

# Build Back Better

Statistics for West Virginia

## Affordable Coverage

### Advance Premium Tax Credits (APTCs)

- On average, a 64-year-old making \$52,000, just above the prior subsidy cliff, now pays \$368 instead of \$1,061 per month in premiums (8.5 instead of 24 percent of income), saving more than \$8,300 in 2021. In West Virginia, that person use to pay \$1,167. ([source](#))
- West Virginia's health care system gets ranked as one of the nation's lowest (44 out of 50). Build Back Better provides relief through expanded health benefits, increasing ACA subsidies, and lowering price of Rx drugs ([source](#))

### Employee contribution locked at 8.5% cap

- While median household income for West Virginians rose less than 5% between 2010 and 2016, health insurance deductibles for employer-sponsored health insurance plans more than doubled. West Virginia was ranked fifth-highest in the nation for employer-sponsored health insurance family premiums which grew as a share of household income to 16.2% from 2010 to 2016. ([source](#))

### Earned Income Tax Credit (EITC) Expansion

- In WV, this would benefit 102,900 adults without children ([source](#))

## Home & Community-Based Services

- In WV, over 29,600 people with disabilities and/pr aging adults receive Home and Community-Based Services (HCBS) through Medicaid with at least 1,236 people remaining on waitlists to receive HCBS. This has been exacerbated by the COVID-19 pandemic. (data provided by The Arc)
- Nearly 1 in 4 of West Virginia's home care workers live in poverty ([source](#))
- The median hourly wage for home health aides in WV is [\\$9.97](#), compared with the national median wage of [\\$13.49](#)
- From 2018 - 2028, WV will need to fill 28,600 home care job openings (data provided by The Arc)
- WV is one of the oldest populations in the nation (ranked at 3rd highest), requiring increased burden on the younger population to provide care. Expanding Medicare coverage and HCBS provides relief ([source](#))
- The I/DD waiver program provided HCBS for 4,816 West Virginians, and an additional 1,084 were approved but on a waiting list. Spending has declined significantly since 2015, from \$461.8M to \$412.4M ([source](#))
  - WV would have to expand its current residential service offerings by 27% to keep pace with demand ([source](#))
- Demand for both HCBS and residential services has increased drastically since 2004, but people served has not increased to match ([source](#))

**CHIP Funding**

- Making CHIP permanent would provide security for the 39,897 children enrolled in the program ([source](#)) without needing to continually advocate for funding

**Medicaid Re-Entry**

- West Virginia continues to face a drug overdose crisis with the highest drug overdose death rate in the country ([source](#)). People reentering the community are 129 times more likely to die of an overdose than the general population ([source](#))

**Social Determinants of Health**

- Housing Vouchers would assist 4,000 households in West Virginia, or 8,000 people. This would include 3,000 children under 18, and 2,000 people with disabilities ([source](#))

**Child Tax Credit**

- Before ARPA, Child Tax Credit partly or entirely excluded (meaning their families received less than the full credit or none at all prior to the plan) 27 million children due to low or no family earnings. In WV that was 170,000 children ([source](#))
- Food insufficiency dropped in West Virginia after child tax credit payments arrived (10.6 - 9.6% for all adults, 11.6 - 8.4% for adults with children) ([source](#))
- Experts estimate that the enhanced CTC will lift 43% of West Virginia kids out of poverty if made permanent ([source](#))