care coverage. As women's job recovery post-COVID-19 has lagged and many working women still struggle to make ends meet,⁴⁵ it is vital to ensure access to affordable and comprehensive health coverage through the enhanced PTCs. To protect women and LGBTQ+ people's health and financial wellbeing, enhanced PTCs must be preserved.

ENDNOTES

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