

The Potential Implications of *Texas v. United States*: How Would Repeal of the ACA Change the Likelihood That People With Different Characteristics Would Be Uninsured?

John Holahan, Linda J. Blumberg, and Matthew Buettgens

Timely Analysis of Immediate Health Policy Issues

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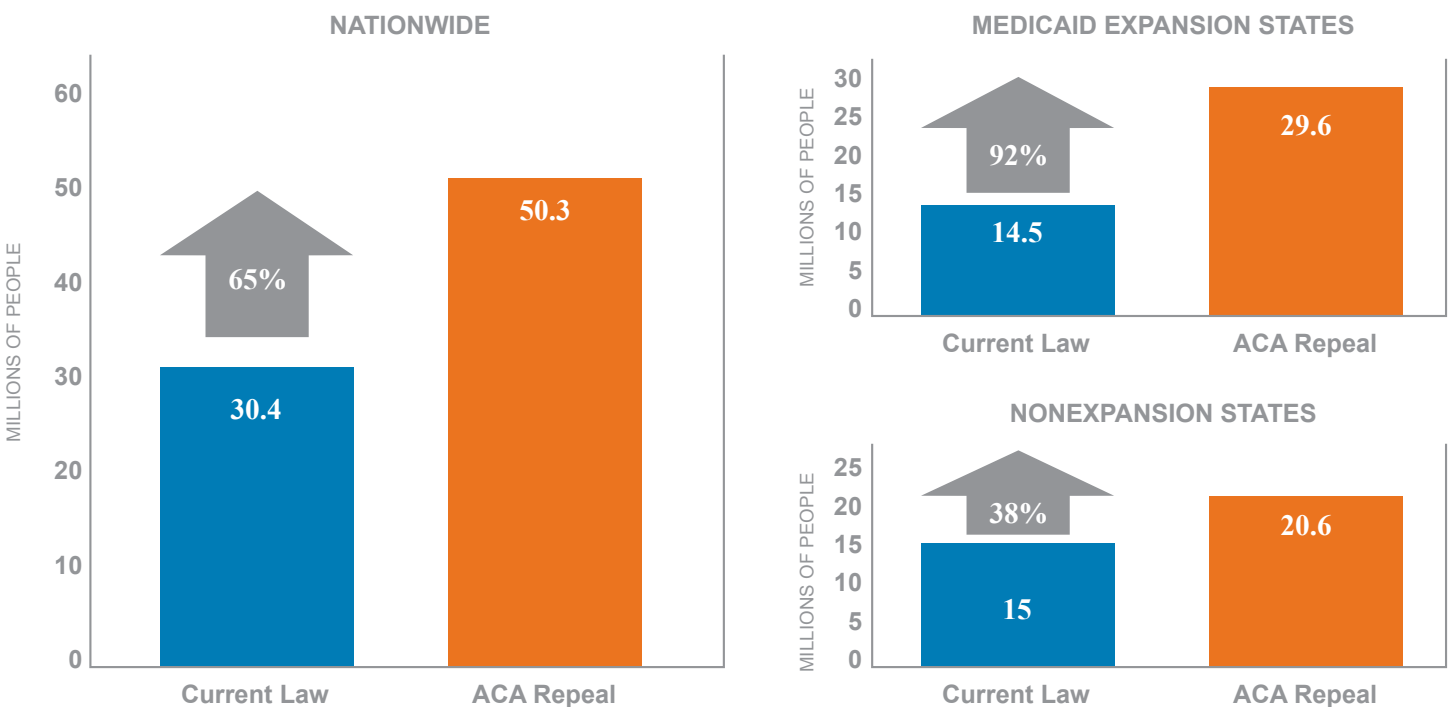
In Brief

A case currently pending before the U.S. Court of Appeals for the Fifth Circuit and supported by the Trump administration argues that, because the 2017 Tax Cuts and Jobs Act eliminated the Affordable Care Act's (ACA's) individual mandate penalties starting with the 2019 plan year, the entire ACA cannot operate or be sustained. Therefore, the plaintiffs in *Texas v. United States* argue that the ACA should be invalidated, or effectively repealed in its entirety. We analyzed the state-by-state coverage and government

funding consequences of a finding for the plaintiffs in this case. This analysis builds upon that work, delineating how such a finding would increase the number and likelihood of being uninsured by different characteristics. Though the number of uninsured people would increase by approximately 20 million, or 65 percent nationally, the increases in uninsurance would be most heavily concentrated among people with the lowest incomes (below 200 percent of the federal poverty level), young adults, families with at least one full-time worker, and residents of the

South and West. These subpopulations of the United States have experienced the largest gains in insurance coverage under the ACA and consequently would be hit the hardest if the law were repealed. In addition, the number of uninsured people would increase by 92 percent across the 34 states that have implemented the ACA's Medicaid expansion, compared with 38 percent in the nonexpansion states, again owing to the fact that coverage increases under the ACA were significantly larger in states that expanded Medicaid eligibility.

The Nonelderly Uninsured Under Current Law and ACA Repeal, 2019



Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

Introduction

In March of this year, we released an analysis that provided state-level estimates of the impact of full repeal of the Affordable Care Act (ACA).¹ These estimates reflect the central insurance coverage and federal spending changes that would occur for the U.S. population under age 65 if *Texas v. United States* is found for the plaintiffs; the case is currently pending before the U.S. Court of Appeals for the Fifth Circuit, and the U.S. Department of Justice is supporting the plaintiffs in the case.² Full repeal of the ACA would eliminate an array of policies that touch almost every aspect of health insurance in the United States. Our estimates include some of the largest effects: the elimination of the ACA's coverage reforms, such as the expansion of Medicaid (a state option that has been implemented in 34 states, including the District of Columbia, and adopted by ballot initiative but not yet implemented in 3 additional states); income-related tax credits; the insurance marketplaces; and the ACA's insurance regulations. Using the Urban Institute's Health Insurance Policy Simulation Model, we show that if the law were invalidated, the number of uninsured people would increase by about 20 million. The uninsurance rate would increase from 11 percent under current law to 18 percent, a 65 percent increase, bringing the nonelderly uninsured total up to 50.3 million people.

Building on this work, we provide additional detail on the characteristics of the uninsured under age 65 if the ACA were repealed. This analysis highlights the people who would be most affected. Unsurprisingly, the people who most benefited from the ACA's coverage expansions would be most likely to become uninsured if the ACA were repealed. Table 1 shows the main results of the analysis. Methodological information relevant to this analysis can be found in the earlier brief.

Characteristics of the Uninsured

Residents of expansion versus nonexpansion states. The first panel of Table 1 shows that repeal would increase the number of uninsured people by 92 percent, or 14.2 million people,

across the 34 states that expanded Medicaid eligibility under the ACA and 38 percent, or 5.7 million people, across nonexpansion states.³ The uninsurance rate across all expansion states would increase from 9 percent of the nonelderly under current law to 17 percent under repeal. In nonexpansion states, the uninsurance rate would increase from 15 percent of the nonelderly to 21 percent. Thus, though uninsurance rates across expansion states would remain well below those of nonexpansion states, as was the case before the ACA, the difference in the uninsurance rates between the two groups of states would shrink.

Family income relative to poverty. The second panel of Table 1 shows changes in the uninsured under repeal by family income relative to poverty.⁴ Uninsurance rates would increase the most for the lower-income groups (Figure 1) since these people were most likely to become eligible for Medicaid or premium tax credit assistance under the ACA. Nationally, the number of uninsured people with incomes under 138 percent of the federal poverty level (FPL) would increase by 71 percent, and the number of uninsured people between 138 and 200 percent of FPL would increase by 72 percent. These translate into an additional 11.1 million uninsured people with incomes below 138 percent of FPL and an additional 3.5 million uninsured people with incomes between 138 and 200 percent of FPL. An additional 3.5 million people between 200 and 400 percent of FPL would be uninsured, as would another 1.8 million people with incomes above 400 percent of FPL. The number of uninsured people in the higher-income group, which has an uninsurance rate of only 3 percent under current law, would increase by 72 percent.

Race and ethnicity. In the third panel of Table 1, we show how repeal would affect the number of uninsured people and the rates of uninsurance among different racial and ethnic groups. The number of uninsured non-Hispanic white and black people would each increase by 79 percent, an additional 9.4 million and 3.2 million uninsured people, respectively. The number of uninsured Hispanic people would increase by 46

percent, an additional 5.4 million people. Their uninsurance rate, the highest of any racial/ethnic group under current law, would increase by 10 percentage points, from 21 percent to 31 percent (Figure 2).

Age. The fourth panel of Table 1 shows changes in the number of uninsured people and uninsurance rates by age. The smallest changes would occur for children, from birth to age 18. Before the ACA, children had the highest rates of insurance coverage because of their higher eligibility for public insurance programs, so the law affected their coverage the least. The number of uninsured children is estimated to increase by just under 1 million under repeal, a 20 percent increase from a relatively low uninsurance level of 6 percent to 7 percent (Figure 3). The largest increase in the number of uninsured, 8.8 million people or 74 percent, would occur for young adults ages 19 to 34. Young adults had the highest uninsurance rate before the ACA and still do under current law; however, they experienced the greatest gains in coverage of any age group because of the law.⁵ The number of uninsured people ages 35 to 54 would increase by 6.8 million people (66 percent), and 3.3 million more people ages 55 to 64 would be uninsured (a 96 percent increase).

Citizenship status. The fifth panel of the table shows changes in the number of uninsured people and uninsurance rates by citizenship status. If the ACA were repealed in full, 17.7 million of the additional 19.9 million uninsured people would be U.S. citizens. Most of the remainder of that increase, 9 percent of the total increase in the uninsured, would be noncitizens in the country legally. Because the ACA did not provide any financial assistance to undocumented people, repeal would affect their coverage minimally. The number of uninsured citizens would increase by 84 percent, and the number of uninsured noncitizens legally present in the US would increase by 133 percent, more than doubling the latter's uninsurance rate.

English language proficiency. The sixth panel of Table 1 shows the English language proficiency of uninsured adults

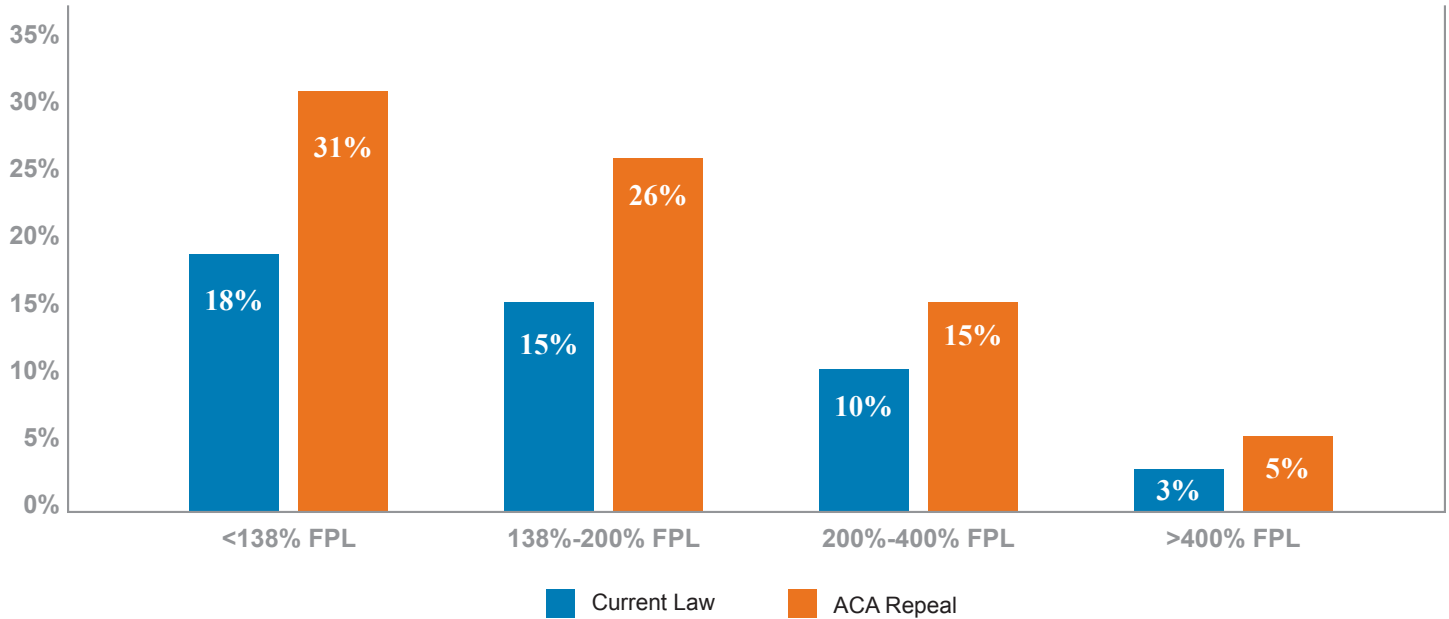
Table 1. Characteristics of the Nonelderly Uninsured and Uninsurance Rates Under the ACA and Full Repeal, 2019 (thousands of people)

Characteristics	Uninsured Under ACA			Uninsured Under ACA Repeal			Difference	Percent Difference	Percentage Point Difference in Uninsurance Rate
	Number of Uninsured	% of Total	Uninsurance Rate	Number of Uninsured	% of Total	Uninsurance Rate			
Medicaid Expansion									
Expansion states	15,452	100%	9%	29,632	100%	17%	14,180	92%	8%
Nonexpansion states	14,924	100%	15%	20,621	100%	21%	5,697	38%	6%
Income									
<138% FPL	15,639	51%	18%	26,693	53%	31%	11,055	71%	13%
138%–200% FPL	4,879	16%	15%	8,402	17%	26%	3,522	72%	11%
200%–400% FPL	7,376	24%	10%	10,899	22%	15%	3,522	48%	5%
> 400% FPL	2,482	8%	3%	4,260	8%	5%	1,777	72%	2%
Race and Ethnicity									
White, non-Hispanic	11,823	39%	8%	21,192	42%	14%	9,369	79%	6%
Hispanic	11,831	39%	21%	17,249	34%	31%	5,418	46%	10%
Black, non-Hispanic	4,003	13%	11%	7,177	14%	20%	3,173	79%	9%
Other	2,720	9%	10%	4,636	9%	18%	1,917	70%	7%
Age									
0–18	4,715	16%	6%	5,667	11%	7%	952	20%	1%
19–34	11,937	39%	17%	20,770	41%	29%	8,833	74%	13%
35–54	10,316	34%	13%	17,138	34%	21%	6,821	66%	8%
55–64	3,408	11%	8%	6,678	13%	16%	3,270	96%	8%
Citizenship Status - Individual									
Citizen	21,087	69%	8%	38,809	77%	15%	17,722	84%	7%
Noncitizen, undocumented	7,998	26%	63%	8,434	17%	67%	437	5%	3%
Noncitizen, documented	1,292	4%	13%	3,010	6%	30%	1,718	133%	17%
English Proficiency - Individual (Ages 19–64)									
<i>Subtotal</i>	25,662		13%	44,586		23%	18,924	74%	10%
Speaks very well or better	18,135	71%	10%	34,209	77%	20%	16,073	89%	9%
Does not speak very well or is less proficient	7,526	29%	36%	10,377	23%	49%	2,851	38%	14%
Education - Individual (Ages 19–64)									
<i>Subtotal</i>	25,662		13%	44,586		23%	18,924	74%	10%
Less than high school	4,726	18%	38%	6,620	15%	53%	1,894	40%	15%
High school	9,940	39%	18%	17,475	39%	32%	7,535	76%	14%
Some college	6,631	26%	12%	12,838	29%	23%	6,207	94%	11%
College graduate	4,365	17%	6%	7,653	17%	11%	3,288	75%	5%
Working Status - Family									
No worker in family	6,885	23%	17%	11,267	22%	28%	4,382	64%	11%
Only part-time worker in family	2,572	8%	15%	4,965	10%	30%	2,393	93%	14%
One full-time worker in family	17,095	56%	12%	27,033	54%	19%	9,939	58%	7%
>1 full-time worker in family	3,824	13%	5%	6,988	14%	10%	3,163	83%	4%
Region									
Northeast	3,378	11%	7%	6,014	12%	13%	2,636	78%	6%
Midwest	5,465	18%	10%	8,952	18%	16%	3,488	64%	6%
South	14,596	48%	14%	22,035	44%	21%	7,439	51%	7%
West	6,938	23%	10%	13,252	26%	20%	6,314	91%	9%
Total	30,377	100%	11%	50,253	100%	18%	19,877	65%	7%

Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

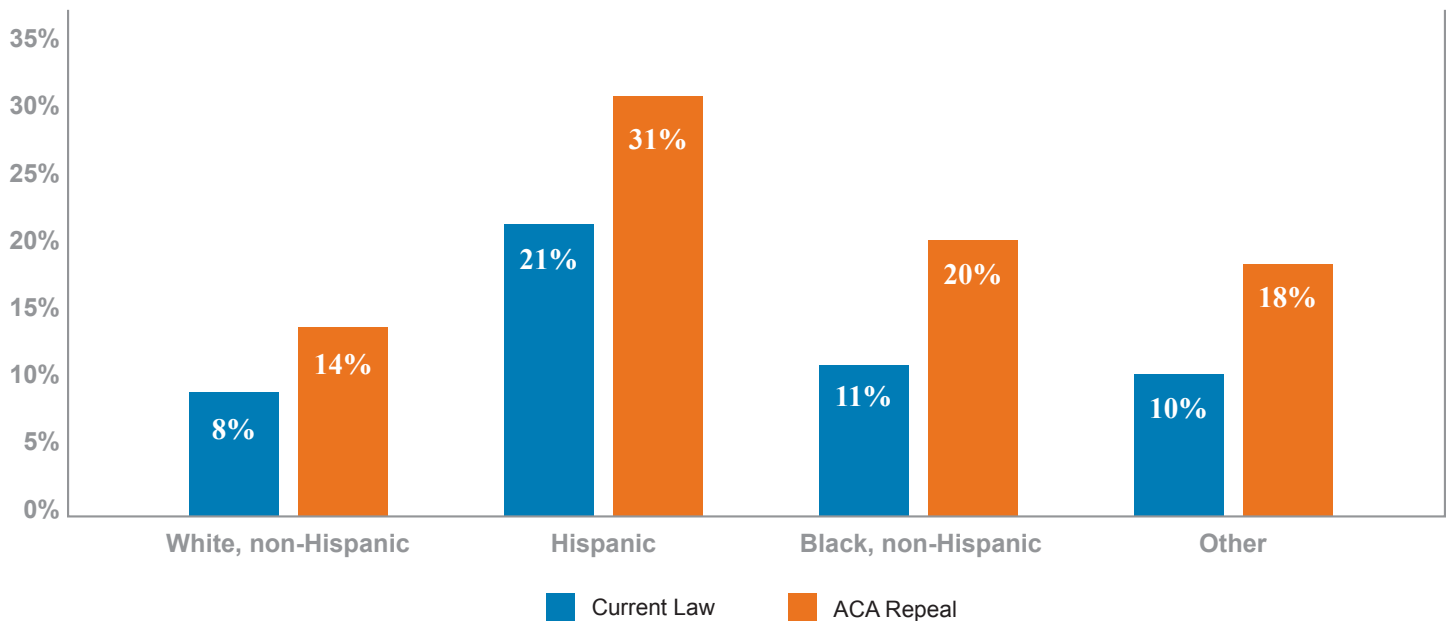
Notes: Estimates assume that all states with pre-ACA Medicaid expansion waivers would be able to reinstate them after repeal. If that is not the case, the number of uninsured in those seven states would be higher under repeal and the changes from current law higher.

Figure 1. Uninsurance Rates of the Nonelderly Under Current Law and ACA Repeal, by Family Income Relative to Poverty



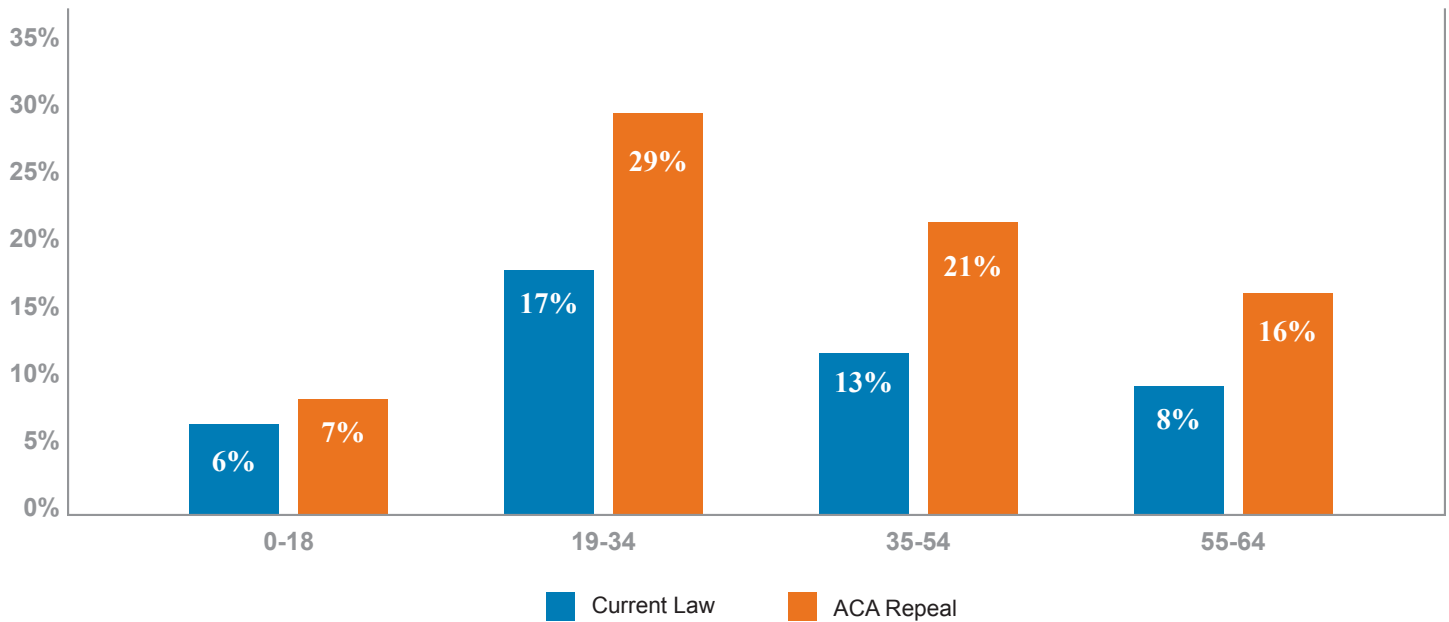
Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

Figure 2. Uninsurance Rates of the Nonelderly Under Current Law and ACA Repeal, by Race and Ethnicity



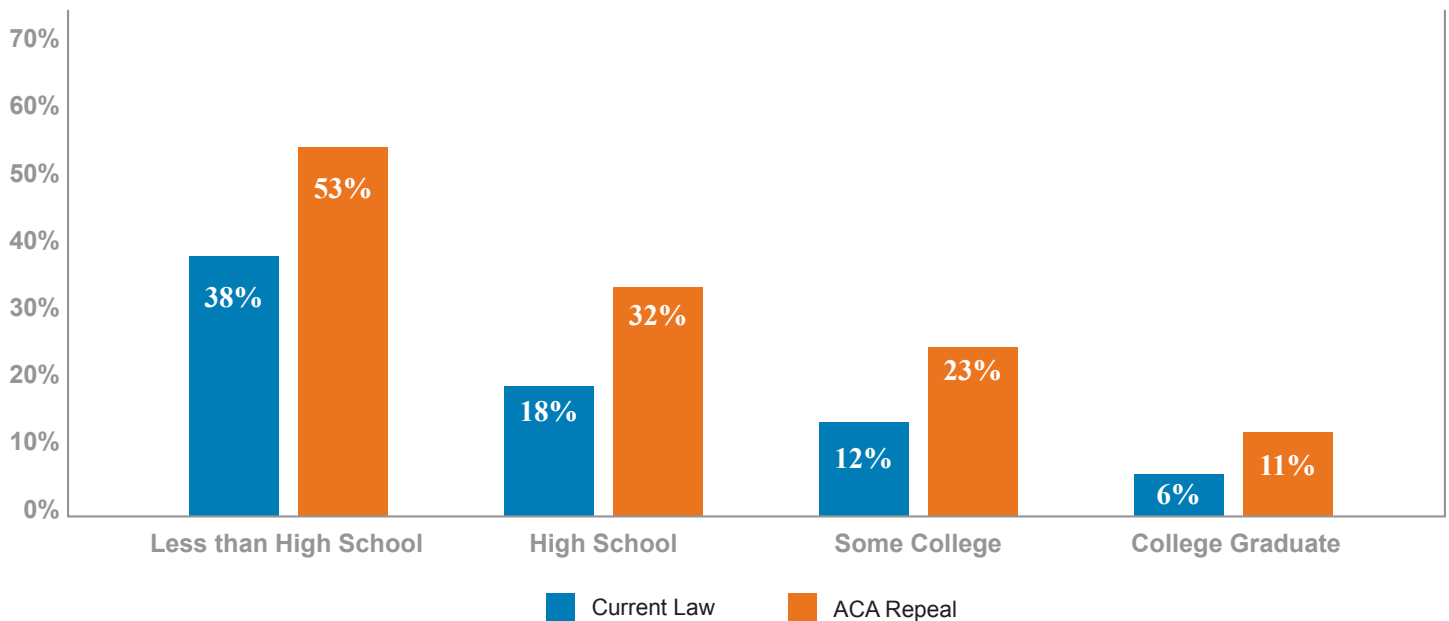
Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

Figure 3. Uninsurance Rates Under Current Law and ACA Repeal, by Age Group



Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

Figure 4. Uninsurance Rates of Nonelderly Adults Under Current Law and ACA Repeal, by Educational Attainment



Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

under current law and repeal. Most of the increase in uninsured adults under repeal, 85 percent or 16.1 million adults, would be among those who speak English very well or better. This is an 89 percent increase in the number of uninsured English-proficient people. The number of uninsured people who do not speak English well would increase by 38 percent, or 2.9 million people.

Educational attainment among adults.

Uninsurance among adults with less than a high school education would increase from 38 percent to 53 percent, or 1.9 million people (a 40 percent increase; Figure 4). The numbers of uninsured people with a high school education and uninsured people with college degrees would increase by approximately 75 percent, or 7.5 million and 3.3 million additional uninsured people, respectively. The relative increase in uninsurance would be greatest for those with some college education but no degree, at 94 percent, or 6.2 million additional uninsured people.

Family work status. Families with one full-time worker would see the largest number of additional uninsured people under repeal (9.9 million). The number of uninsured people within this group would increase by 58 percent; this group also has the greatest number of uninsured people under current law. The largest percent increase in uninsurance (93 percent) would occur among people in families with only part-time work, accounting for another 2.4 million uninsured. Another 3.2 million people in families with more than one full-time worker would be uninsured, and an additional 4.4 million people in families without workers would be uninsured under repeal. Thus, working families would bear 78 percent of the increase in uninsurance.

Geographic region. Uninsurance would increase the most in relative terms in the Northeast and West, by 78 percent and 91 percent, respectively. States in these regions were more likely to expand Medicaid under the ACA; consequently, repeal would lead to larger relative coverage losses (2.6 million and 6.3 million more uninsured people, respectively). However, the

increases in the Midwest and the South would still be sizable in both absolute and relative terms, with 3.5 million more uninsured (a 64 percent increase) in the Midwest and 7.4 million more uninsured (a 51 percent increase) in the South. The largest percentage-point increase in uninsurance would occur in the West, where the uninsured share of the population would grow from 10 percent to 20 percent if the ACA were repealed.

Characteristics of the Uninsured within Medicaid Expansion Versus Nonexpansion States

Table 2 shows numbers of uninsured people and uninsurance rates by income, race and ethnicity, age, and adult education level separately for residents of states that have expanded Medicaid eligibility under the ACA and those that have not. This set of breakouts show that in almost every subgroup, the effects of repeal would be larger in expansion states than in nonexpansion states. Because the expansion state populations experienced greater increases in coverage under the ACA, this is expected. Still, increases in uninsurance would still be substantial in the nonexpansion states, most of which have experienced significant increases in insurance coverage under the ACA because of the availability of financial assistance for modest-income people through the marketplaces and the insurance reforms, which increased access to and affordability of coverage for people with health problems regardless of income. The appendix table shows the effects of repeal on uninsurance in each state plus the District of Columbia.

Family income relative to the federal poverty level. The effects of repeal on the population with incomes below 138 percent of FPL highlight the most dramatic differences between expansion and nonexpansion states. Expansion states provide Medicaid eligibility for all citizens and other legally present residents who have been in the United States for at least five years with incomes up to 138 percent of FPL. Financial assistance through the marketplaces is available to people ineligible for Medicaid or Medicare with incomes between 100 and

400 percent of FPL (in addition to some lower-income immigrants in Medicaid expansion states who are legally present for fewer than five years) and whom do not have offers of employer-based coverage deemed affordable to them. Consequently, ACA financial assistance in nonexpansion states is generally not available for people with incomes below 100 percent of FPL (some will have traditional Medicaid eligibility, but often those state income eligibility thresholds are quite low).⁶ As a result, repeal of the ACA would increase the number of uninsured people with incomes below 138 percent of FPL in expansion states by 124 percent, or 8.7 million people, compared with 28 percent, or 2.4 million people, in nonexpansion states.

Under repeal, the number of uninsured people with incomes between 138 and 200 percent of FPL would increase by 78 percent in expansion states and 65 percent in nonexpansion states, and the number of uninsured people with incomes between 200 and 400 percent of FPL would increase by 55 percent in expansion states and 39 percent in nonexpansion states. These differences between the state groups reflect the fact that expansion states have tended to be more successful in enrolling their residents in ACA subsidized nongroup insurance coverage, even though that federal financial assistance was offered in every state. The uninsurance rates would increase commensurately in each state group among people with incomes above 400 percent of FPL, those ineligible for additional financial assistance under the ACA.

Race and ethnicity. The uninsurance rate for non-Hispanic white residents in expansion states would increase by 112 percent under repeal, compared with a 44 percent increase in uninsurance in nonexpansion states. The uninsurance rate for non-Hispanic black residents would increase by 130 percent in expansion states and 45 percent in nonexpansion states.

Age. Among young adults ages 19 to 34, the number of uninsured people would increase by 109 percent in expansion states, compared with 38 percent in nonexpansion states. People ages 55 to

Table 2. Characteristics of the Nonelderly Uninsured and Uninsurance Rates Under the ACA and Full Repeal, by State Medicaid Expansion Status, 2019 (thousands of people)

Characteristics	Uninsured Under ACA			Uninsured Under ACA Repeal			Difference	Percent Difference	Percentage Point Difference in Uninsurance Rate
	Number of Uninsured	% of Total	Uninsurance Rate	Number of Uninsured	% of Total	Uninsurance Rate			
INCOME									
Expansion States									
<138% FPL	6,979	45%	13%	15,640	53%	30%	8,661	124%	16%
138%–200% FPL	2,688	17%	14%	4,777	16%	24%	2,089	78%	11%
200%–400% FPL	4,209	27%	9%	6,509	22%	14%	2,300	55%	5%
> 400% FPL	1,576	10%	3%	2,706	9%	5%	1,130	72%	2%
Total	15,452	100%	9%	29,632	100%	17%	14,180	92%	8%
Nonexpansion States									
<138% FPL	8,660	58%	26%	11,053	54%	34%	2,394	28%	7%
138%–200% FPL	2,191	15%	18%	3,624	18%	30%	1,433	65%	12%
200%–400% FPL	3,168	21%	12%	4,390	21%	16%	1,222	39%	4%
> 400% FPL	906	6%	4%	1,554	8%	6%	648	71%	3%
Total	14,924	100%	15%	20,621	100%	21%	5,697	38%	6%
RACE AND ETHNICITY									
Expansion States									
White, non-Hispanic	6,158	40%	6%	13,061	44%	13%	6,903	112%	7%
Hispanic	5,949	38%	17%	9,570	32%	27%	3,621	61%	10%
Black, non-Hispanic	1,617	10%	8%	3,713	13%	19%	2,096	130%	11%
Other	1,728	11%	9%	3,288	11%	17%	1,560	90%	8%
Total	15,452	100%	9%	29,632	100%	17%	14,180	92%	8%
Nonexpansion States									
White, non-Hispanic	5,665	38%	10%	8,131	39%	15%	2,466	44%	5%
Hispanic	5,882	39%	28%	7,679	37%	36%	1,797	31%	9%
Black, non-Hispanic	2,386	16%	15%	3,463	17%	21%	1,077	45%	7%
Other	992	7%	16%	1,348	7%	22%	357	36%	6%
Total	14,924	100%	15%	20,621	100%	21%	5,697	38%	6%
AGE									
Expansion States									
0–18	2,202	14%	4%	2,712	9%	5%	510	23%	1%
19–34	6,032	39%	13%	12,598	43%	28%	6,567	109%	14%
35–54	5,378	35%	10%	10,175	34%	19%	4,797	89%	9%
55–64	1,840	12%	7%	4,147	14%	15%	2,306	125%	8%
Total	15,452	100%	9%	29,632	100%	17%	14,180	92%	8%
Nonexpansion States									
0–18	2,513	17%	9%	2,955	14%	10%	443	18%	2%
19–34	5,905	40%	24%	8,172	40%	33%	2,267	38%	9%
35–54	4,938	33%	17%	6,962	34%	24%	2,024	41%	7%
55–64	1,568	11%	11%	2,531	12%	17%	963	61%	7%
Total	14,924	100%	10%	20,621	100%	14%	5,697	38%	4%
EDUCATION - INDIVIDUAL (AGES 19–64)									
Expansion States									
Less than high school	2,464	19%	32%	3,863	14%	50%	1,398	57%	18%
High school	4,943	37%	14%	10,439	39%	30%	5,496	111%	16%
Some college	3,338	25%	9%	7,736	29%	22%	4,398	132%	12%
College graduate	2,504	19%	5%	4,882	18%	10%	2,378	95%	5%
Subtotal	13,250		11%	26,920		21%	13,670	103%	11%
Nonexpansion States									
Less than high school	2,262	18%	47%	2,758	16%	57%	496	22%	10%
High school	4,996	40%	25%	7,036	40%	35%	2,040	41%	10%
Some college	3,292	27%	16%	5,102	29%	25%	1,809	55%	9%
College graduate	1,861	15%	8%	2,771	16%	12%	909	49%	4%
Subtotal	12,412		18%	17,666		26%	5,254	42%	8%

Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

Notes: Estimates assume that all states with pre-ACA Medicaid expansion waivers would be able to reinstate them after repeal. If that is not the case, the number of uninsured in those seven states would be higher under repeal and the changes from current law higher.

64 would also be particularly adversely affected by ACA repeal; in expansion states, the number of uninsured people in this age group would increase by 125 percent, compared with a 61 percent increase in nonexpansion states.

Educational attainment among adults. The number of uninsured adults within each education group would increase more in expansion states than in nonexpansion states. The number of uninsured adults with less than a high school education would increase by 57 percent in expansion states, compared with 22 percent in nonexpansion states. The number of uninsured people with a high school degree would increase 111 percent in expansion states under repeal, compared with a 41 percent increase in nonexpansion states. The number of uninsured people with some college education but no degree would increase by 132 percent in expansion states and 55 percent in nonexpansion states. Among people with college degrees, uninsurance would increase by 95 percent in expansion states, compared with 49 percent in nonexpansion states.

Conclusion

If the plaintiffs in the case currently pending before U.S. Court of Appeals for the Fifth Circuit are ultimately successful, the full ACA will effectively be repealed.

This would have vast consequences that would be felt throughout the U.S. health care system. Many of these have been documented in amicus briefs filed in the case,⁷ and estimating the implications of most of these consequences is beyond the scope of this analysis. Here, we elaborate upon our earlier work to describe the characteristics of uninsured people under current law and the effect of a repeal on uninsurance among people with different characteristics.

If the ACA were invalidated and effectively repealed, the number of uninsured people would increase by approximately 20 million. Because a large percentage of people who were uninsured before the ACA gained coverage through the ACA's Medicaid expansion, the impact of repeal would be much greater in the 34 states that have expanded Medicaid eligibility. An additional 14.2 million people living in expansion states would be uninsured, and 5.7 million more people living in nonexpansion states would be uninsured. Overall, almost 3/4 of the increase in the number of people uninsured under repeal would be people with incomes below 200 percent of FPL. Just about half of the increase in the number of people uninsured would be young adults ages 19 to 34.

The number of uninsured non-Hispanic white and black people would increase the most under repeal, by an additional 79 percent each, accounting for 9.4 million and 3.2 million more uninsured people, respectively. Most people losing coverage would be citizens and those reporting high levels of English proficiency. Half of the increase in uninsured adults would occur among those with a high school education or less. Two-thirds of the additional uninsured would be in families with at least one full-time worker. Finally, about 70 percent of the additional uninsured would live in the South and West regions of the United States, even though these regions are a mix of expansion and nonexpansion states. However, many have large populations, and even among states that did not expand Medicaid, many low-income residents gained coverage through the marketplaces. This analysis demonstrates that the ACA's coverage expansions were successfully targeted to low-income, less-educated, and working populations, meaning repeal would disproportionately affect these same groups.

Appendix Table. The Uninsured Nonelderly Under Current Law and Full ACA Repeal, by State and ACA Medicaid Expansion Status (thousands of people), 2019

State	Current Law		Full Repeal with Renewed Pre-ACA Expansions			
	Number of People	Percent	Number of People	Percent	Difference from Current Law	
					Number of People	Percent
<i>Expansion States</i>	15,452	9%	29,632	17%	14,180	92%
Alaska	75	11%	143	20%	68	91%
Arizona	768	13%	1,064	18%	297	39%
Arkansas	206	8%	505	20%	299	145%
California	3,421	10%	7,210	21%	3,789	111%
Colorado	396	8%	796	17%	400	101%
Connecticut	171	6%	394	13%	223	130%
Delaware	66	8%	94	12%	28	42%
District of Columbia	35	6%	69	12%	34	97%
Hawaii	132	10%	143	11%	11	8%
Illinois	1,297	12%	1,902	17%	605	47%
Indiana	600	11%	1,097	19%	497	83%
Iowa	149	6%	336	13%	187	126%
Kentucky	252	7%	630	17%	379	151%
Louisiana	335	9%	830	22%	494	147%
Maine	51	5%	134	13%	83	165%
Maryland	374	7%	719	14%	345	92%
Massachusetts	137	3%	239	4%	102	74%
Michigan	627	8%	1,347	17%	720	115%
Minnesota	331	7%	596	13%	265	80%
Montana	63	8%	175	21%	112	177%
Nevada	376	14%	658	24%	282	75%
New Hampshire	66	6%	155	14%	89	136%
New Jersey	732	10%	1,327	18%	595	81%
New Mexico	207	11%	434	24%	226	109%
New York	1,488	9%	2,095	13%	607	41%
North Dakota	56	10%	81	14%	25	46%
Ohio	704	7%	1,445	15%	741	105%
Oregon	304	9%	676	20%	372	122%
Pennsylvania	644	6%	1,502	14%	858	133%
Rhode Island	57	7%	124	14%	67	116%
Vermont	32	7%	45	9%	13	40%
Virginia	670	9%	1,312	17%	642	96%
Washington	538	9%	1,102	18%	565	105%
West Virginia	92	6%	254	18%	162	176%
<i>Nonexpansion States</i>	14,924	15%	20,621	21%	5,697	38%
Alabama	504	12%	647	16%	143	28%
Florida	2,327	14%	3,887	24%	1,560	67%
Georgia	1,594	17%	2,055	22%	461	29%
Idaho	202	14%	281	19%	79	39%
Kansas	342	14%	404	16%	62	18%
Mississippi	404	16%	504	20%	100	25%
Missouri	639	13%	808	16%	169	26%
Nebraska	182	11%	234	15%	52	29%
North Carolina	1,168	13%	1,672	19%	503	43%
Oklahoma	617	18%	763	23%	146	24%
South Carolina	536	13%	778	19%	242	45%
South Dakota	101	14%	114	16%	12	12%
Tennessee	738	13%	905	16%	168	23%
Texas	4,678	19%	6,411	26%	1,733	37%
Utah	383	14%	484	17%	102	27%
Wisconsin	436	9%	589	12%	153	35%
Wyoming	74	15%	85	17%	12	16%
Total	30,377	11%	50,253	18%	19,877	65%

Source: The Urban Institute, Health Insurance Policy Simulation Model, 2019.

Notes: Estimates assume that all states with pre-ACA Medicaid expansion waivers would be able to reinstate them after repeal. If that is not the case, the number of uninsured in those seven states would be higher under repeal and the changes from current law higher.

NOTES

- 1 Blumberg LJ, Buettgens M, Holahan J, Pan C. State-by-State Estimates of the Coverage and Funding Consequences of Full Repeal of the ACA. Washington: Urban Institute; 2019. <https://www.urban.org/research/publication/state-state-estimates-coverage-and-funding-consequences-full-repeal-aca>. Accessed May 8, 2019.
- 2 Stanley-Becker I. Trump administration asks court to completely invalidate Obama’s Affordable Care Act. *New York Times*. March 26, 2019. https://www.washingtonpost.com/nation/2019/03/26/trump-administration-asks-court-totally-repeal-obamas-affordable-care-act/?utm_term=.bfad157689b3. Accessed May 8, 2019.
- 3 The states that have expanded Medicaid eligibility under the ACA are Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The states that have not expanded eligibility are Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming. Three of the latter group (Idaho, Nebraska, and Utah) have passed ballot initiatives to expand Medicaid but have not implemented them at this writing. For estimates of how further Medicaid expansion could affect health coverage, see Buettgens M. The Implications of Medicaid Expansion in the Remaining States: 2018 Update. Washington: Urban Institute; 2019. <https://www.urban.org/research/publication/implications-medicaid-expansion-remaining-states-2018-update>.
- 4 For example, in the 2019 coverage year, the ACA income relative to poverty thresholds are \$12,140 for a one-person household and \$25,100 for a four-person household.
- 5 Skopec L, Holahan J, Elmendorf E. Changes in Health Insurance Coverage 2013–2016: Medicaid Expansion States Lead the Way. Washington: Urban Institute, 2018. <https://www.urban.org/research/publication/changes-health-insurance-coverage-2013-2016-medicaid-expansion-states-lead-way>. Accessed May 8, 2019.
- 6 Henry J. Kaiser Family Foundation. Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults. San Francisco: Henry J. Kaiser Family Foundation; 2019. <http://files.kff.org/attachment/Fact-Sheet-Where-are-States-Today-Medicaid-and-CHIP-Eligibility-Levels-for-Children-Pregnant-Women-and-Adults>. Accessed May 8, 2019.
- 7 Bipartisan Scholars, Economists, Public Health Experts, Hospital and Provider Associations, Patient Groups, Counties, Cities and More Support Coalition of 21 Attorneys General in Fight to Protect the Affordable Care Act. State of California Office of Attorney General Xavier Becerra website. <https://oag.ca.gov/news/press-releases/bipartisan-scholars-economists-public-health-experts-hospital-and-provider>. Published April 2, 2019. Accessed May 8, 2019.

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