Eligibility for Assistance and Projected Changes in Coverage Under the ACA: Variation Across States
May 2014 Update

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Timely Analysis of Immediate Health Policy Issues   *MAY 2014*

In-Brief

Under current legislation, just over half (56 percent) of the uninsured became eligible for financial assistance with health insurance coverage through Medicaid, CHIP or subsidized private coverage through the new marketplaces. In states that have expanded Medicaid eligibility under the ACA, 68 percent of the uninsured became eligible for assistance, compared with only 44 percent in states that have not expanded Medicaid. If the latter states were to expand Medicaid eligibility, 71 percent of their uninsured would be eligible for assistance.
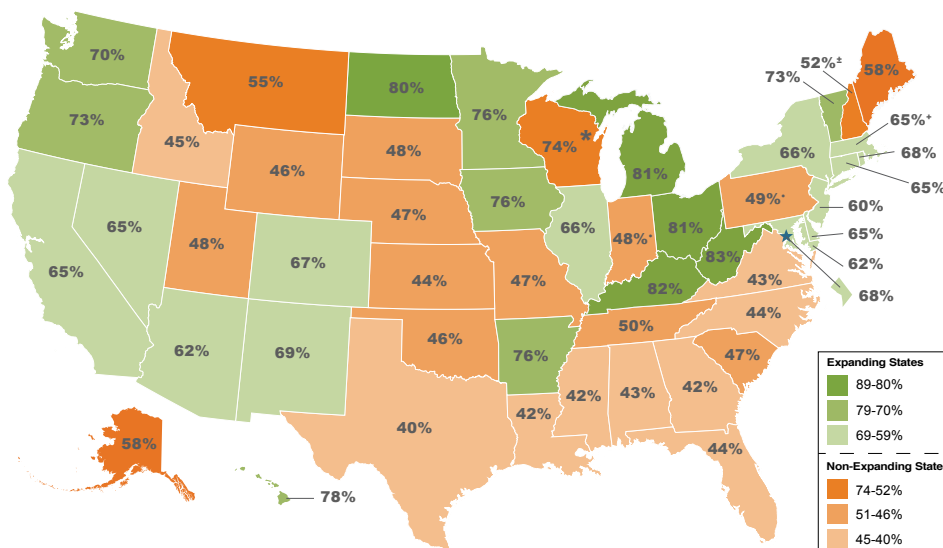
Among states expanding Medicaid, the ACA is projected to reduce the number of uninsured people by 56 percent, compared with a 34 percent reduction in the uninsured among states not expanding Medicaid. If the states that have not expanded eligibility were to do so, the number of uninsured in those states would decrease by 59 percent.

How Many Uninsured People Are Eligible for Assistance Under the Affordable Care Act?

Robert Wood Johnson Foundation

The Affordable Care Act (ACA) makes health insurance coverage more affordable for millions of low-income families. The map below illustrates the percentage of people in each state who are eligible for coverage assistance programs under the ACA as of May 2014.

Nationwide **27.7 MILLION** —or 56 percent—of previously uninsured people are eligible for coverage assistance programs under the ACA.

Percentage of Uninsured Residents Eligible for Insurance Assistance in 2014

Map values:
70%, 55%, 80%, 52%±, 58%, 73%, 73%, 45%, 76%, 65%+, 48%, 74%*, 66%, 68%, 65%, 47%, 76%, 81%, 49%*, 60%, 46%, 67%, 66%, 48%, 81%, 65%, 65%, 44%, 47%, 82%, 83%, 62%, 65%, 62%, 69%, 46%, 76%, 50%, 43%, 68%, 44%, 40%, 42%, 42%, 43%, 42%, 47%, 44%, 58%, 78%

Expanding States
- 89-80%
- 79-70%
- 69-59%

Non-Expanding States
- 74-52%
- 51-46%
- 45-40%

Source: Health Insurance Policy Simulation Model-American Community Suvey 2014
* Although Wisconsin has not accepted the ACA Medicaid expansion, adults up to 100% of FPL are now eligible for Medicaid and can enroll. Before 2014, there was a limited benefits program for low-income adult nonparents, but enrollment was closed.
+ Because Massachusetts has already implemented its own health reform law, the number of uninsured is not expected to change noticeably under the ACA.
± New Hampshire plans to expand Medicaid in July 2014.
• Pennsylvania and Indiana have submitted Medicaid expansion proposals that are pending CMS review.

Eligible for Medicaid/CHIP
50% 12,135,000
18% 4,520,000

Eligible for Subsidies
18% 4,393,000
26% 6,694,000

Not Eligible for Medicaid/ CHIP or Subsidies
32% 7,702,000
56% 14,026,000

States expanding Medicaid

States NOT currently expanding Medicaid

The data come from an updated Urban Institute report finding that significantly more people are eligible for assistance in states that opted to expand Medicaid coverage versus those states that elected not to expand the program.

Urban Institute   May 2014

Introduction

The Patient Protection and Affordable Care Act (ACA) is already helping millions of low-income families make health coverage more affordable.[1] States can choose to expand eligibility for Medicaid to adults and families with incomes up to 138 percent of the federal poverty level (FPL). New health insurance marketplaces offer subsidized private health coverage to people with incomes up to 400 percent of FPL who are not eligible for public coverage, do not have access to employer coverage deemed affordable under the law,[2] and are lawfully resident. In states that do not expand Medicaid, those with incomes below 100 percent of the FPL are not eligible for subsidized coverage.

In this brief, we examine how many uninsured in each state became eligible for health coverage assistance programs (i.e., Medicaid, the Children's Health Insurance Program [CHIP], and subsidized private coverage through the new health insurance marketplaces) under the ACA in 2014. In light of the Supreme Court decision that made the Medicaid expansion a state option, our estimates take into account state decisions in effect as of May 2014.[3] We then show how the ACA is expected to increase insurance coverage in each state. We estimate the share of the remaining uninsured under the ACA who are projected to be eligible for assistance programs but not enrolled. This group could be reached by additional outreach programs. Finally, we show the percentage of the uninsured eligible for assistance and the change in the number of uninsured for each state both with and without Medicaid expansion.

We estimate the share of the uninsured that gained eligibility for assistance in 2014. Some of these people enrolled in coverage during the first few months of 2014. A number of nongovernmental surveys indicate that the number of uninsured has declined since September 2013, just before the first ACA open enrollment period began.[4] At the time of writing, however, the available enrollment data for Medicaid and subsidized marketplace coverage were not detailed enough to determine state-by-state the number of previously uninsured individuals who obtained Medicaid or subsidized marketplace coverage during the open enrollment period. We will update our estimates as more enrollment data become available.[5] Our estimates of the number of people gaining eligibility if states that have not expanded Medicaid were to do so and of the full impact of the ACA on the number of uninsured people are not affected by initial 2014 enrollment under current eligibility rules.

These estimates update our paper from October 2013.[6] The state expansion decisions and eligibility thresholds that came into effect on January 1 differed in some states from those available on September 30, 2013, which were used in the earlier paper. Also, our estimates are based on more recent survey data, particularly newer data for the number and characteristics of the uninsured in each state. This is important because the number of uninsured has declined from its levels at the height of the recession in 2008 and 2009. We present estimates for 2016 in order to show the effect of the ACA when fully implemented. New enrollment in subsidized coverage and Medicaid will likely not reach its full level in 2014 and 2015. Finally, these estimates use the latest major revision of our microsimulation model and therefore reflect the most up-to-date information available on marketplace premiums and final ACA regulations, particularly those which define eligibility for Medicaid, CHIP or subsidized marketplace coverage.

The brief relies upon analysis of the Health Insurance Policy Simulation Model-American Community Survey version (HIPSM-ACS). The model uses ACS data from 2009, 2010, and 2011 to obtain representative samples of state populations and their pre-ACA implementation insurance coverage. HIPSM simulates individual and family health insurance enrollment under the ACA based on eligibility for programs and subsidies, health insurance coverage and options in the family, health status, sociodemographic characteristics, any applicable penalties for remaining uninsured, and other factors.[7] Subsidy eligibility is determined taking into account state decisions to expand Medicaid under the law and access to employer-based coverage. State-level estimates of target populations, subsidy-eligible individuals, and projected enrollment are based on aggregate individual- and family-level estimates for those residing in each state. [8]

Eligibility for Assistance Among the Uninsured Under the ACA

Under current ACA rules, just over half (56 percent) of the uninsured became eligible in 2014 for financial assistance with health insurance coverage through Medicaid, CHIP or subsidized private coverage through the new marketplaces (Table 1).

Among states that have expanded Medicaid eligibility under the ACA, 68 percent of the uninsured became eligible for assistance, compared with only 44 percent in states that have not expanded Medicaid (Figure 1).

About half of the uninsured in expansion states would be eligible for Medicaid or CHIP, and nearly one-fifth would be eligible for subsidized private coverage in the marketplaces. The share eligible for assistance in the states that have expanded Medicaid ranges from 60 percent in New Jersey to 83 percent in West Virginia. The Medicaid expansion states with the lowest share of uninsured eligible for assistance tend to be those in which Medicaid eligibility for adults had already been expanded above minimum required levels before the ACA. The share of uninsured eligible for assistance exceeds three-quarters of the uninsured in nine states.

In the states that did not expand Medicaid by May 2014, only 44 percent of the uninsured would be eligible for assistance under the ACA. Just over one-quarter would be eligible for subsidized coverage in the marketplaces and 18 percent would be eligible for Medicaid or CHIP. A higher share are eligible for subsidized coverage than among states expanding Medicaid, because the lowest income level for subsidy eligibility falls to

Table 1. The Uninsured and Simulated Eligibility for Assistance Under the ACA in 2016, by State

State	Uninsured Without the ACA				Projected Uninsured Under the ACA	
	Total	Eligible for Medicaid/CHIP	Eligible for Subsidies	Eligible for Any Assistance	Total	Decrease
Nationwide	**49,472,000**	**16,655,000**	**11,088,000**	**56%**	**27,151,000**	**45%**
States Expanding Medicaid, May 2014						
Arizona	1,191,000	525,000	216,000	62%	488,000	59%
Arkansas	504,000	288,000	93,000	76%	195,000	61%
California	7,457,000	3,618,000	1,208,000	65%	3,070,000	59%
Colorado	821,000	392,000	161,000	67%	382,000	53%
Connecticut	331,000	149,000	65,000	65%	166,000	50%
Delaware	89,000	41,000	18,000	65%	48,000	46%
District of Columbia	49,000	27,000	6,000	68%	24,000	51%
Hawaii	104,000	62,000	20,000	78%	42,000	59%
Illinois	1,767,000	861,000	297,000	66%	750,000	58%
Iowa	279,000	154,000	58,000	76%	116,000	58%
Kentucky	637,000	408,000	114,000	82%	233,000	63%
Maryland	651,000	285,000	122,000	62%	331,000	49%
Massachusetts	307,000	129,000	70,000	65%	--[2]	--[2]
Michigan	1,219,000	753,000	235,000	81%	437,000	64%
Minnesota	491,000	304,000	67,000	76%	243,000	51%
Nevada	628,000	305,000	105,000	65%	305,000	51%
New Jersey	1,251,000	507,000	238,000	60%	632,000	49%
New Mexico	455,000	235,000	78,000	69%	208,000	54%
New York	2,435,000	1,107,000	502,000	66%	1,365,000	44%
North Dakota	69,000	37,000	19,000	80%	25,000	64%
Ohio	1,384,000	841,000	278,000	81%	479,000	65%
Oregon	657,000	351,000	127,000	73%	281,000	57%
Rhode Island	127,000	59,000	28,000	68%	58,000	55%
Vermont	57,000	21,000	20,000	73%	27,000	52%
Washington	997,000	499,000	198,000	70%	450,000	55%
West Virginia	274,000	176,000	52,000	83%	91,000	67%
All Expansion States	**24,231,000**	**12,135,000**	**4,393,000**	**68%**	**10,590,000**	**56%**
States Not Expanding Medicaid, May 2014						
Alabama	682,000	116,000	177,000	43%	489,000	28%
Alaska	141,000	36,000	46,000	58%	74,000	48%
Florida	4,153,000	667,000	1,148,000	44%	2,592,000	38%
Georgia	1,968,000	350,000	482,000	42%	1,369,000	30%
Idaho	272,000	45,000	79,000	45%	175,000	36%
Indiana[4]	939,000	172,000	275,000	48%	614,000	35%
Kansas	380,000	67,000	100,000	44%	259,000	32%
Louisiana	820,000	109,000	236,000	42%	557,000	32%
Maine	143,000	23,000	59,000	58%	81,000	43%
Mississippi	531,000	95,000	128,000	42%	367,000	31%
Missouri	816,000	143,000	236,000	47%	539,000	34%
Montana	190,000	36,000	68,000	55%	110,000	42%
Nebraska	222,000	41,000	63,000	47%	141,000	36%
New Hampshire[3]	140,000	19,000	53,000	52%	81,000	42%
North Carolina	1,612,000	297,000	420,000	44%	1,008,000	37%
Oklahoma	707,000	143,000	184,000	46%	465,000	34%
Pennsylvania[4]	1,302,000	227,000	408,000	49%	842,000	35%
South Carolina	805,000	163,000	217,000	47%	543,000	33%
South Dakota	107,000	19,000	33,000	48%	67,000	37%
Tennessee	951,000	207,000	266,000	50%	624,000	34%
Texas	6,288,000	1,050,000	1,435,000	40%	4,334,000	31%
Utah	436,000	94,000	113,000	48%	273,000	38%
Virginia	1,009,000	151,000	280,000	43%	684,000	32%
Wisconsin[1]	537,000	238,000	158,000	74%	222,000	59%
Wyoming	88,000	12,000	29,000	46%	51,000	42%
All Nonexpansion States	**25,241,000**	**4,520,000**	**6,694,000**	**44%**	**16,561,000**	**34%**

Source: Health Insurance Policy Simulation Model-American Community Suvey 2014

1. Although Wisconsin has not accepted the ACA Medicaid expansion, adults up to 100% of FPL are now eligible for Medicaid and can enroll. Before 2014, there was a limited benefits program for low-income adult nonparents, but enrollment was closed.

2. Because Massachusetts has already implemented its own health reform law, the number of uninsured is not expected to change noticeably under the ACA.

3. New Hampshire plans to expand Medicaid in July 2014.

4. Pennsylvania and Indiana have submitted Medicaid expansion proposals which are pending CMS review.

100 percent of FPL in a state that does not expand Medicaid eligibility, down from 138 percent of FPL.[9]

One nonexpanding state stands out from the rest: nearly three-quarters of the uninsured in Wisconsin are eligible for assistance. This is because Wisconsin changed its Medicaid waiver such that beginning in 2014, all adults (both parents and nonparents) up to 100 percent of FPL are eligible for Medicaid. Previously, parents were eligible up to 200 percent of FPL. There was a limited benefits program for adult nonparents, but enrollment was closed. Therefore, Wisconsin resembles a Medicaid expansion state in these estimates.

With the exception of Wisconsin, the share of the uninsured in nonexpanding states eligible for assistance ranges from 40 percent in Texas to 58 percent in Alaska and Maine. The states with the lowest shares eligible for assistance (Texas, Mississippi, Louisiana, and Georgia) have particularly large shares of residents below 100 percent of FPL. People with incomes that low can only
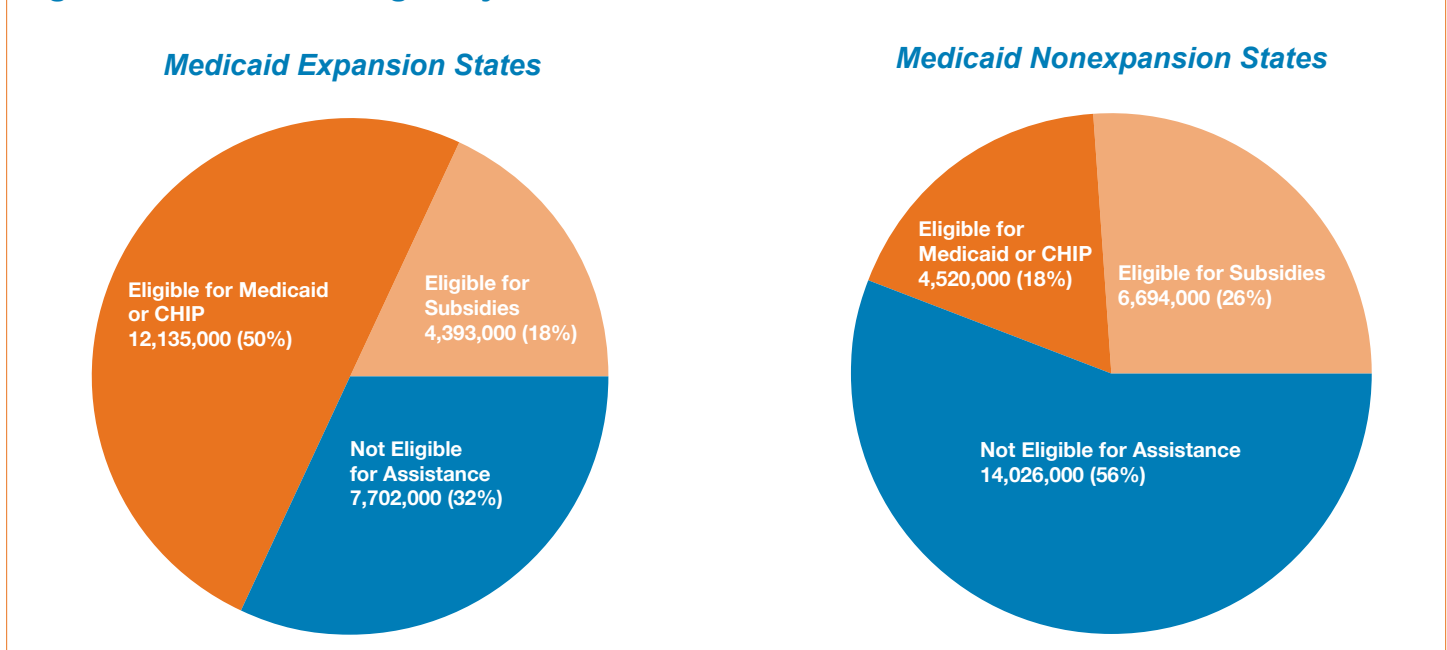
receive assistance through Medicaid expansion and none of these states have elected to expand Medicaid at this point in time.

What would happen if nonexpanding states were to expand Medicaid eligibility? A majority of the uninsured in all states would be eligible for assistance, ranging from 64 percent in Texas to 81 percent in Montana (Table 2). More than three-quarters of the uninsured would be eligible for assistance in 14 of the 25 nonexpanding states. In particular, Indiana, New Hampshire, and Pennsylvania, all of which have proposed expanding Medicaid with Waiver authority in the coming year would see the share of the uninsured who would be eligible for assistance rise by 31, 24, and 29 percentage points, respectively. States with more immigrants who are not lawfully present, such as Texas and Florida, tend to have lower shares of the uninsured eligible for assistance even under the Medicaid expansion, because those not lawfully present are barred from both Medicaid and the health insurance marketplaces.

The Impact of the ACA on Insurance Coverage

Among states that expanded Medicaid on January 2014, the ACA is projected to cut the number of uninsured by more than half by 2016 (56 percent, Table 1). States that have already expanded Medicaid eligibility for adults are expected to see smaller percent decreases than those that have not. For example, Massachusetts has already implemented its health reform law; therefore, it is not expected that the ACA will noticeably affect the state's already low uninsured rate. New York and Delaware had also expanded Medicaid eligibility before the ACA, but people would still gain eligibility under the ACA Medicaid expansion and be subject to the individual mandate in these states. Hence, a noticeable reduction in the number of uninsured of 44 and 46 percent is projected for New York and Delaware, respectively. Twenty-one states are expected to see their number of uninsured reduced by more than 50 percent, with the largest reduction (67 percent) expected in West Virginia (Table 1, Figure 2).

Figure 1. Simulated Eligibility for Assistance for the Uninsured Under the ACA in 2016

Medicaid Expansion States

Eligible for Medicaid or CHIP 12,135,000 (50%)
Eligible for Subsidies 4,393,000 (18%)
Not Eligible for Assistance 7,702,000 (32%)

Medicaid Nonexpansion States

Eligible for Medicaid or CHIP 4,520,000 (18%)
Eligible for Subsidies 6,694,000 (26%)
Not Eligible for Assistance 14,026,000 (56%)

Source: Health Insurance Policy Simulation Model-American Community Suvey 2014
Note: Data reflect Medicaid expansion decisions as of April 2014.
The uninsured are modeled as uninsured in 2016 without the ACA. Using 2016 weights, there would be 49,472,000 in 2016 without the ACA—17.9% of the 2016 U.S. population.There would be 48,571,000 in 2014 without the ACA—17.7% of the 2014 U.S. population.

Table 2. Uninsured Eligible for Assistance and Simulated Reduction in the Uninsured Under the ACA in 2016 in Nonexpansion States, With and Without the Medicaid Expansion

State	Uninsured Eligible for Assistance		Reduction in Number of Uninsured	
	With Expansion	Without Expansion	With Expansion	Without Expansion
Alabama	80%	43%	61%	28%
Alaska	76%	58%	64%	48%
Florida	69%	44%	61%	38%
Georgia	71%	42%	56%	30%
Idaho	74%	45%	62%	36%
Indiana[3]	79%	48%	63%	35%
Kansas	73%	44%	58%	32%
Louisiana	77%	42%	63%	32%
Maine	78%	58%	64%	43%
Mississippi	80%	42%	64%	31%
Missouri	80%	47%	64%	34%
Montana	81%	55%	68%	42%
Nebraska	73%	47%	59%	36%
New Hampshire[2]	76%	52%	65%	42%
North Carolina	70%	44%	61%	37%
Oklahoma	72%	46%	58%	34%
Pennsylvania[3]	78%	49%	62%	35%
South Carolina	77%	47%	59%	33%
South Dakota	80%	48%	67%	37%
Tennessee	77%	50%	59%	34%
Texas	64%	40%	53%	31%
Utah	70%	48%	58%	38%
Virginia	69%	43%	57%	32%
Wisconsin[1]	76%	74%	63%	59%
Wyoming	70%	46%	63%	42%
All Nonexpansion States	**71%**	**44%**	**59%**	**34%**

Source: Health Insurance Policy Simulation Model-American Community Suvey 2014

1. *Although Wisconsin has not accepted the ACA Medicaid expansion, adults up to 100% of FPL are now eligible for Medicaid and can enroll. Before 2014, there was a limited benefits program for low-income adult nonparents, but enrollment was closed.*

2. *New Hampshire plans to expand Medicaid in July 2014.*

3. *Pennsylvania and Indiana have submitted Medicaid expansion proposals which are pending CMS review.*

Among nonexpanding states, the number of uninsured would be reduced by just over one-third (Table 1). Wisconsin would see the largest reduction (59 percent) because of the expansion of coverage to adult nonparents contained in its Medicaid waiver, as noted. In contrast to expanding states, no other nonexpanding state would see a reduction of more than half in the number of uninsured. Alaska comes the closest (48 percent). Nineteen nonexpanding states would see reductions of less than 40 percent, with the smallest reductions in Alabama, Georgia, Mississippi, and Texas (28, 30, 31, and 31 percent respectively).

If these states were to expand Medicaid eligibility, each one of them would see the number of uninsured cut by more than half (Table 2). The smallest reduction would be in Texas (53 percent), the largest in Montana (68 percent).

While the large majority of those gaining coverage under the ACA are eligible for assistance, some will newly enroll in employer-sponsored or unsubsidized private coverage as well. This new enrollment will mainly be due to the individual coverage requirement, though other provisions of the law, such as tax credits for some small businesses offering coverage, contribute as well. In an earlier

report, for example, we considered the effect of the law on employer-sponsored coverage.[10]

Who Would Remain Uninsured?

Nationally, among the 27.1 million we project to remain uninsured under the ACA in 2016, 37 percent would be eligible for Medicaid, CHIP, or subsidized marketplace coverage (Table 3). With additional outreach, more of these people could be enrolled. Almost a quarter of the uninsured would be immigrants not lawfully present, who are barred from the marketplaces, Medicaid, and CHIP. About 22 percent would be low-income people in states not expanding Medicaid that would gain eligibility for assistance if their state were to expand eligibility. These people are exempt from the individual mandate. The remaining 17 percent of the uninsured are higher-income people who are not eligible for assistance. These people will generally not be exempt from individual mandate penalties.[11]

The composition of the uninsured differs notably between expansion and nonexpansion states. Among states that have expanded Medicaid, 50 percent of those we estimate would remain uninsured under the ACA will be eligible for assistance, but not enrolled (Table 3). One hundred percent participation is unrealistic, but states with effective outreach have achieved high participation rates in Medicaid and CHIP.[12] Almost one-third of the uninsured under the ACA in expansion states would likely be immigrants not lawfully present. The remaining 18 percent would have incomes too high to qualify for Medicaid or CHIP and are ineligible for subsidized marketplace coverage either because their income is too high or because they have an offer of coverage from an employer that disqualifies them from eligibility.[13]

The composition of the uninsured under the ACA will be notably different in nonexpanding states. Only 29 percent are projected to be eligible for assistance. 36 percent would be uninsured people with incomes below 138 percent of FPL who would qualify for assistance if their state

Table 3. Simulation of the Uninsured Under the ACA and Eligibility for Assistance in 2016, by State

State	Total	Projected Uninsured Under the ACA								
		Eligible for Assistance					Not Eligible for Assistance			
		Eligible for Medicaid/ CHIP	Eligible for Exchange Subsidies	% Eligible for Any Assistance	Immigrants Not Lawfully Present	%	Low Income, Exempt From Mandate[3]	%	Higher Income	%
Nationwide	27,151,000	5,996,000	4,124,000	37%	6,502,000	24%	5,996,000	22%	4,533,000	17%
States Expanding Medicaid, May 2014										
Arizona	488,000	146,000	49,000	40%	171,000	35%	NA		122,000	25%
Arkansas	195,000	79,000	26,000	54%	46,000	24%	NA		44,000	22%
California	3,070,000	1,092,000	344,000	47%	1,119,000	36%	NA		514,000	17%
Colorado	382,000	121,000	52,000	45%	142,000	37%	NA		67,000	18%
Connecticut	166,000	51,000	22,000	44%	65,000	39%	NA		27,000	17%
Delaware	48,000	20,000	5,000	53%	13,000	28%	NA		9,000	19%
District of Columbia	24,000	10,000	2,000	54%	7,000	30%	NA		4,000	16%
Hawaii	42,000	19,000	7,000	61%	8,000	20%	NA		8,000	19%
Illinois	750,000	277,000	102,000	51%	241,000	32%	NA		130,000	17%
Iowa	116,000	48,000	19,000	57%	26,000	22%	NA		24,000	20%
Kentucky	233,000	123,000	32,000	67%	32,000	14%	NA		45,000	19%
Maryland	331,000	93,000	45,000	42%	138,000	42%	NA		56,000	17%
Massachusetts	144,000	40,000	22,000	44%	53,000	37%	NA		28,000	20%
Michigan	437,000	213,000	70,000	65%	58,000	13%	NA		96,000	22%
Minnesota	243,000	129,000	27,000	64%	47,000	19%	NA		40,000	16%
Nevada	305,000	93,000	31,000	41%	133,000	44%	NA		47,000	15%
New Jersey	632,000	150,000	76,000	36%	296,000	47%	NA		111,000	17%
New Mexico	208,000	69,000	26,000	46%	75,000	36%	NA		38,000	18%
New York	1,365,000	571,000	162,000	54%	395,000	29%	NA		237,000	17%
North Dakota	25,000	11,000	5,000	63%	1,000	3%	NA		8,000	33%
Ohio	479,000	250,000	77,000	68%	37,000	8%	NA		115,000	24%
Oregon	281,000	99,000	41,000	50%	92,000	33%	NA		49,000	18%
Rhode Island	58,000	18,000	9,000	47%	20,000	34%	NA		11,000	20%
Vermont	27,000	12,000	6,000	65%	1,000	5%	NA		8,000	30%
Washington	450,000	148,000	66,000	48%	150,000	33%	NA		85,000	19%
West Virginia	91,000	49,000	16,000	71%	2,000	2%	NA		24,000	27%
All Expansion States	**10,590,000**	**3,930,000**	**1,341,000**	**50%**	**3,371,000**	**32%**	**NA**		**1,948,000**	**18%**
States Not Expanding Medicaid, May 2014										
Alabama	489,000	63,000	81,000	29%	58,000	12%	229,000	47%	59,000	12%
Alaska	74,000	13,000	16,000	39%	5,000	7%	23,000	32%	16,000	22%
Florida	2,592,000	300,000	487,000	30%	442,000	17%	943,000	36%	420,000	16%
Georgia	1,369,000	167,000	205,000	27%	312,000	23%	497,000	36%	188,000	14%
Idaho	175,000	20,000	27,000	27%	27,000	16%	69,000	40%	31,000	18%
Indiana[4]	614,000	83,000	116,000	32%	66,000	11%	257,000	42%	93,000	15%
Kansas	259,000	33,000	41,000	29%	51,000	20%	95,000	37%	38,000	15%
Louisiana	557,000	58,000	103,000	29%	44,000	8%	257,000	46%	95,000	17%
Maine	81,000	11,000	24,000	43%	1,000	1%	26,000	31%	20,000	24%
Mississippi	367,000	50,000	53,000	28%	21,000	6%	179,000	49%	63,000	17%
Missouri	539,000	72,000	97,000	31%	40,000	7%	245,000	45%	86,000	16%
Montana	110,000	15,000	28,000	39%	2,000	2%	46,000	42%	20,000	18%
Nebraska	141,000	18,000	25,000	30%	27,000	19%	50,000	36%	21,000	15%
New Hampshire[2]	81,000	8,000	22,000	37%	5,000	6%	30,000	36%	17,000	20%
North Carolina	1,008,000	135,000	175,000	31%	173,000	17%	372,000	37%	153,000	15%
Oklahoma	465,000	75,000	76,000	32%	70,000	15%	162,000	35%	82,000	18%
Pennsylvania[4]	842,000	108,000	176,000	34%	74,000	9%	337,000	40%	146,000	17%
South Carolina	543,000	80,000	91,000	32%	78,000	14%	210,000	39%	84,000	16%
South Dakota	67,000	8,000	14,000	33%	2,000	4%	31,000	46%	12,000	18%
Tennessee	624,000	96,000	119,000	34%	92,000	15%	222,000	36%	95,000	15%
Texas	4,334,000	461,000	577,000	24%	1,274,000	29%	1,378,000	32%	644,000	15%
Utah	273,000	40,000	38,000	29%	72,000	26%	85,000	31%	38,000	14%
Virginia	684,000	69,000	118,000	27%	160,000	23%	228,000	33%	110,000	16%
Wisconsin[1]	222,000	77,000	65,000	64%	31,000	14%	8,000	3%	41,000	18%
Wyoming	51,000	5,000	11,000	30%	5,000	10%	18,000	36%	12,000	24%
All Nonexpansion States	**16,561,000**	**2,066,000**	**2,783,000**	**29%**	**3,131,000**	**19%**	**5,996,000**	**36%**	**2,585,000**	**16%**

Source: Health Insurance Policy Simulation Model-American Community Suvey 2014

1. Although Wisconsin has not accepted the ACA Medicaid expansion, adults up to 100% of FPL are now eligible for Medicaid and can enroll. Before 2014, there was a limited benefits program for low-income adult nonparents, but enrollment was closed.

2. New Hampshire plans to expand Medicaid in July 2014.

3. Not applicable in states that have expanded Medicaid.

4. Pennsylvania and Indiana have submitted Medicaid expansion proposals which are pending CMS review.

were to expand Medicaid. This includes both those below 100 percent of FPL who are not eligible for Medicaid or CHIP under current rules, as well as those between 100 and 138 percent of FPL who are ineligible for subsidized marketplace coverage due to an employer offer of coverage. This group is exempt from the ACA's individual coverage requirement.

Just under one-fifth of the uninsured in expansion states would be immigrants not lawfully present, and the remaining 16 percent would be people with higher incomes who are lawfully present and not eligible for assistance.

There is notable variation between states in the composition of the uninsured under the ACA. Perhaps the biggest source of variation is in the prevalence of immigrants not lawfully present. Such immigrants generally have very low income, so higher shares of immigrants not lawfully present among the uninsured generally mean smaller shares of the uninsured eligible for assistance.

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ABOUT THE AUTHORS & ACKNOWLEDGMENTS

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Notes

1 Long SK, Kenney GM, Zuckerman S, Wissoker D, Goin D, Hempstead K, Karpman M and Anderson N. "Early Estimates Indicate Rapid Increase in Health Insurance Coverage under the ACA: A Promising Start." Washington, DC: Urban Institute, 2014, http://hrms.urban.org/briefs/early-estimates-indicate-rapid-increase.html.

2 Specifically, if one family member is offered employer coverage for which the worker contribution of the single premium is less than 9.5 percent of the family income, then the entire family is ineligible for subsidies.

3 Centers for Medicare and Medicaid Services. "State Medicaid and CHIP Income Eligibility Standards Effective January 1, 2014." Baltimore: Centers for Medicare and Medicaid Services, 2013. Michigan expanded Medicaid on May 1, 2014 and New Hampshire is slated to expand Medicaid eligibility in July 2014.

4 See for example, Long et al. "Early Estimates Indicate Rapid Increase," and Levy, J, "In U.S., Uninsured Rate Lowest Since 2008." *Gallup*, Monday, April 7, 2014.

5 However, it will not be possible to provide a definitive assessment of how eligibility for coverage assistance, uninsured rates, and the composition of the residual uninsured are changing at the state level until information is available from key federal surveys later this year and in 2015.

6 Buettgens M, Kenney GM, Recht H and Lynch V. "Eligibility for Assistance and Projected Changes in Coverage Under the ACA: Variation Across States." Washington, DC. Urban Institute, 2013, http://www.urban.org/health_policy/url.cfm?ID=412918.

7 For an overview of HIPSM, see Urban Institute. "The Urban Institute's Health Microsimulation Capabilities." Washington, DC: Urban Institute, 2010, http://www.urban.org/publications/412154.html. For a more detailed description of the model, see Buettgens, M. "Health Insurance Policy Simulation Model (HIPSM) Methodology Documentation: 2011 National Version." Washington, DC: Urban Institute, 2011, http://www.urban.org/publications/412471.html.

8 More information about methodology can be found at "Further Methodological Information for 'Tax Preparers Could Help Most Uninsured Get Covered,'" accessed May 1, 2014, http://www.urban.org/health_policy/health_care_reform/taxfilingmethodology.cfm.

9 Lawfully present immigrants who are ineligible for Medicaid because they have been resident fewer than five years are eligible for subsidized marketplace coverage even if their income is below this level.

10 Blumberg LJ, Buettgens M, Feder J and Holahan J. "Implications of the Affordable Care Act for American Business." Washington, DC: Urban Institute, 2012, http://www.urban.org/health_policy/url.cfm?ID=412675.

11 We are not able to model exemptions based on special circumstances such as hardship or religious conscience.

12 Kenney GM, Anderson N and Lynch V. "Medicaid/CHIP Participation Rates Among Children: An Update." Washington, DC. The Urban Institute, 2014, http://www.urban.org/health_policy/url.cfm?ID=412901.

13 If any family member is offered single coverage at less than 9.5 percent of family income, the entire family is ineligible for subsidized coverage.

## Figure 2. ACA Projected to Reduce Uninsured From 49.5 to 27.2 Million by 2016

Nonelderly Uninsured Rate Without the ACA: 18% Nationally, 49.5 Million Uninsured

Uninsured Rate Among Nonelderly

- 5% - 10%
- 11% - 14%
- 15% - 17%
- 18% - 20%
- 21% - 26%
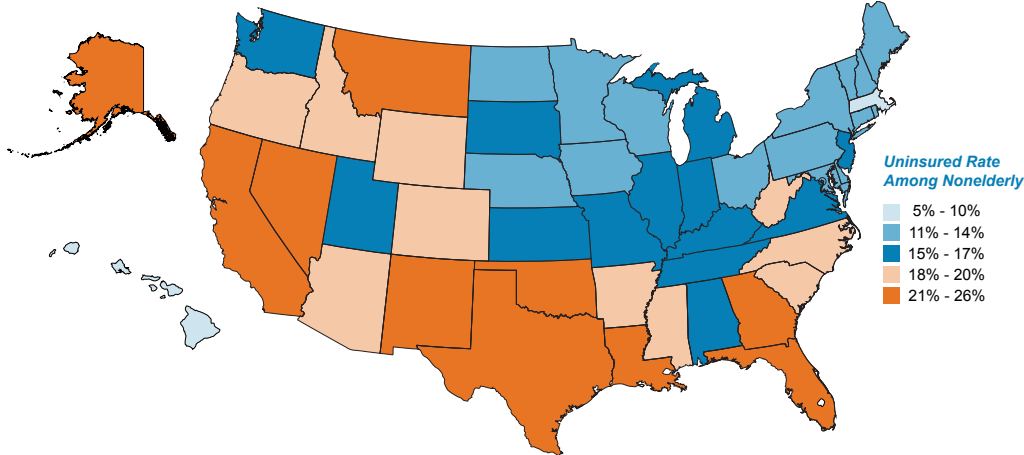
With the ACA, Current State Medicaid Expansion Decisions: 10% Nationally, 27.2 Million Uninsured
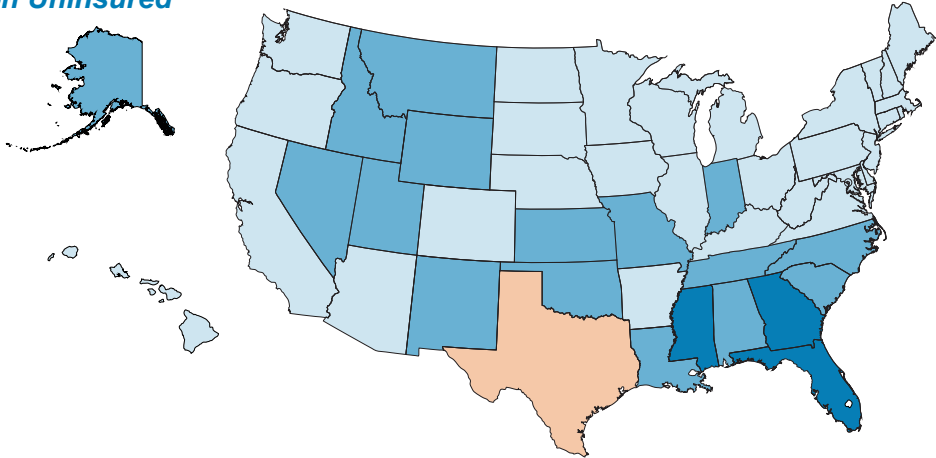
With the ACA, if Every State Expands Medicaid: 8% Nationally, 21.0 Million Uninsured
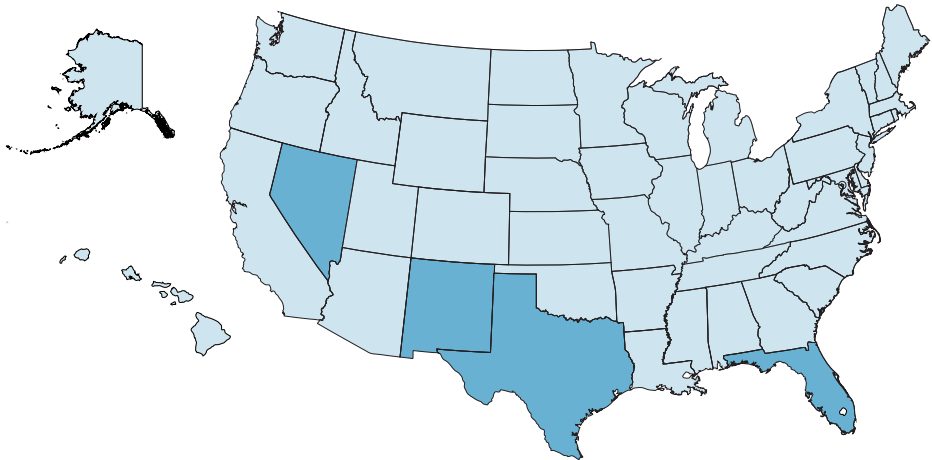
Source: Urban Institute Analysis, ACS-HIPSM 2014, based on pooled American Community Survey 2009-2011 datasets.