

# Closing the Coverage Gap Will Boost Jobs and the State's Economy

Providing high-quality, affordable healthcare to families and adults has profound impacts on the health and productivity of a state's workforce and a state's economy. Closing the coverage gap would support working families by providing an affordable health insurance option to more than **500,000** low-income North Carolinians.

When people can get the healthcare they need, they live healthier lives and are more productive workers. Closing the coverage gap would save our businesses \$1,685 in lost productivity per employee per year.

By not providing help to those who have fallen into the coverage gap, the state will miss out on a potential **37,200 new jobs** and more than \$11.7 billion in state business activity.

Reliable health insurance makes a huge difference for avoiding foreclosures and evictions. In states that have used Medicaid expansion to close the coverage gap, people are 25% less likely to miss a rent or mortgage payment.

Closing the coverage gap would bring **~\$4 billion dollars** in federal funding into the NC economy each year.

**Please Close the Health Insurance Coverage Gap.**

# Data Sources

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Based on Families USA's analysis of 2013-2017 American Community Survey data, an estimated 718,370 people would be eligible for Medicaid if the state expanded its Medicaid program. These are North Carolinian adults with incomes up to 138% of the Federal Poverty Level (FPL) who lack health insurance or have purchased health insurance from the individual Marketplace. Families USA's analysis looked at the overall number of North Carolinians that would be eligible for Medicaid, and did not make projections about enrollment.

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According to a report from the Urban Institute, if the state were to take up Medicaid expansion, federal spending on Medicaid in NC would increase from about \$15 billion to about \$19 billion. Matthew Buettgens, Op. Cit., available online at [https://www.urban.org/sites/default/files/publication/98467/the\\_implications\\_of\\_medicaid\\_expansion\\_2001838\\_2.pdf](https://www.urban.org/sites/default/files/publication/98467/the_implications_of_medicaid_expansion_2001838_2.pdf)

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ANNUAL REPORT 2018 (Bureau of Business and Economic Research, University of Montana), available online at <http://www.bber.umt.edu/pubs/BBER/annualReport2018.pdf>  
The Commonwealth of Kentucky Report on Medicaid Expansion 2014 (Deloitte Consulting, February 2015), available online at [https://jointhehealthjourney.com/images/uploads/channel-files/Kentucky\\_Medicaid\\_Expansion\\_One-Year\\_Study\\_FINAL.pdf](https://jointhehealthjourney.com/images/uploads/channel-files/Kentucky_Medicaid_Expansion_One-Year_Study_FINAL.pdf)

The combined nominal GDP of LA, MT, and KY is roughly \$497 billion, compared to \$538 billion for NC. The combined population of LA, MT, and KY is roughly 10,189,000 compared, compared to about 10,273,000 for NC. State Data and Comparisons (State Data Lab, accessed February 2019), available online at [https://www.statedatalab.org/state\\_data\\_and\\_comparisons/](https://www.statedatalab.org/state_data_and_comparisons/).

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