RESEARCH REPORT

Who Would Gain Coverage under Medicaid Expansion in Georgia?

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URBAN INSTITUTE

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Introduction

Under the Affordable Care Act (ACA), states have the option to expand Medicaid eligibility to nonelderly people with incomes up to 138 percent of the federal poverty level (FPL).[1] In Georgia, 1 of the 12 states that has yet to expand Medicaid eligibility, some key stakeholders are considering adopting the policy. In an earlier report, *3.7 Million People Would Gain Health Coverage in 2023 If the Remaining 12 States Were to Expand Medicaid Eligibility* (Buettgens and Ramchandani 2022), Urban researchers estimated that full Medicaid expansion in Georgia would decrease uninsurance by 448,000 people in 2023. In this report, we expand those results to show the characteristics of uninsured people in Georgia under the ACA (excluding recent temporary legislative changes, which we discuss in more detail below), people who would gain health insurance coverage if Medicaid were fully expanded, and people remaining uninsured even with Medicaid expansion. These results add detail to results presented in Buettgens and Ramchandani (2022) and are presented for 2023. We show results for eight areas: Athens, Atlanta, Augusta, Savannah, and four rural regions (central, southern, western, and northern Georgia).

At the time of writing, Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming have not expanded Medicaid. Among adults in these nonexpansion states, only parents with very low incomes can be eligible for Medicaid with full benefits.[2] Also, people with incomes below 100 percent of FPL are ineligible for Marketplace premium tax credits (PTCs).[3] Thus, in nonexpansion states, many uninsured adults with incomes below 100 percent of FPL generally have no affordable health insurance options, qualifying for neither Medicaid nor PTCs for purchasing Marketplace coverage. Additionally, people with incomes between 100 and 138 percent of FPL may be ineligible for subsidized coverage if they have an offer of employer-based coverage deemed affordable.[4] However, Medicaid has no such requirement for eligibility, so these people would gain eligibility for coverage if their states were to expand Medicaid.

Since the initial Medicaid expansion under the ACA, 14 states that did not initially expand have done so, either through legislative action or ballot initiatives. Some remaining nonexpansion states are now considering Medicaid expansion, including Georgia, North Carolina, and South Dakota. In Georgia,

Medicaid expansion is an active topic of debate in the gubernatorial race and among legislators, and members on both sides of the aisle have shown interest.[5]

About US Health Reform—Monitoring and Impact

With support from the Robert Wood Johnson Foundation, the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. Through the US Health Reform—Monitoring and Impact project, which began in May 2011, Urban researchers are using microsimulation modeling to project the cost and coverage implications of proposed health reforms, documenting the implementation of national and state health reforms, and providing technical assistance to states. More information and publications can be found at www.rwjf.org and www.urban.org.

Methods

We produced our estimates using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM), a detailed microsimulation model of the health care system designed to estimate the cost and coverage effects of proposed health care policy options (Buettgens and Banthin 2020). The model simulates household and employer decisions and models the way changes in one insurance market interact with changes in other markets. HIPSM is designed for quick-turnaround analyses of policy proposals. It can be rapidly adapted to analyze various new scenarios—from novel health insurance offerings and strategies for increasing affordability to state-specific proposals—and can describe the effects of a policy option over several years. Results from HIPSM simulations have been favorably compared with actual policy outcomes and other respected microsimulation models (Glied, Arora, and Solís-Román 2015).

Our estimates show how many Georgians would gain comprehensive health coverage under a full Medicaid expansion, compared with an ACA baseline that excludes recent temporary changes to PTCs. The earlier-mentioned report by Buettgens and Ramchandani estimated that full Medicaid expansion in Georgia would decrease uninsurance by 448,000 people, reducing the uninsurance rate by 32 percent (from 14.7 to 10.0 percent), and would increase Medicaid coverage by 739,000 people.

In response to the COVID-19 pandemic, the American Rescue Plan Act increased the generosity and reach of the ACA's PTCs for 2021 and 2022; the recently passed Inflation Reduction Act extended

the enhanced PTCs through 2025. Although these enhanced PTCs increase coverage somewhat while they are in effect, we exclude them from our baseline for several reasons: (1) the enhanced PTCs are temporary; (2) our results match and expand on the statewide estimates for Georgia in Buettgens and Ramchandani (2022), which was published before passage of the Inflation Reduction Act; and (3) many people who have gained coverage through the enhanced PTCs have incomes too high to be eligible for Medicaid expansion. We estimate that about 155,000 people in Georgia who could gain Medicaid eligibility under expansion have health coverage through the enhanced PTCs that they would not otherwise have under our ACA baseline. In addition, we assume that the COVID-19 public health emergency declared by the secretary of health and human services has expired and that coverage transitions following its expiration have already settled (Buettgens and Green 2022). Finally, our baseline also excludes the Georgia Pathways to Coverage plan to extend limited Medicaid coverage to people with incomes below 100 percent of FPL, contingent on work, training, education, or volunteering. That plan would cover an estimated 50,000 people, but implementation is currently uncertain.[6]

Statewide Impacts of Medicaid Expansion

This section summarizes statewide changes in coverage under Medicaid expansion by characteristics such as race and ethnicity, age group, and educational attainment. A later section examines area-specific changes. The statewide results are as follows:

- Medicaid expansion would reduce uninsurance in Georgia by 32 percent, or 448,000 people, but the reduction would vary across population groups and geographic areas. Table 1 shows the uninsurance rates and numbers of uninsured people in Georgia by selected characteristics and geographic area both with and without Medicaid expansion. The table also shows the characteristics of those who would gain coverage under expansion.

- By race and ethnicity, the largest reduction in uninsurance under Medicaid expansion would occur among Black people;[7] their uninsurance rate would fall by about 6 percentage points, from 13.2 to 7.2 percent. Reductions in uninsurance would be smallest among Hispanic people, in part because Medicaid expansion coverage is unavailable to undocumented residents.

- By age group, young adults ages 19 to 34 would have the greatest decrease in uninsurance rates; theirs would fall more than 10 percentage points from 26.4 to 16.2 percent. Compared with young adults, older adults have lower uninsurance rates even without expansion and would therefore have smaller gains in coverage under expansion. Children have lower

uninsurance rates than adults both with and without Medicaid expansion and would see little change in uninsurance under expansion. Children in Georgia from families with incomes up to 252 percent of FPL are already eligible for Medicaid or the Children's Health Insurance Program (Haley et al. 2020).

- Women and men would have the same percentage-point reduction in uninsurance under Medicaid expansion: 4.7 percentage points. However, women's uninsurance is lower without expansion (13.0 percent versus 16.4 percent for men), so their percent reduction in uninsurance would be greater.

- By level of educational attainment, uninsurance rates are highest for people with lower educational attainment; the largest reduction in uninsurance under Medicaid expansion would occur among people who did not complete high school, whose uninsurance rate would fall by about 12 percentage points but would remain high at 38.2 percent. People with more education would see smaller overall decreases in uninsurance under expansion, but these reductions would represent a greater portion of the uninsured population.

- The vast majority, 93 percent, of people gaining coverage would be in families where everyone is a US citizen.

- Seventy-seven percent of currently uninsured Georgians are in working families, and a majority, more than 68 percent, is in a family with at least one full-time worker. Families with only a part-time worker have an uninsurance rate slightly higher than that for families with no workers (24.1 versus 23.3 percent). Under Medicaid expansion, the uninsurance rate for families with only a part-time worker would fall sharply to 10.5 percent.

- The statewide uninsurance rate would fall from 14.7 to 10.0 percent with Medicaid expansion. By geographic area, uninsurance rates without Medicaid expansion range from 12.1 to 16.0 percent; with expansion, they would range from 7.7 to 10.5 percent.[8] Decreases in uninsurance under expansion would vary from 3.9 percentage points in the Atlanta area to 6.3 percentage points in the southern area. Figure 1 shows Georgia areas and their uninsurance rates with and without Medicaid expansion.

FIGURE 1
Uninsurance Rates with and without Medicaid Expansion in Georgia, by Area, 2023
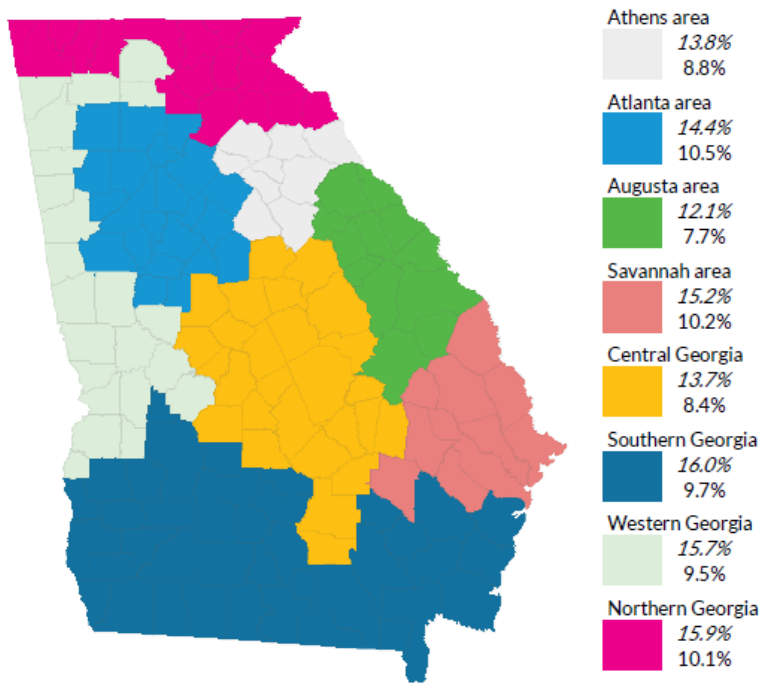
Top numbers (in italics) are the area uninsurance rates under the ACA baseline; bottom numbers are the uninsurance rates expected if Georgia were to fully expand Medicaid.

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Source: Urban Institute Health Insurance Policy Simulation Model, 2022.
Notes: ACA = Affordable Care Act. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act; they exclude temporary enhanced premium tax credits under the Inflation Reduction Act.

TABLE 1
Impacts of Medicaid Expansion in Georgia, by Selected Characteristics and Geographic Area, 2023

| | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	381	27	13.2	206	22	7.2	175	39
Hispanic	328	24	35.3	286	30	30.8	42	9
White	585	42	11.4	378	40	7.4	208	46
Other	102	7	17.3	79	8	13.3	24	5
Age group								
Birth to 18	93	7	3.3	86	9	3.1	7	2
19–34	621	44	26.4	380	40	16.2	241	54
35–54	548	39	17.6	391	41	12.5	157	35
55–64	135	10	10.5	91	10	7.1	43	10
Sex								
Male	763	55	16.4	545	57	11.7	218	49
Female	634	45	13.0	404	43	8.3	230	51
Education, people ages 19–64								
Less than high school	211	16	50.2	160	19	38.2	51	11
High school	507	39	27.0	307	36	16.3	201	45
Some college	346	27	18.1	219	25	11.5	127	29
College graduate	239	18	9.4	176	20	6.9	63	14
Subtotal	*1,304*	*100*	*19.3*	*862*	*100*	*12.8*	*441*	*100*
Citizenship status, family								
All citizens	1,012	72	12.0	595	63	7.0	417	93
Has undocumented immigrant(s)	332	24	44.5	317	33	42.5	15	3
Has legal immigrant(s), no undocumented	53	4	15.5	37	4	10.6	17	4
Working status, family								
No workers	322	23	23.3	172	18	12.5	150	33
Only part-time worker(s)	122	9	24.1	53	6	10.5	69	15
Full-time worker(s)	953	68	12.5	723	76	9.5	230	51

| Characteristics | Uninsured without Medicaid Expansion | | | With Medicaid Expansion | | | | |
| | | | | Remaining Uninsured | | | Gaining Coverage | |
	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Georgia area								
Athens	62	4	13.8	40	4	8.8	22	5
Atlanta	738	53	14.4	537	57	10.5	201	45
Augusta	39	3	12.1	25	3	7.7	14	3
Savannah	78	6	15.2	52	5	10.2	26	6
Central	111	8	13.7	68	7	8.4	43	10
Southern	153	11	16.0	93	10	9.7	60	13
Western	86	6	15.7	52	6	9.5	34	8
Northern	129	9	15.9	82	9	10.1	47	11
Total	**1,397**	**100**	**14.7**	**948**	**100**	**10.0**	**448**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act; they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Impacts of Medicaid Expansion by Geographic Area

Uninsurance and the effect of Medicaid expansion on uninsurance vary both across and within Georgia areas. Tables 2 through 9 show the uninsurance rates and number of uninsured people with and without Medicaid expansion in each of the eight Georgia areas by selected characteristics. The tables also show the characteristics of those who would gain coverage under expansion.

Athens Area

Table 2 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Athens area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people, and those gaining coverage under Medicaid expansion, in the Athens area are more likely to be White (61 versus 42 percent of the uninsured population without Medicaid expansion; 67 versus 46 percent of those gaining coverage).

- More than half of uninsured Black people in this area would gain coverage under expansion.

- Among the uninsured population, the proportion in a family with a noncitizen member is smaller in Athens than in Georgia overall (17 versus 28 percent). Coverage gains from Medicaid expansion would be small for this group.

TABLE 2

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Athens, Georgia, Area, 2023

	WITHOUT MEDICAID EXPANSION			WITH MEDICAID EXPANSION				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	10	16	13.0	5	12	6.2	5	23
Hispanic	11	17	33.2	9	23	29.0	1	6
White	38	61	11.8	23	58	7.2	15	67
Other	4	6	16.9	3	7	12.7	1	4
Age group								
Birth to 18	5	8	3.9	5	12	3.8	*	1
19–34	27	44	22.5	14	36	11.8	13	58
35–54	24	39	17.0	17	43	12.1	7	31
55–64	6	9	9.8	4	9	6.1	2	10
Sex								
Male	32	51	14.6	22	54	9.9	10	46
Female	30	49	13.0	18	46	7.8	12	54
Education, people ages 19–64								
Less than HS	8	15	42.1	6	18	32.7	2	8
HS	23	41	22.3	13	36	12.3	10	47
Some college	16	28	16.6	10	28	10.0	6	29
College graduate	10	17	9.3	6	18	6.0	3	15
Subtotal	*57*	*100*	*17.7*	*35*	*100*	*10.9*	*22*	*100*
Citizenship status, family								
All citizens	52	83	12.4	30	76	7.3	21	96
Noncitizen(s) in family	10	17	31.1	9	24	28.6	1	4
Working status, family								
No workers	16	26	22.5	9	21	12.0	7	33
Only part-time worker(s)	6	10	22.3	3	7	10.8	3	14
Full-time worker(s)	40	65	11.4	28	71	8.1	12	53
Total	**62**	**100**	**13.8**	**40**	**100**	**8.8**	**22**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Athens, Georgia, area is ACA rating region 2. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Atlanta Area

Table 3 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Atlanta area. Key takeaways are as follows:

- The Atlanta area has a much larger population than any other area examined here; more than half of the state's uninsured population resides in this area.

- Without Medicaid expansion, uninsurance in this area is nearly evenly split between Black, Hispanic, and White residents; the share of people in the "other" racial and ethnic group who is uninsured is about one-third the size of the uninsured shares of the other three racial and ethnic groups.

- Under expansion, Black residents would have the greatest coverage gains. Their uninsurance rate would fall by 42 percent, from 12.9 to 7.4 percent.

- Among the uninsured population, the proportion in a family with a noncitizen member is greater in the Atlanta area than in Georgia overall (38 versus 28 percent). Coverage gains from expansion would be small for this group.

- Uninsurance in the area would fall by 27 percent under expansion, the smallest decrease of any Georgia area.

TABLE 3

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Atlanta, Georgia, Area, 2023

	WITHOUT MEDICAID EXPANSION			WITH MEDICAID EXPANSION				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	220	30	12.9	127	24	7.4	93	46
Hispanic	221	30	38.0	196	37	33.7	25	13
White	226	31	9.4	157	29	6.5	69	34
Other	71	10	16.7	57	11	13.4	14	7
Age group								
Birth to 18	53	7	3.6	49	9	3.3	4	2
19–34	318	43	25.7	214	40	17.3	104	52
35–54	302	41	17.2	228	42	12.9	74	37
55–64	66	9	10.3	46	9	7.3	19	10
Sex								
Male	394	53	15.8	301	56	12.1	93	46
Female	344	47	13.1	236	44	9.0	108	54

| Characteristics | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Education, people ages 19–64								
Less than HS	110	16	60.4	91	19	50.0	19	10
HS	245	36	29.5	166	34	19.9	80	40
Some college	177	26	18.9	115	24	12.3	61	31
College graduate	153	22	9.1	115	24	6.9	38	19
Subtotal	*685*	*100*	*18.9*	*488*	*100*	*13.4*	*198*	*100*
Citizenship status, family								
All citizens	457	62	10.6	277	52	6.4	180	89
Noncitizen(s) in family	281	38	35.8	259	48	33.0	22	11
Working status, family								
No workers	154	21	25.6	89	17	14.7	66	33
Only part-time worker(s)	67	9	26.1	33	6	12.9	34	17
Full-time worker(s)	517	70	12.1	415	77	9.7	102	51
Total	**738**	**100**	**14.4**	**537**	**100**	**10.5**	**201**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Atlanta, Georgia, area is ACA rating region 3. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Augusta Area

Table 4 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Augusta area. Key takeaways are as follows:

- The Augusta area's uninsurance rate, both with and without expansion, is the lowest in Georgia.

- Compared with the statewide uninsured population, uninsured people in Augusta are much less likely to be Hispanic (7 versus 24 percent) and more likely to be Black (44 versus 27 percent).

- The uninsured population in Augusta is more educated than the statewide uninsured population. Only 6 percent have not completed high school, compared with 16 percent statewide, and 57 percent have at least some college education, compared with 45 percent statewide.

TABLE 4

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Augusta, Georgia, Area, 2023

Characteristics	WITHOUT MEDICAID EXPANSION			WITH MEDICAID EXPANSION				
	Uninsured			Remaining Uninsured			Gaining Coverage	
	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	17	44	13.9	10	40	8.1	7	51
Hispanic	3	7	15.2	2	7	11.0	1	5
White	16	42	10.1	11	44	6.8	5	38
Other	3	7	14.7	2	8	10.4	1	6
Age group								
Birth to 18	2	6	2.6	2	9	2.4	*	1
19–34	19	49	22.6	10	42	12.4	9	62
35–54	14	35	14.2	10	39	10.1	4	29
55–64	4	9	7.7	2	9	5.1	1	9
Sex								
Male	23	60	15.1	16	63	10.1	8	55
Female	16	40	9.4	9	37	5.6	6	45
Education, people ages 19–64								
Less than HS	2	6	20.0	1	5	10.9	1	7
HS	14	37	21.7	7	29	10.3	7	52
Some college	12	33	16.7	9	38	12.0	3	24
College graduate	9	24	10.7	6	28	7.7	3	18
Subtotal	*36*	*100*	*16.0*	*23*	*100*	*9.9*	*14*	*100*
Citizenship status, family								
All citizens	37	95	12.0	23	93	7.5	14	98
Noncitizen(s) in family	2	5	13.7	2	7	12.3	*	2
Working status, family								
No workers	9	24	18.5	5	18	8.9	5	34
Only part-time worker(s)	4	9	20.3	1	3	4.0	3	21
Full-time worker(s)	26	67	10.3	20	79	7.8	6	45
Total	**39**	**100**	**12.1**	**25**	**100**	**7.7**	**14**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Augusta, Georgia, area is ACA rating region 5. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Savannah Area

Table 5 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the Savannah area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the Savannah area are less likely to be Hispanic (11 versus 24 percent) and more likely to be White (54 versus 42 percent). Because the majority of the area's uninsured population is White, about half of the gains in coverage under Medicaid expansion would occur among this group. However, the percent decrease in uninsurance would be greatest for Black residents.

- By educational attainment, more than half of the area's coverage gains would be among people with no more than a high school education.

- Uninsurance in Savannah would fall by 33 percent, slightly above the statewide average of 32 percent.

TABLE 5

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Savannah, Georgia, Area, 2023

| | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	23	29	13.4	12	23	7.1	11	41
Hispanic	9	11	25.7	8	15	22.3	1	4
White	42	54	14.8	29	55	10.2	13	50
Other	5	6	18.3	4	7	14.4	1	4
Age group								
Birth to 18	4	6	3.0	4	7	2.6	1	2
19–34	41	53	26.5	25	49	16.4	16	61
35–54	26	33	17.6	18	35	12.5	7	29
55–64	7	9	10.4	5	9	7.0	2	9
Sex								
Male	45	58	18.1	32	61	12.6	14	53
Female	33	42	12.5	20	39	7.8	12	47
Education, people ages 19–64								
Less than HS	8	10	39.5	5	11	26.8	2	10
HS	30	41	29.0	16	34	15.9	14	53
Some college	22	30	18.6	15	31	12.7	7	27
College graduate	14	19	11.3	12	25	9.3	2	10
Subtotal	*74*	*100*	*20.1*	*48*	*100*	*13.2*	*25*	*100*

| Characteristics | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Citizenship status, family								
All citizens	70	90	14.4	44	85	9.1	26	99
Noncitizen(s) in family	8	10	30.0	8	15	29.2	*	1
Working status, family								
No workers	16	20	19.1	8	15	9.5	8	30
Only part-time worker(s)	6	8	20.7	2	4	7.0	4	16
Full-time worker(s)	56	72	14.0	42	81	10.5	14	54
Total	**78**	**100**	**15.2**	**52**	**100**	**10.2**	**26**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The Savannah, Georgia, area is ACA rating region 14. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Central Georgia Area

Table 6 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the central Georgia area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the central Georgia area are more likely to be Black (36 versus 27 percent) and less likely to be Hispanic (13 versus 24 percent).

- Again compared with the statewide uninsured population, uninsured people in central Georgia are more likely to be in a family where everyone is a US citizen (87 versus 72 percent).

- The area's uninsurance rates with (8.4 percent) and without (13.7 percent) Medicaid expansion are the second-lowest of all areas, behind only the Augusta area.

TABLE 6

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Central Georgia Area, 2023

| | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	40	36	13.6	19	28	6.6	20	47
Hispanic	14	13	36.2	12	18	30.1	2	6
White	54	48	11.7	35	51	7.6	19	43
Other	3	3	15.5	2	3	8.0	2	4
Age group								
Birth to 18	6	6	2.6	6	8	2.4	*	1
19–34	49	44	25.0	27	39	13.5	23	53
35–54	43	39	17.2	27	40	10.9	16	37
55–64	12	11	9.9	8	12	6.7	4	9
Sex								
Male	60	54	15.3	39	58	10.0	21	49
Female	51	46	12.1	29	42	6.9	22	51
Education, people ages 19–64								
Less than HS	15	14	39.6	9	15	25.0	6	13
HS	49	46	23.6	27	43	13.1	22	51
Some college	27	26	15.1	16	26	8.8	11	27
College graduate	14	13	9.5	10	16	6.6	4	10
Subtotal	*105*	*100*	*18.3*	*62*	*100*	*10.9*	*43*	*100*
Citizenship status, family								
All citizens	97	87	12.5	55	81	7.1	42	97
Noncitizen(s) in family	14	13	41.2	13	19	37.7	1	3
Working status, family								
No workers	30	27	18.5	14	21	8.7	16	36
Only part-time worker(s)	10	9	20.4	4	6	7.8	6	15
Full-time worker(s)	71	64	11.8	50	74	8.3	21	49
Total	**111**	**100**	**13.7**	**68**	**100**	**8.4**	**43**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The central Georgia area consists of ACA rating regions 11, 12, and 16. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Southern Georgia Area

Table 7 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the southern Georgia area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the southern Georgia area are slightly more likely to be Black (31 versus 27 percent) and less likely to be Hispanic (14 versus 24 percent).

- Equal numbers of men and women in this region would gain coverage under expansion, decreasing the gap in uninsurance rates by sex from about 4.9 to 4.5 percentage points.

- Compared with the statewide uninsured population, uninsured people in the southern area are more likely to be in a family where everyone is a US citizen (86 versus 72 percent).

- The southern area's uninsured population has similar characteristics to that of the central area, but its uninsurance rates are higher both with and without Medicaid expansion.

TABLE 7

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Southern Georgia Area, 2023

| | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	47	31	14.6	21	23	6.5	26	43
Hispanic	21	14	35.9	18	19	30.0	3	6
White	78	51	14.3	49	53	8.9	29	49
Other	6	4	22.8	5	5	17.6	1	2
Age group								
Birth to 18	9	6	3.0	8	8	2.7	1	1
19–34	69	45	30.3	35	38	15.4	34	57
35–54	58	38	19.9	38	41	13.1	20	33
55–64	17	11	11.7	11	12	7.8	6	9
Sex								
Male	86	56	18.5	56	60	12.0	30	50
Female	67	44	13.7	37	40	7.5	30	50
Education, people ages 19–64								
Less than HS	22	15	40.6	15	18	27.7	7	12
HS	63	44	27.1	34	40	14.6	29	49
Some college	43	30	20.1	24	29	11.5	18	30
College graduate	16	11	9.9	11	13	6.8	5	9
Subtotal	*144*	*100*	*21.7*	*85*	*100*	*12.7*	*60*	*100*

| Characteristics | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Citizenship status, family								
All citizens	131	86	14.5	73	79	8.1	58	97
Noncitizen(s) in family	22	14	42.4	20	21	38.4	2	3
Working status, family								
No workers	43	28	21.9	20	21	10.1	23	39
Only part-time worker(s)	13	9	24.4	5	5	8.8	8	14
Full-time worker(s)	97	63	13.7	68	74	9.7	29	48
Total	**153**	**100**	**16.0**	**93**	**100**	**9.7**	**60**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The southern Georgia area consists of ACA rating regions 1, 6, and 15. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Western Georgia Area

Table 8 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the western Georgia area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the western Georgia area are more likely to be White (54 versus 42 percent) and less likely to be Hispanic (16 versus 24 percent).

- Uninsured people in the western area are more likely than the statewide uninsured population to be in a family where everyone is a US citizen (86 versus 72 percent).

- Without Medicaid expansion, the uninsurance rate in the western area is similar to that in the northern area, but the western area would have a greater increase in coverage under expansion.

TABLE 8

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Western Georgia Area, 2023

Characteristics	WITHOUT MEDICAID EXPANSION			WITH MEDICAID EXPANSION				
	Uninsured			Remaining Uninsured			Gaining Coverage	
	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	21	24	13.4	10	19	6.4	11	32
Hispanic	14	16	31.7	11	21	25.4	3	8
White	46	54	14.2	28	54	8.6	18	54
Other	6	7	22.2	4	7	14.1	2	6
Age group								
Birth to 18	5	6	3.0	5	9	2.8	*	1
19–34	43	50	29.9	23	44	15.8	20	60
35–54	30	35	18.2	20	38	12.0	10	30
55–64	8	9	10.5	5	10	6.6	3	8
Sex								
Male	51	60	18.9	34	64	12.3	18	53
Female	35	40	12.6	19	36	6.8	16	47
Education, people ages 19–64								
Less than HS	15	18	47.0	9	20	30.5	5	15
HS	32	39	24.6	16	33	12.2	16	47
Some college	24	30	19.1	15	31	11.9	9	27
College graduate	11	14	11.2	8	16	7.8	3	10
Subtotal	*82*	*100*	*21.1*	*48*	*100*	*12.4*	*34*	*100*
Citizenship status, family								
All citizens	74	86	14.4	42	80	8.2	32	94
Noncitizen(s) in family	12	14	36.3	10	20	30.2	2	6
Working status, family								
No workers	22	25	23.5	12	23	12.8	10	29
Only part-time worker(s)	7	8	22.5	3	5	8.8	4	13
Full-time worker(s)	57	66	13.5	38	72	8.9	20	58
Total	**86**	**100**	**15.7**	**52**	**100**	**9.5**	**34**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: * = fewer than 500 people. HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The western Georgia area consists of ACA rating regions 4, 8, and 13. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Northern Georgia Area

Table 9 shows characteristics of the uninsured population and those who would gain coverage under Medicaid expansion in the northern Georgia area. Key takeaways are as follows:

- Compared with the statewide uninsured population, uninsured people in the northern Georgia area are much more likely to be White (65 versus 42 percent), slightly more likely to be Hispanic (28 versus 24 percent), and much less likely to be Black (3 versus 27 percent).

- The uninsured population in the northern area has significantly lower educational attainment than the uninsured populations in other areas; more than two-thirds of uninsured people have a high school education or less.

- In this area, the proportion of the uninsured population in a family with a noncitizen member is close to the statewide average (28 percent).

- The northern area's uninsurance rate without Medicaid expansion is similar to that of the southern and western areas (at or near 16 percent), despite differences in the areas' racial and ethnic compositions. However, the northern area would see slightly smaller coverage gains with expansion than would the southern and western areas.

TABLE 9

Characteristics of the Uninsured Population and Those Who Would Gain Coverage under Medicaid Expansion in the Northern Georgia Area, 2023

| | WITHOUT MEDICAID EXPANSION | | | WITH MEDICAID EXPANSION | | | | |
| | Uninsured | | | Remaining Uninsured | | | Gaining Coverage | |
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Race/ethnicity								
Black	4	3	11.2	2	3	5.9	2	4
Hispanic	36	28	28.9	31	38	24.9	5	10
White	85	65	13.5	46	56	7.3	39	82
Other	5	4	20.2	3	4	12.4	2	4
Age group								
Birth to 18	9	7	3.8	8	10	3.4	1	2
19–34	55	42	29.4	32	39	17.1	23	48
35–54	50	39	19.1	32	39	12.1	18	39
55–64	16	12	12.2	10	12	7.8	6	12
Sex								
Male	71	55	17.4	47	57	11.5	24	51
Female	59	45	14.5	35	43	8.7	23	49

	WITHOUT MEDICAID EXPANSION			WITH MEDICAID EXPANSION				
	Uninsured			Remaining Uninsured			Gaining Coverage	
Characteristics	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total	Uninsurance rate	1,000s of people	% of total
Education, people ages 19–64								
Less than HS	31	26	47.6	22	30	34.4	9	18
HS	52	43	25.0	28	38	13.7	23	50
Some college	26	22	15.0	15	21	8.7	11	23
College graduate	12	10	9.1	8	11	6.1	4	9
Subtotal	*121*	*100*	*20.9*	*74*	*100*	*12.8*	*47*	*100*
Citizenship status, family								
All citizens	94	72	13.3	49	60	7.0	44	93
Noncitizen(s) in family	36	28	32.6	32	40	29.5	3	7
Working status, family								
No workers	32	25	26.0	17	20	13.6	15	32
Only part-time worker(s)	9	7	22.3	3	4	7.8	6	13
Full-time worker(s)	88	68	13.6	62	76	9.6	26	55
Total	**129**	**100**	**15.9**	**82**	**100**	**10.1**	**47**	**100**

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: HS = high school. Estimates are based on permanent nongroup premium tax credits under the Affordable Care Act (ACA); they exclude temporary enhanced premium tax credits under the Inflation Reduction Act. The northern Georgia area consists of ACA rating regions 7, 9, and 10. People who identified as Hispanic and as any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they are also Hispanic.

Conclusion

Increasing coverage through Medicaid expansion would have significant benefits for Georgia. Health coverage saves lives; at least two studies have found that health coverage under the ACA decreased mortality, and one found a statistically significant reduction in mortality in expansion states compared with nonexpansion states (Goldin, Lurie, and McCubbin 2019; Miller, Johnson, and Wherry 2019). In addition, expansion increases the financial security of those gaining health coverage; two studies found that Medicaid expansion improved financial security measures, such as credit scores, while reducing financial insecurity measures, such as medical debt collection balances (Caswell and Waidmann 2019; Hu et al. 2016). Expansion also improves hospital finances; studies have shown this is achieved through lowered uncompensated care costs (Blavin 2017; Dranove, Garthwaite, and Ody 2017). Finally, expansion improves state economies; a study in Montana found Medicaid expansion led to an additional

$600 million circulating in the state's economy each year, supporting 5,900 to 7,500 jobs and $350 to $385 million in personal income (Ward and Bridge 2019).

If Georgia were to fully expand Medicaid under the ACA, uninsurance would fall by 4.7 percentage points—equal to 448,000, or 32 percent, fewer people without coverage. Georgia would go from having the 4th-highest uninsurance rate of all states to the 13th highest. The southern and western areas would have reductions in uninsurance of more than 6 percentage points, meaning almost 40 percent fewer people would be without health insurance in those areas.

Notes

1   The Supreme Court's 2012 decision in *National Federation of Independent Business v. Sebelius* effectively made the ACA's Medicaid expansion voluntary for states.

2   Adults in nonexpansion states may be eligible for limited benefit programs. For example, pregnant women with low incomes can qualify for certain benefits during pregnancy. In addition, Wisconsin extended eligibility to adults with incomes up to 100 percent of FPL in 2014 without accepting the ACA's Medicaid expansion.

3   Legal immigrants ineligible for Medicaid because they have resided in the US fewer than five years are eligible for Marketplace coverage with PTCs even if their incomes are below 100 percent of FPL. Some evidence also shows that some nonimmigrants with incomes below 100 percent of FPL are enrolled in Marketplace coverage with tax credits—particularly with the enhanced tax credits under the American Rescue Plan Act—largely because income is particularly volatile for workers with low incomes, who are protected from having to repay tax credits if their annual incomes end up below 100 percent of FPL (Buettgens and Banthin 2022).

4   The Biden administration has issued a draft change to administrative guidance that would limit the number of people disqualified in this way. This issue is often called the "family glitch" (Buettgens and Banthin 2021).

5   Rachel Roubein, "Stacey Abrams Wants to Leverage an Atlanta Hospital's Closure in Her Race for Governor," *Washington Post*, September 7, 2022, https://www.washingtonpost.com/politics/2022/09/07/stacey-abrams-wants-leverage-an-atlanta-hospital-closure-her-race-governor/; and Emma Hurt, "New Life for Medicaid Expansion in Georgia," *Axios*, August 15, 2022, https://www.axios.com/local/atlanta/2022/08/15/new-life-for-medicaid-expansion-in-georgia.

6   CMS initially approved then later denied approval for the Georgia Pathways to Coverage Section 1115 waiver. In August 2022, a judge rejected the denial as illegitimate; CMS must now appeal or find a solution that satisfies the court. See Chris Denson, "A Path Forward for Georgia Pathways Medicaid Waiver," Georgia Public Policy Foundation news, August 26, 2022, https://www.georgiapolicy.org/news/a-path-forward-for-georgia-pathways-medicaid-waiver/.

7   The racial and ethnic categories used in this analysis (Black, Hispanic, White, and "other") are based on the American Community Survey, the data on which HIPSM is built. People in the "other" category identified as American Indian, Asian/Pacific Islander, or multiple races in the survey. People who identified as Hispanic and as Black, White, or any race other than American Indian are included in the Hispanic category, whereas American Indians are included in the "other" category regardless of whether they also identified as Hispanic. We acknowledge this language may not reflect how people describe themselves. We remain committed to employing respectful and inclusive language.

8   The Athens area is ACA rating region 2; the Atlanta area is ACA ration region 3; the Augusta area is ACA rating region 5; the Savannah area is ACA rating region 14; the central area consists of ACA rating regions 11, 12, and 16; the southern area consists of ACA rating regions 1, 6, and 15; the western area consists of ACA rating regions 4, 8, and 13; and the northern area consists of ACA rating regions 7, 9, and 10.

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