The Uninsured in New Mexico

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December 2019

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The Uninsured in New Mexico

Health insurance coverage expanded substantially in the United States after the implementation of the Affordable Care Act (ACA) in 2014; between 2013 and 2016, the number of uninsured people fell by 18.5 million (Skopec, Holahan, and Elmendorf 2018). Those gains in coverage are distributed unevenly across states, depending in part on states' decisions to expand Medicaid. Beginning in 2017, however, coverage gains have stalled, and recent evidence finds a slight increase in the number of uninsured nationally (Skopec, Holahan, and Elmendorf 2019). Policymakers in New Mexico, like those in many other states, are looking for ways to build on the ACA to stabilize and increase coverage for their constituents. To help with those efforts, we examine the characteristics of uninsured New Mexicans, highlighting populations that could benefit from targeted policies.

We estimate that New Mexico's total population is 2.15 million in 2019, of whom 1.78 million are under age 65 (hereafter called the nonelderly). Of those nonelderly residents, we estimate about 187,000, or 10.5 percent, are uninsured in 2019. This is lower than the national uninsurance rate for this population (11.2 percent).

This brief presents detailed information on New Mexico's nonelderly uninsured population using a rich set of demographic, employment, citizenship, and family income characteristics. We also present estimates of the distribution of the uninsured population by their eligibility for Medicaid or premium tax credits in the ACA Marketplace. New Mexico is one of 33 states that chose to expand Medicaid to low-income nondisabled adults under the ACA, and this decision has had substantial implications for the number and characteristics of people who remain uninsured in 2019. Finally, we present information on how the uninsured population is distributed by substate regions within New Mexico. Our detailed analysis provides valuable information to state policymakers designing policies and outreach that aim to expand insurance coverage in the state.

Our analysis is based on the Urban Institute's Health Insurance Policy Simulation Model (HIPSM). HIPSM is a powerful analytic tool that estimates insurance coverage and costs under current conditions and possible future changes in policy. With data on over 6 million people, the model can produce estimates for specific states and substate regions. HIPSM is calibrated to match the most recent administrative data on enrollment in Medicaid and the Marketplaces, and its health care expenditure estimates align with state totals. Simulated decisions within HIPSM, grounded in the best available

economic research, predict how individuals, families, and employers will respond to changes in the availability and costs of coverage. We explain the model's capabilities and limitations further in the methods section at the end of this brief.

Statewide Findings

Here we discuss select results from the detailed findings presented in the tables. Table 1 provides data on the uninsured nationally and in New Mexico.

Socioeconomic Characteristics

Income. The distribution of uninsurance by income shows the impact of New Mexico's Medicaid expansion (table 1). About 39 percent of the uninsured in New Mexico have incomes below 138 percent of the federal poverty level (FPL). However, this income group has a lower uninsurance rate (8.9 percent) than all other income groups but the wealthiest (with incomes over 400 percent of FPL). Conversely, in states that have not expanded Medicaid, this lowest-income group generally has the highest uninsurance rate (Skopec, Holahan, and Elmendorf 2019). Nationwide, combining states that have and have not expanded Medicaid as of 2017, about 55 percent of the uninsured have incomes below 138 percent FPL, and 16.6 percent of people in that income range are uninsured.

The next income group, 138 to 200 percent of FPL, makes up almost 20 percent of New Mexico's uninsured population and has an uninsurance rate of 18.6 percent. Similarly, the third income group, 200 to 300 percent of FPL, also composes about one-fifth of the uninsured population and has an uninsurance rate of 16.8 percent. Those with incomes in the highest two groups make up a smaller portion of the uninsured and have lower uninsurance rates (figure 1). Estimates of the uninsured by adjusted gross income show similar findings; uninsurance rates among those with the lowest incomes are below the national average, at least partially because the state expanded Medicaid. Uninsurance rates increase as income increases between $10,000 and $50,000 but falls again as incomes increase further.[1]

FIGURE 1

**Health Coverage and Uninsurance Rates among Nonelderly New Mexicans,
by Income As a Percentage of the Federal Poverty Level, 2019**
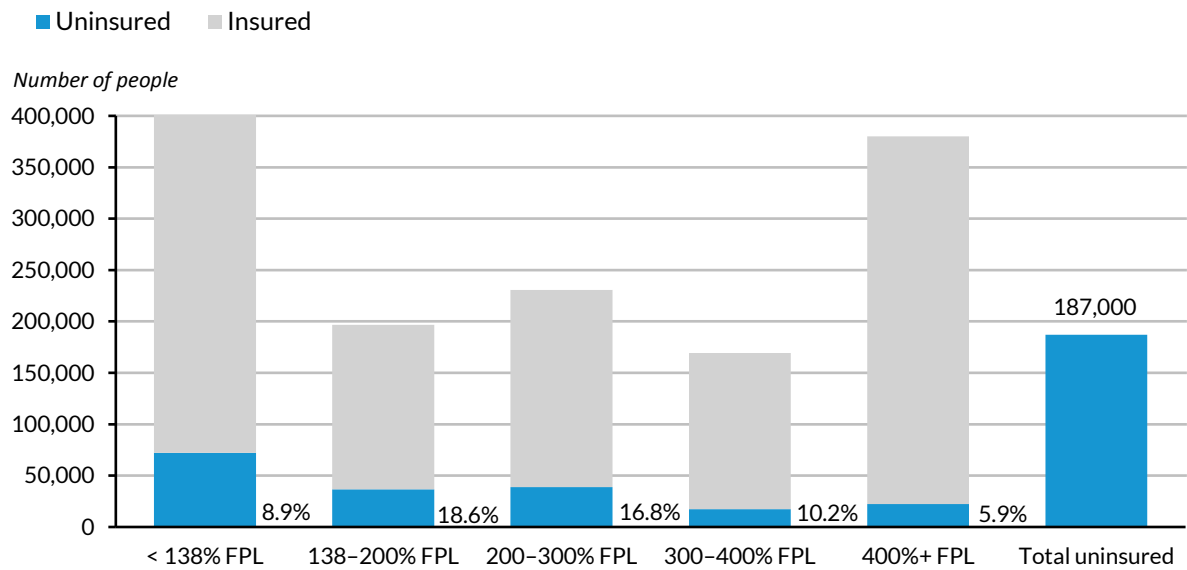
■ Uninsured   ■ Insured

Number of people

Source: Urban Institute Health Insurance Policy Simulation Model.
Notes: FPL = federal poverty level. Data include those below age 65 not enrolled in Medicare. Because 807,000 New Mexicans have incomes below 138 percent of the federal poverty level, the bar representing this group extends beyond the chart.

TABLE 1

Characteristics of the Nonelderly Uninsured in New Mexico, 2019

	NATIONAL			NEW MEXICO					
	Uninsured under Current Law			Uninsured under Current Law			Uninsured American Indians		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Total	30,832	100.0	11.2	187	100.0	10.5	37	100.0	16.2
Modified adjusted gross income as a percentage of FPL									
<= 138% FPL	16,813	54.5	16.6	72	38.6	8.9	20	53.9	14.0
139–200% FPL	4,630	15.0	16.2	37	19.5	18.6	6	16.1	20.8
200–300% FPL	4,774	15.5	12.8	39	20.7	16.8	6	17.6	27.9
300–400% FPL	2,139	6.9	7.0	17	9.2	10.2	2	4.5	11.9
> 400%	2,476	8.0	3.2	22	12.0	5.9	3	7.8	15.0
Adjusted gross income									
<$1	4,087	13.3	17.5	21	11.2	11.1	11	28.8	29.1
$1–10,000	4,097	13.3	18.7	15	7.9	7.9	4	10.0	10.9
$10,000–25,000	7,907	25.6	18.0	44	23.6	12.1	7	20.0	13.3
$25,000–50,000	8,231	26.7	14.1	61	32.5	15.6	9	23.3	15.5
$50,000–75,000	3,518	11.4	8.4	25	13.5	10.3	4	11.9	18.4
$75,000–100,000	1,376	4.5	4.8	10	5.1	5.7	1	3.9	12.6
> $100,000	1,617	5.2	2.9	12	6.2	4.8	-	NA	NA
Race/ethnicity									
Non-Hispanic white	12,131	39.3	7.7	38	20.5	6.4			
Hispanic	11,901	38.6	21.2	105	55.9	11.9			
Non-Hispanic black	4,054	13.1	11.4	4	1.9	10.0			
Asian and Pacific Islander	1,592	5.2	10.2	3	1.4	8.9			
American Indian/Alaska Native	737	2.4	14.4	37	19.7	16.2			
Other	417	1.4	8.0	1	0.6	5.8			
Age									
0–18	4,721	15.3	5.9	30	15.8	5.5	7	19.9	8.6
19–34	12,029	39.0	17.1	73	39.3	16.2	14	38.6	23.8
35–54	10,513	34.1	12.8	66	35.2	12.8	11	28.8	18.5
55–64	3,569	11.6	8.5	18	9.7	6.5	5	12.8	18.6
Sex									
Male	16,734	54.3	12.3	105	56.4	11.8	20	55.1	18.1
Female	14,098	45.7	10.2	81	43.6	9.2	17	44.9	14.4

| | NATIONAL | | | NEW MEXICO | | | | | |
| | Uninsured under Current Law | | | Uninsured under Current Law | | | Uninsured American Indians | | |
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Education level	**26,111**	**100.0**	**13.4**	**157**	**100.0**	**12.6**	**29**	**100.0**	**20.7**
Less than high school	6,233	23.9	30.8	40	25.3	24.8	5	18.4	27.4
High school	10,704	41.0	15.8	60	38.2	14.1	13	45.1	23.0
Some college	5,692	21.8	11.1	38	24.0	10.2	9	31.4	18.7
College graduate	3,481	13.3	6.3	20	12.5	6.8	2	5.2	10.0
English proficiency	**26,111**	**100.0**	**13.4**	**157**	**100.0**	**12.6**	**29**	**100.0**	**20.7**
Speaks English very well or better	18,542	71.0	10.7	114	72.2	10.2	28	93.6	20.8
Does not speak English very well or is less proficient	7,569	29.0	35.9	44	27.8	34.4	2	6.4	19.5
Employment status									
Family									
No workers	6,956	22.6	17.6	38	20.1	11.3	15	40.2	23.8
Only part-time worker(s)	2,609	8.5	15.6	11	6.0	8.8	2	4.7	11.2
One full-time worker	17,352	56.3	11.9	109	58.1	11.5	16	44.8	13.8
More than one full-time worker	3,916	12.7	5.4	30	15.9	7.8	4	10.3	12.7
Individual	*26,111*	*100.0*	*13.4*	*157*	*100.0*	*12.6*	*29*	*100.0*	*20.7*
Not working	9,155	35.1	16.1	49	30.9	11.5	15	50.7	22.4
Part-time	2,464	9.4	13.9	12	7.5	10.8	1	4.0	13.1
Full-time	14,492	55.5	12.1	97	61.6	13.6	13	45.3	20.1
Employer offer for health coverage in the family									
No offer	21,281	69.0	22.7	125	66.9	16.9	27	73.9	23.2
At least one family member has an employer coverage offer	9,552	31.0	5.3	62	33.1	5.9	10	26.1	8.8

	NATIONAL			NEW MEXICO					
	Uninsured under Current Law			Uninsured under Current Law			Uninsured American Indians		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Major industry	**16,081**	**100.0**	**11.8**	**103**	**100.0**	**12.6**	**14**	**100.0**	**19.1**
Agriculture, forestry, fishing, and hunting	532	3.3	29.3	4	3.6	25.4	-	NA	NA
Mining	85	0.5	9.7	4	3.9	17.7	-	NA	NA
Manufacturing	1,419	8.8	9.6	5	5.0	12.2	-	NA	NA
Construction	2,085	13.0	23.8	15	14.7	25.4	1	8.0	25.2
Wholesale and retail trade	2,383	14.8	12.5	14	14.1	13.2	2	16.6	23.6
Transportation and utilities	699	4.3	10.3	3	2.9	7.8	-	NA	NA
Information	186	1.2	6.5	-	NA	NA	-	NA	NA
Financial activities	573	3.6	6.4	4	3.5	10.1	-	NA	NA
Professional and business services	1,920	11.9	12.7	9	8.6	10.4	1	9.5	26.1
Educational and health services	2,063	12.8	6.5	16	15.7	7.9	4	27.3	17.5
Leisure and hospitality	2,742	17.0	21.9	18	17.8	21.4	2	12.3	17.7
Other services	1,229	7.6	18.6	7	7.0	17.4	-	NA	NA
Public administration	164	1.0	2.5	3	2.5	4.0	1	8.7	13.9
Firm size	**13,572**	**100.0**	**11.0**	**87**	**100.0**	**11.9**	**14**	**100.0**	**19.2**
1–49 people	5,730	42.2	18.2	38	43.8	19.5	5	38.0	25.5
50–99 people	824	6.1	11.5	4	4.2	9.8	-	NA	NA
100–499 people	1,598	11.8	9.9	10	11.4	12.4	1	9.6	18.3
500–999 people	612	4.5	8.5	3	3.9	9.0	-	NA	NA
1,000+ people	4,808	35.4	7.9	32	36.7	8.4	6	43.1	16.1
Citizenship status									
Individual									
US citizen	21,514	69.8	8.6	124	66.5	7.5	36	99.0	16.1
Noncitizen	9,319	30.2	40.8	63	33.5	50.3	-	NA	NA
Family									
All US citizens	19,880	64.5	8.5	117	62.9	7.6	36	98.9	16.2
At least one noncitizen	10,952	35.5	26.7	69	37.1	29.4	-	NA	NA
Family SNAP receipt									
No SNAP receipt	23,141	75.1	10.4	135	72.2	10.1	24	65.2	17.3
At least one family member receives SNAP	7,692	24.9	14.6	52	27.8	11.5	13	34.8	14.5

| | NATIONAL | | | NEW MEXICO | | | | | |
| | Uninsured under Current Law | | | Uninsured under Current Law | | | Uninsured American Indians | | |
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Eligibility for government subsidized health insurance									
Medicaid/CHIP	9,535	30.9	9.8	56	29.9	6.1	21	57.8	13.2
Marketplace subsidy	4,882	51.2	19.5	43	22.9	29.0	8	21.9	37.3
Not eligible for Medicaid/CHIP or Marketplace subsidy	16,415	172.2	10.8	88	47.2	12.2	7	20.3	17.1
Special coverage									
Medicaid/CHIP-eligible children with uninsured parents	*2,258*	*100.0*	*24.7*	*17*	*100.0*	*27.4*	*6*	*100.0*	*80.1*
At least one parent eligible for Medicaid	1,392	61.7	29.1	11	66.5	28.5	5	81.6	86.9
At least one parent eligible for Marketplace subsidy, none eligible for Medicaid	196	8.7	22.1	2	10.1	28.7	-	NA	NA
No parent eligible for assistance	670	29.7	19.2	4	23.4	24.4	-	NA	NA
Eligible for Medicaid/CHIP or Marketplace subsidy	*14,417*	*100.0*	*11.8*	*109*	*100.0*	*9.3*	*31*	*100.0*	*16.0*
At least one noncitizen family member	3,301	22.9	17.0	26	25.9	18.3	-	NA	NA
All family members are citizens	11,116	77.1	10.8	83	84.2	9.0	31	104.8	16.9
Ineligible for Medicaid/CHIP or Marketplace subsidy	*16,415*	*100.0*		*88*	*100.0*				
Income is too high	3,219	19.6		27	30.1				
Family ESI offer	2,283	13.9		21	24.1				
Immigration status/length of residency	10,914	66.5		40	45.8				
Uninsured noncitizens, by age	**9,319**	**100.0**		**63**	**100.0**				
0–18	713	7.7		9	14.4				
19–34	4,031	43.3		25	40.0				
35–54	3,890	41.7		26	40.7				
55–64	685	7.3		3	4.9				

|	NATIONAL			NEW MEXICO					
	Uninsured under Current Law			Uninsured under Current Law			Uninsured American Indians		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Geography									
Albuquerque				55	29.2	9.7	5	13.7	13.6
Northwest				21	11.1	16.0	19	52.3	18.9
Farmington, Bloomfield, and Aztec cities				8	4.5	10.0	3	7.7	12.1
North Central				10	5.5	9.8	2	5.1	17.4
Eastern Plains				9	5.0	11.1	-	NA	NA
Santa Fe County				15	8.2	12.8	-	NA	NA
Sandoval County				9	4.7	7.5	3	7.2	13.1
Valencia, Bernalillo East Mountains, and Isleta Pueblo				7	3.9	8.8	1	3.8	19.0
Southwest				7	3.6	8.2	-	NA	NA
Doña Ana County				19	10.2	10.4	-	NA	NA
Central Southwest				14	7.3	11.0	2	4.6	22.9
Far Southeast				13	6.7	12.0	-	NA	NA

Source: Urban Institute Health Insurance Policy Simulation Model.

Notes: FPL = federal poverty level. CHIP = Children's Health Insurance Program. ESI = employer-sponsored insurance. Dashes indicate that data were suppressed for being smaller than 1,000, or no record exists. NA means the category does not apply. Data include those below age 65 not enrolled in Medicare. The upper end of income ranges is not inclusive. For example, $10,000–25,000 includes incomes greater than or equal to $10,000 but less than $25,000. Estimates of workers by major industries and firm size exclude active-duty military members, those unemployed, and those who do not report the industry and size of their employer.

Race and ethnicity. American Indians (grouped together with Alaska Natives in census data) have the highest uninsurance rate of any racial and ethnic group in New Mexico (table 1). In 2019, about 16.2 percent of American Indians report being uninsured, totaling about 37,000 people, or one-fifth of all uninsured people in the state. Hispanics are next most likely to be uninsured in New Mexico; 11.9 percent of the state's Hispanics are uninsured, yet these 105,000 people compose more than half of the uninsured population. Though non-Hispanic whites make up more than a fifth of the uninsured, their uninsurance rate is far lower (6.4 percent). We provide a more detailed analysis of uninsured American Indians in the next section.

Age. With an uninsurance rate of 16.2 percent, adults ages 19 to 34 are more likely to be uninsured than other age groups (figure 2). Adults ages 35 to 54 also have a higher-than-average uninsurance rate (12.8 percent). Combined, uninsured people in these two age groups constitute nearly three-quarters of all nonelderly uninsured people in the state (table 1).

FIGURE 2

Health Coverage and Uninsurance Rates among Nonelderly New Mexicans, by Age, 2019

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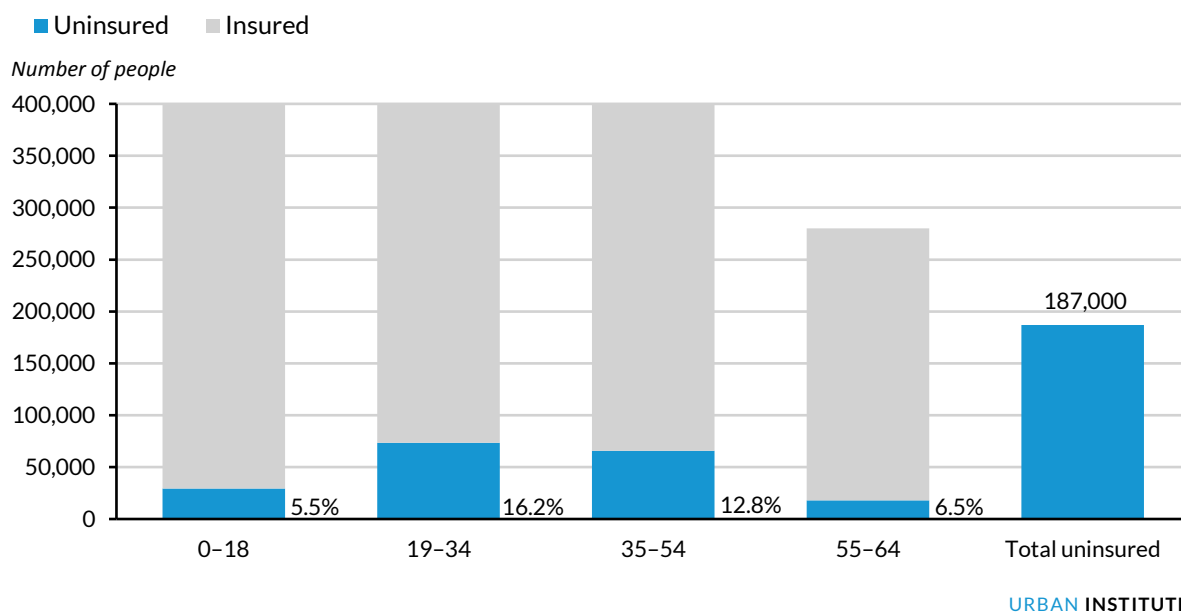
Source: Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare. Because 538,000 New Mexicans are from birth to age 18, 453,000 are ages 19 to 34, and 513,000 are ages 35 to 54, the bars representing these groups extend beyond the chart.

Sex. Males are more likely to be uninsured (11.8 percent) than females (9.2 percent).

Education and English proficiency. One in four New Mexican adults with less than a high school education is uninsured (table 1). Adults with a high school education report a 14.1 percent uninsurance rate, and those with additional education beyond high school are less likely to be uninsured. Among people who report being less proficient in English, more than one-third (34.4 percent) are uninsured (table 1). As shown in table 2, educational attainment and English proficiency are correlated; among the 40,000 uninsured New Mexican adults with less than a high school education, roughly 60 percent (24,000 people) report not speaking English very well. These factors demonstrate the state's need for targeted outreach and application assistance. Even among uninsured people with a high school degree or more education, one-sixth still have difficulties with English.

TABLE 2

English Proficiency and Education Level among Nonelderly New Mexicans, 2019

| | EDUCATION LEVEL | | | | | |
| | Less Than High School | | High School or Higher | | Total | |
	1,000s of people	Share of total uninsured population (%)	1,000s of people	Share of total uninsured population (%)	1,000s of people	Share of total uninsured population (%)
English proficiency						
Speaks very well or better	16	10.4	97	61.8	114	72.2
Less proficient	24	14.9	20	12.8	44	27.8
Total	**40**	**25.3**	**118**	**74.7**	**157**	**100.0**

Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

Employment-Related Characteristics

Family work and employer-sponsored insurance offer status. Employment does not guarantee access to health coverage. An estimated 80 percent of the uninsured are in a family including at least one worker: 58.1 percent of the uninsured are in a family with one full-time worker, an additional 15.9 percent are in a family with more than one full-time worker, and 6.0 percent are in families with part-time workers only. Despite these high levels of participation in the labor force, only 33.1 percent of the uninsured are in families where even one member is offered coverage through an employer.

Adult employment status, industry, and firm size. Looking at New Mexico's uninsured population of employed adults ages 19 to 64, we find that 61.6 percent work full time and another 7.5 percent work

part time (table 1). Those who work in agriculture, construction, and hospitality industries have the highest uninsurance rates of 25.4 percent, 25.4 percent, and 21.4 percent respectively. This pattern holds true at the national level as well. Constituting 43.8 percent of uninsured adult workers, workers employed in small firms (with fewer than 50 employees) are more likely to be uninsured (19.5 percent) than workers in larger firms.

Citizenship. Two-thirds (66.5 percent) of uninsured New Mexicans are US citizens, and 62.9 percent are in families that consist entirely of citizens. Just over half of noncitizens are uninsured. Among people living in a family with at least one noncitizen, 29.4 percent are uninsured.

Supplemental Nutrition Assistance Program (SNAP) participation. About 28 percent of the uninsured are in families where at least one person receives SNAP benefits. Among all people in families receiving SNAP benefits, slightly more than 11 percent are uninsured.

Uninsured American Indians

As noted above, we find that American Indians have the highest uninsurance rate (16.2 percent) of any racial/ethnic group in New Mexico; the 37,000 uninsured nonelderly American Indians in New Mexico account for roughly 20 percent of all uninsured nonelderly residents in the state (table 1, third set of columns). More than half of uninsured American Indians live in families with incomes below 138 percent of FPL. American Indians with incomes between 200 and 300 percent of FPL, however, have the highest uninsurance rate (28 percent). Similarly, we find that 57.8 percent of uninsured American Indians are eligible for Medicaid but are not enrolled in the program. Another 21.9 percent are eligible for subsidies in the Marketplace but have not signed up.

American Indian children in New Mexico are at a higher risk of being uninsured (8.6 percent) than the average child in the state (5.5 percent). Nearly 24 percent of American Indians ages 19 to 34, are uninsured, compared with 16 percent of all young adults in New Mexico. Uninsured American Indians are more likely to have completed high school and speak English well, but they are less likely to be working and more likely to be receiving SNAP than uninsured people of all races/ethnicities in New Mexico. More than one-third of uninsured American Indians report receiving SNAP.

Our analysis also reveals that American Indian workers, across all industries, are more likely to be uninsured than all of New Mexico's workers combined (19.1 percent versus 12.6 percent). Moreover, American Indian workers in wholesale and retail trade, professional and business services, educational

and health services, and public administration have a higher uninsurance rate than those of all workers employed in the same industries.

We also find that the distribution of uninsured American Indian workers by industry differs from that of other uninsured workers in New Mexico. The largest share (27 percent) of uninsured American Indian workers is employed in educational and health services. This is surprising, because workers in this industry have a low uninsurance rate both nationally (6.5 percent) and in New Mexico (7.9 percent). More than twice as many American Indian workers in education and health services are uninsured (17.5 percent) compared with all New Mexican workers in that industry. One-sixth of uninsured American Indian workers, the second largest share, are employed in wholesale and retail trade. Almost one-quarter of such workers are uninsured. This is a much higher uninsurance rate than that of all wholesale and retail workers in the state. Though less than one-tenth of uninsured American Indian workers work in public administration, they are more than three times as likely to be uninsured (13.9 percent) as all New Mexican workers in public administration (4.0 percent). Similar to other uninsured workers in the state, uninsured American Indian workers are highly concentrated in small firms with fewer than 50 employees (where employers are less likely to offer insurance coverage) and the largest firms of more than 1,000 employees (simply because of their large size).

Uninsured American Indians are more likely to live in certain regions of the state. More than half live in Northwest New Mexico, and nearly 14 percent live in Albuquerque. The two areas including (1) Farmington, Bloomfield, and Aztec cities and (2) Sandoval County each contain over 7 percent of the uninsured American Indian population.
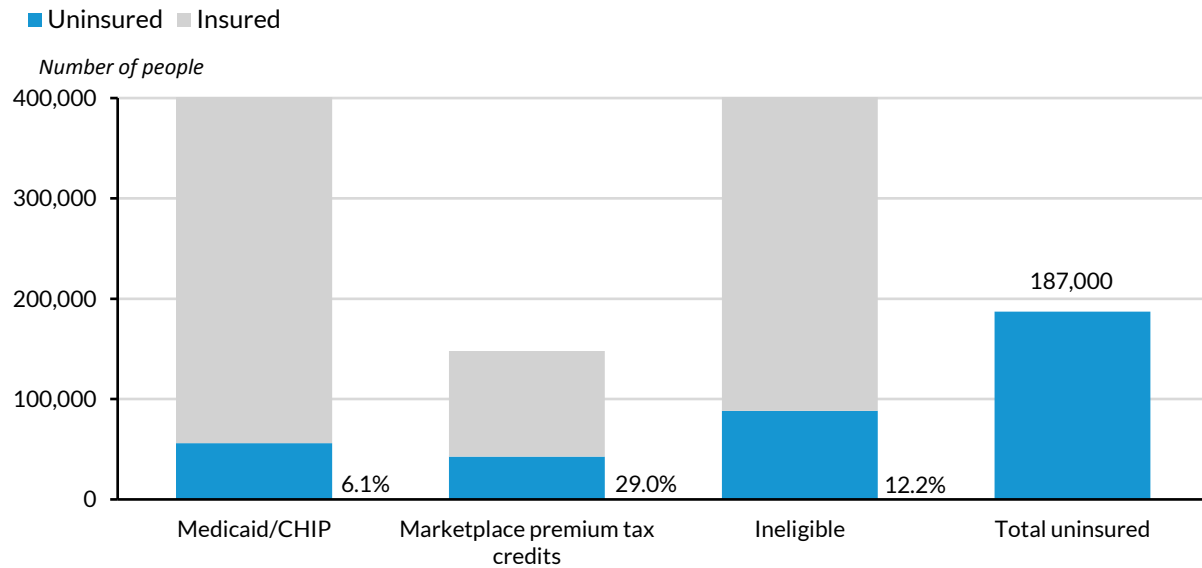
The Uninsured by Eligibility for Medicaid/CHIP and Marketplace Premium Tax Credits

Figure 3 divides New Mexico residents into categories based on eligibility for Medicaid/CHIP and Marketplace premium tax credits. Just 6.1 percent of the 915,000 nonelderly people eligible for Medicaid or the Children's Health Insurance Program (CHIP) are uninsured. In contrast, 29.0 percent of the 148,000 people eligible for Marketplace subsidies are uninsured. About 12 percent of the 721,000 New Mexico residents ineligible for either program are uninsured. The group eligible for Medicaid has the lowest risk of uninsurance of the three eligibility groups, but the group comprises 56,000 people, a large share (30 percent) of the 187,000 uninsured people in the state. The 43,000 people eligible for Marketplace subsidies have the highest risk of uninsurance.

FIGURE 3

**Health Coverage and Uninsurance Rates among Nonelderly New Mexicans,
by Eligibility for Medicaid/CHIP and Marketplace Premium Tax Credits, 2019**

■ Uninsured ■ Insured
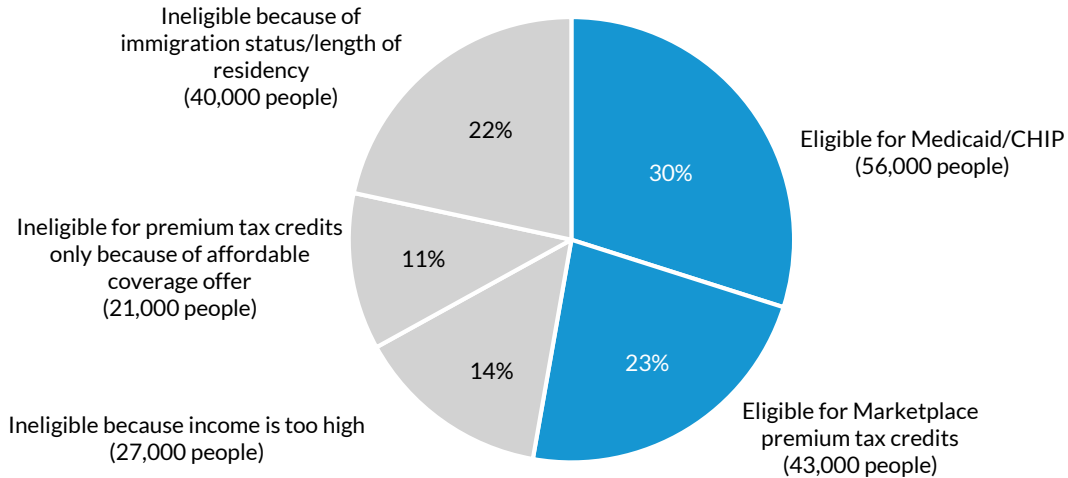
Number of people

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Source: Urban Institute Health Insurance Policy Simulation Model.
Notes: CHIP = Children's Health Insurance Program. Data include those below age 65 not enrolled in Medicare. Because 915,000 New Mexicans are eligible for Medicaid/CHIP and 721,000 are ineligible for both Medicaid/CHIP and Marketplace premium tax credits, the bars representing these groups extend beyond the chart.

Thus, most uninsured New Mexico residents (53 percent) are eligible for free or subsidized insurance (figure 4). Almost 30 percent of the uninsured are eligible for Medicaid or CHIP (56,000 people), and more than a fifth (23 percent) are eligible for premium tax credits for private health coverage in the Marketplace (43,000 people). More than one-fifth of the uninsured (40,000 people) are ineligible for subsidies or Medicaid because of their immigration status. Approximately a quarter of uninsured New Mexicans are ineligible for free or subsidized insurance for other reasons; 14 percent have incomes too high to qualify for subsidies and 11 percent have an offer of insurance coverage through their or a family member's employer deemed affordable according to the ACA that makes them ineligible for subsidies.

FIGURE 4

**Uninsured Nonelderly New Mexicans, by Eligibility for Medicaid/CHIP
and Marketplace Premium Tax Credits, 2019**

Ineligible because of
immigration status/length of
residency
(40,000 people)

Eligible for Medicaid/CHIP
(56,000 people)

Ineligible for premium tax credits
only because of affordable
coverage offer
(21,000 people)

Ineligible because income is too high
(27,000 people)

Eligible for Marketplace
premium tax credits
(43,000 people)

22%

30%

11%

14%

23%

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Source: Urban Institute Health Insurance Policy Simulation Model.
Notes: CHIP = Children's Health Insurance Program. Data include those below age 65 not enrolled in Medicare.

As discussed further below, the large share of uninsured New Mexicans eligible for free or subsidized health insurance suggests there may be strategies for policymakers to pursue that would increase awareness of eligibility or ease the enrollment process, potentially reducing uninsurance in the state.

The Uninsured by Substate Region

The number of uninsured people varies significantly across the state, and thus area of residence is another important variable to consider when designing strategies for increasing coverage. A separate supplemental table displays additional detail for the uninsured population in each of 12 substate regions.[2] Figure 5 identifies these 12 regions, the smallest sections of the state we can analyze with our data. About 30 percent of the uninsured (55,000 people) live in Albuquerque (figure 6). The two regions with the next highest shares of the uninsured include Northwest New Mexico (11 percent, or 21,000 people) and Doña Ana County (10 percent, or 19,000 people). Northwest New Mexico also has the highest uninsurance rate at about 16 percent. Figure 7 shows the uninsured share of each region's population.
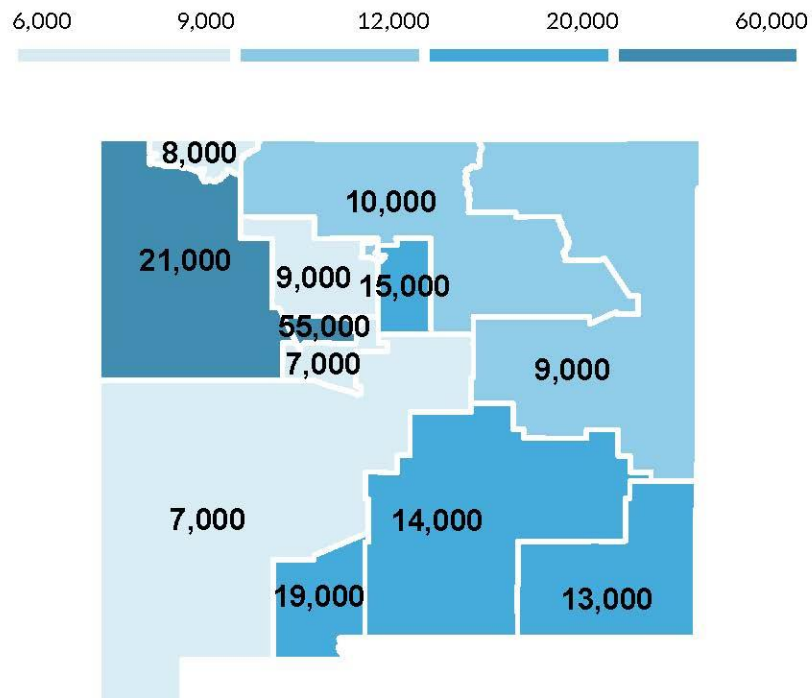
FIGURE 5
Substate Regions of New Mexico, 2019
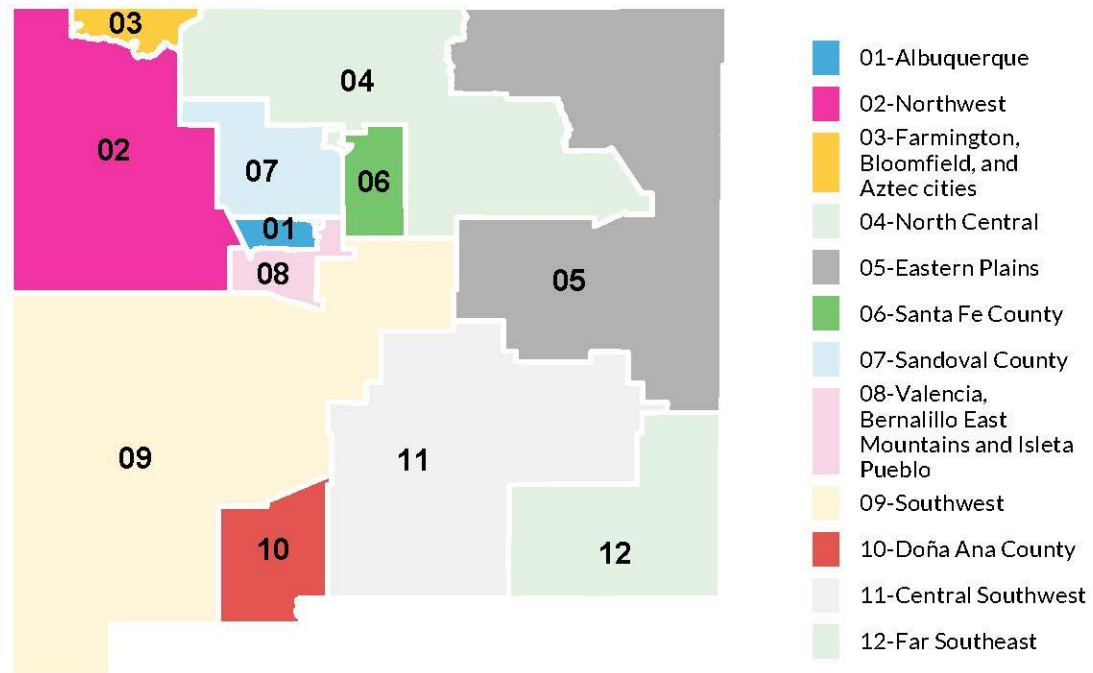
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Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

FIGURE 6
Distribution of 187,000 Uninsured Nonelderly New Mexicans, by Substate Region, 2019

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Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

FIGURE 7

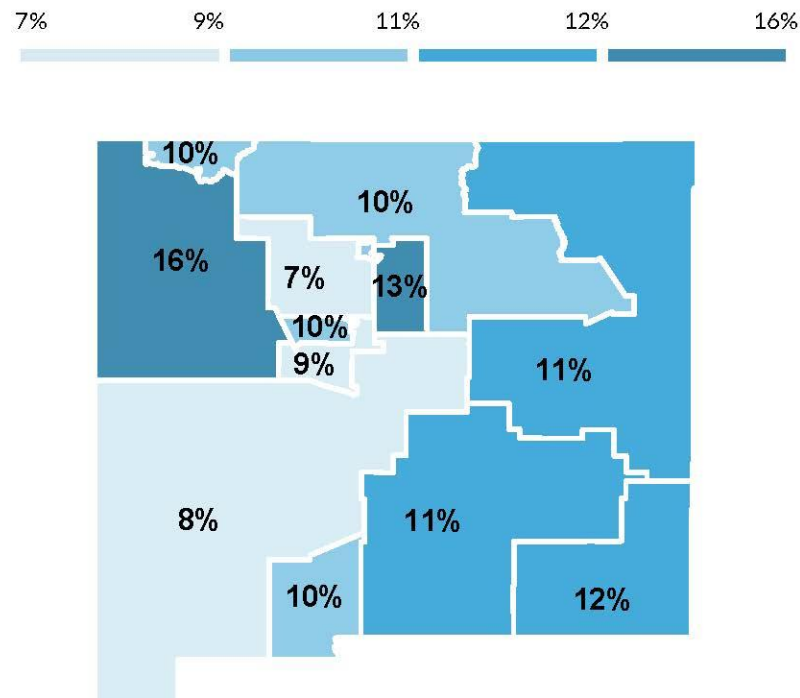**Uninsurance Rates among Nonelderly New Mexicans, by Substate Region, 2019**
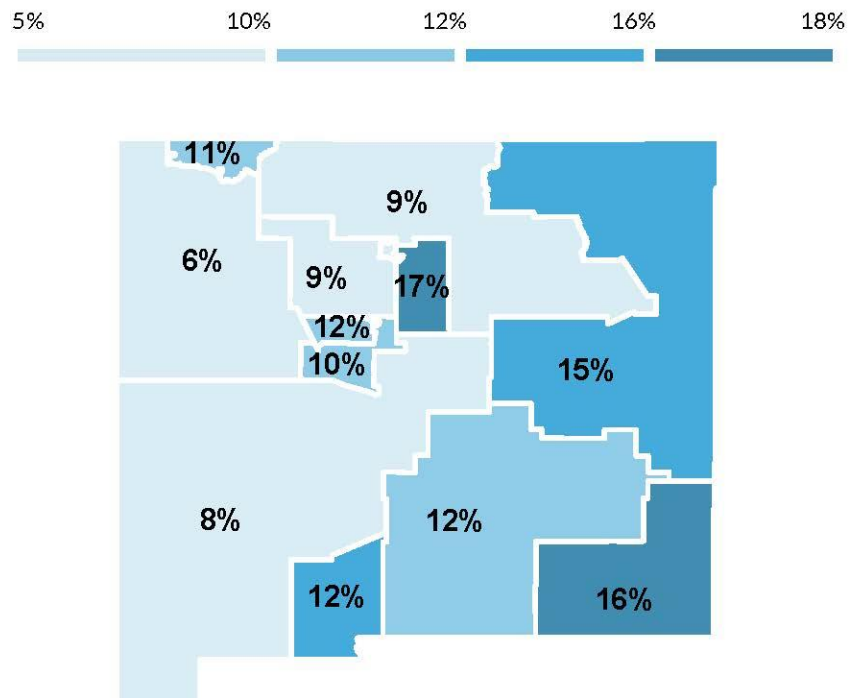

Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

Because Hispanic residents account for more than half of the uninsured in New Mexico, we also break down their uninsurance rate by region (figure 8). Santa Fe County, Far Southeast New Mexico, and Eastern Plains have the highest uninsurance rates among Hispanic residents.

Eligibility for free or subsidized health insurance also varies noticeably by region. In Northwest New Mexico, 80 percent of all uninsured people are eligible for Medicaid or CHIP or Marketplace subsidies (figure 9). In the Eastern Plains, 67 percent of all uninsured people are eligible for free or subsidized health coverage, either through Medicaid/CHIP or the Marketplace. More than half of the uninsured are eligible for some assistance program in 7 of the 12 regions.

FIGURE 8

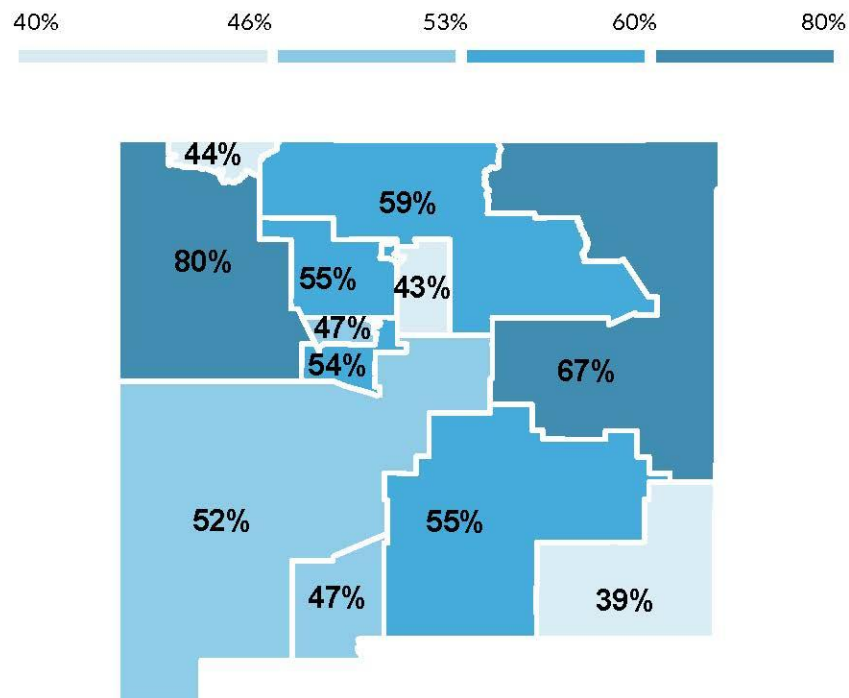**Uninsurance Rates among Nonelderly Hispanic New Mexicans, by Substate Region, 2019**

Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

FIGURE 9

Share of Uninsured Nonelderly New Mexicans Eligible for Medicaid or Marketplace Subsidies, by Substate Region, 2019

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Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

Implications for New Mexico Outreach and State Policy

The Uninsured Eligible for Medicaid or CHIP

Only 6.1 percent of New Mexico residents eligible for Medicaid or CHIP are uninsured, indicating that these programs already reach many eligible people. However, if further outreach and enrollment assistance efforts can reach the remainder, such efforts could substantially reduce uninsurance. About 30 percent of all uninsured New Mexicans are eligible for Medicaid or CHIP, as are 58 percent of uninsured American Indians (table 1) and about 57 percent of uninsured children in New Mexico (table

A.1). Given that Medicaid and CHIP coverage are available at no or very low cost, outreach and enrollment efforts targeting these populations have strong potential to increase coverage.

In addition, over half of uninsured New Mexicans (56.4 percent) eligible for Medicaid or CHIP live in households that report SNAP receipt (table A.1). Thus, more fully coordinating Medicaid and SNAP renewal and enrollment could help identify and enroll more eligible uninsured people. In fact, several states already have such initiatives in place, and they could serve as models for New Mexico (Wagner and Huguelet 2016).

The Uninsured Eligible for Marketplace Premium Tax Credits

At 29 percent, the uninsurance rate for those eligible for premium tax credits is several times higher than the uninsurance rate for those eligible for Medicaid and CHIP (table A.1). This differential likely owes to several factors, including the higher household cost associated with subsidized Marketplace coverage, lower awareness of eligibility, and greater complexity involved in enrolling in and choosing a Marketplace plan. Though affordability remains an issue for some, greater outreach and enrollment assistance could help increase Marketplace coverage. A combination of the following state policies could maximize coverage: additional targeted outreach and enrollment assistance, supplemental premium tax credits and/or cost-sharing assistance, and a state individual mandate.

The Uninsured Ineligible for Financial Assistance

One quarter of uninsured New Mexicans either have incomes too high to qualify for financial assistance or are disqualified for premium tax credits because they or a family member have been offered coverage deemed affordable under the ACA (figure 4). One way to increase enrollment among those ineligible for financial assistance is to reduce unsubsidized premiums in the nongroup market, and a growing number of states have implemented reinsurance programs to do so. Also, a state individual mandate would reverse any adverse selection into the insurance pool caused by the loss of the federal mandate. Another option is extending state-funded premium tax credits to groups ineligible for the federal credits.

Methods

We used the Urban Institute's Health Insurance Policy Simulation Model to provide estimates of the detailed characteristics of New Mexico's uninsured population under age 65. HIPSM is based on a large, representative sample of the US population. The data underlying the model are drawn from two merged years of the American Community Survey (ACS) and consist of more than 6 million observations nationally. These data enable HIPSM to produce reliable, state-representative estimates. HIPSM has a large sample size for New Mexico, composed of about 40,000 original ACS observations. For 2019, the model aligns to the latest available enrollment data for Medicaid and qualified health plans in each state.

We project New Mexico's population in 2019 using estimates from the University of New Mexico's Geospatial and Population Studies. Specifically, we started with the population and age distribution of New Mexico in the 2017 ACS and with comparable 2020 projections from the University of New Mexico. We then estimated the 2019 population by linear interpolation between the two.

The superiority of using a microsimulation model rather than survey data for this analysis is three-fold. First, we can reliably project the survey data a few years into the future using information from demographers on expected population growth. This projection results in more timely and useful estimates for policymakers. Second, we edit and align key variables in the survey data to better match more accurate sources of information. For example, we align the insurance coverage reported in the ACS with administrative enrollment data by total and critical subtotals. This is important because the distribution of enrollment by type of Medicaid eligibility can affect the characteristics of the uninsured. For example, Medicaid and CHIP are crucial programs for children's coverage, so seemingly small differences in child Medicaid/CHIP enrollment between a survey and administrative data can affect the calculation of children's uninsurance rates. Third, we build detailed models based on current laws and regulations to calculate individuals' eligibility for Medicaid and Marketplace subsidies. No survey includes data on eligibility for assistance that people do not report receiving. This permits us to estimate the number of uninsured people eligible for but not enrolled in programs that could provide them with free or subsidized insurance coverage. Thus, HIPSM yields powerful and useful information for policymakers seeking to better understand the characteristics of their uninsured population.

As noted, the standard HIPSM model incorporates publicly available data on Medicaid and Marketplace enrollment in each state. For this analysis, we customized the model based on detailed enrollment information provided by New Mexico and estimates of the number of uninsured New

Mexicans in the latest available census surveys. Specifically, we customized HIPSM for New Mexico based on the following:

- Medicaid and CHIP enrollment by detailed eligibility type for the nonelderly, including people with disabilities, Medicaid expansion adults, parents and caretaker adults, and nondisabled children, focusing on those eligible for full benefits, rather than waivers that only cover certain services

- per capita costs of Medicaid/CHIP enrollees by the aforementioned eligibility types

- Medicaid enrollment among American Indians

- Marketplace enrollees by receipt of premium tax credits and cost-sharing reductions

- the distribution of Marketplace enrollees by age and sex

- the number of uninsured New Mexicans from the latest year of the ACS for which edits from the Integrated Public Use Microdata Series and our edits are available (2017); based on changes in Medicaid and marketplace enrollment since 2017, we estimate that the number of uninsured New Mexicans in 2019 should be between 185,000 and 196,000, and our calibrated model has 187,000

The ACS is designed to produce statistically valid estimates down to local areas called public use microdata areas (PUMAs), which have roughly the same population. New Mexico has 18 PUMAs, and we used them to define 12 regions within New Mexico that correspond with major cities, counties, or groups of counties. Albuquerque is split into six PUMAs, which we combined. One PUMA, which combines the cities of Farmington, Bloomfield, and Aztec, does not follow county boundaries. However, the characteristics of residents in this PUMA are notably different from those in surrounding regions in ways that affect this analysis, so we kept this PUMA separate.

Conclusion

At 10.5 percent, New Mexico's uninsurance rate is lower than the national average. Uninsurance rates are especially low among the lowest-income residents, many of whom are eligible for and enrolled in Medicaid. But, 187,000 residents remain uninsured. American Indians have the highest uninsurance rate relative to other racial and ethnic groups, but Hispanics make up more than half of the state's uninsured population. Additionally, more than half of the uninsured are eligible for Medicaid, CHIP, or subsidized coverage in the Marketplace. These estimates highlight opportunities to increase coverage in New Mexico.

Appendix A. Characteristics of Nonelderly Uninsured New Mexicans, by Eligibility for Free or Subsidized Health Insurance

Characteristics of the Nonelderly Uninsured in New Mexico, by Eligibility for Medicaid/CHIP and Marketplace Subsidies, 2019

	Eligible for Medicaid/CHIP			Eligible for Marketplace Subsidy			Ineligible		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Total	56	100.0	6.1	43	100.0	29.0	88	100.0	12.2
Modified adjusted gross income as a percentage of FPL									
<= 138% FPL	49	87.8	6.3	-	NA	NA	23	25.9	76.4
139–200% FPL	5	8.5	6.0	12	28.7	26.5	20	22.1	27.1
200–400% FPL	2	3.8	3.6	30	70.9	30.2	23	26.7	9.7
> 400%	-	NA	NA	-	NA	NA	22	25.4	5.9
Adjusted gross income									
<$1	19	34.0	10.3	-	NA	NA	2	2.0	43.3
$1–10,000	10	18.4	5.8	-	NA	NA	4	5.1	62.6
$10,000–25,000	14	25.5	5.2	12	28.7	34.0	18	20.0	32.4
$25,000–50,000	8	14.3	4.6	24	55.7	31.7	29	32.8	20.8
$50,000–75,000	3	5.8	5.0	5	12.3	20.8	17	19.0	10.8
$75,000–100,000	-	NA	NA	1	3.0	14.6	8	8.7	5.6
> $100,000	-	NA	NA	-	NA	NA	11	12.4	4.9
Race/ethnicity									
Non-Hispanic white	7	11.8	2.9	13	29.7	24.7	19	21.6	6.0
Hispanic	27	48.8	5.6	20	46.3	28.6	57	65.1	17.9
Non-Hispanic black	-	NA	NA	-	NA	NA	2	2.6	15.7
Asian and Pacific Islander	-	NA	NA	-	NA	NA	1	1.6	8.4
American Indian/Alaska Native	21	38.0	13.2	8	18.9	37.3	7	8.5	17.1
Other	-	NA	NA	-	NA	NA	-	NA	NA

	Eligible for Medicaid/CHIP			Eligible for Marketplace Subsidy			Ineligible		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Age									
0–18	17	30.5	4.6	2	4.0	12.8	11	12.2	7.0
19–34	19	33.2	7.9	24	56.4	46.3	31	34.9	18.6
35–54	15	26.8	7.7	14	32.6	27.8	37	41.8	13.8
55–64	5	9.6	4.7	3	7.0	9.3	10	11.1	7.3
Sex									
Male	28	50.7	6.5	27	63.8	33.8	50	56.5	13.2
Female	28	49.3	5.8	15	36.2	23.1	38	43.5	11.2
Education level	**39**	**100.0**	**7.1**	**41**	**100.0**	**30.6**	**77**	**100.0**	**13.6**
Less than high school	13	34.4	7.1	4	10.7	30.6	22	28.5	13.6
High school	16	41.8	12.6	16	39.2	42.8	28	35.8	50.0
Some college	7	19.3	7.4	13	32.1	32.1	17	22.1	17.7
College graduate	2	4.5	4.6	7	18.0	29.4	11	13.6	10.4
English proficiency	**39**	**100.0**	**7.1**	**41**	**100.0**	**30.6**	**77**	**100.0**	**13.6**
Speaks English very well or better	26	66.5	7.1	39	94.4	30.6	49	63.3	13.6
Does not speak English very well or is less proficient	13	33.5	21.8	2	5.6	24.0	28	36.7	49.3
Employment status									
Family									
No workers	25	44.0	8.9	5	12.5	25.0	8	8.6	23.0
Only part-time worker(s)	4	7.9	4.5	2	4.1	20.8	5	5.6	25.4
One full-time worker	23	41.7	5.0	29	67.2	30.7	56	64.0	14.7
More than one full-time worker	4	6.4	4.8	7	16.2	28.5	19	21.7	6.7
Individual	39	100.0	7.1	41	100.0	30.6	77	100.0	13.6
Not working	26	68.0	8.0	7	16.3	25.7	16	20.1	24.3
Part-time	3	8.6	5.3	3	6.1	24.4	6	7.7	16.5
Full-time	9	23.5	6.1	32	77.6	32.5	56	72.2	12.0
Employer offer for health coverage in the family									
No offer	47	83.5	8.7	38	88.7	38.9	40	45.9	37.8
At least one family member has an employer coverage offer	9	16.5	2.4	5	11.3	9.7	48	54.1	7.8
Major industry	**12**	**100.0**	**5.9**	**31**	**100.0**	**29.5**	**60**	**100.0**	**11.9**
Agriculture, forestry, fishing, and hunting	1	8.2	19.9	-	NA	NA	2	3.3	25.5

	Eligible for Medicaid/CHIP			Eligible for Marketplace Subsidy			Ineligible		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Mining	-	NA	NA	-	NA	NA	3	5.1	17.4
Manufacturing	-	NA	NA	-	NA	NA	4	6.4	12.5
Construction	1	12.0	9.3	6	18.8	47.4	8	13.1	25.2
Wholesale and retail trade	1	11.1	3.6	5	15.2	35.5	8	14.1	14.3
Transportation and utilities		NA	NA	-	NA	NA	3	4.3	8.9
Information	-	NA	NA	-	NA	NA	-	NA	NA
Financial activities	-	NA	NA	1	4.9	36.2	2	3.5	7.9
Professional and business services	-	NA	NA	3	10.2	31.6	5	8.1	8.1
Educational and health services	1	9.3	2.3	5	17.1	30.6	10	16.3	7.1
Leisure and hospitality	4	29.8	8.9	4	13.4	42.0	10	17.5	30.8
Other services	2	14.9	13.3	2	6.2	33.9	3	5.8	15.9
Public administration	-	NA	NA	1	4.4	6.7	1	1.7	2.7
Firm size	**9**	**100.0**	**4.8**	**26**	**100.0**	**30.0**	**52**	**100.0**	**11.3**
1–49 people	3	36.8	5.4	16	62.5	42.8	19	35.7	19.2
50–99 people	-	NA	NA	1	4.6	27.6	2	3.7	8.4
100–499 people	-	NA	NA	2	9.4	33.6	6	12.4	12.1
500–999 people	-	NA	NA	-	NA	NA	2	3.8	7.6
1,000+ people	3	39.1	4.1	5	20.3	15.1	23	44.5	8.9
Citizenship status									
Individual									
US citizen	38	68.5	4.4	42	97.5	29.1	44	50.1	6.8
Noncitizen	18	31.5	38.6	1	2.5	25.7	44	49.9	58.9
Family									
All US citizens	35	63.4	4.5	40	93.4	29.0	42	47.7	6.7
At least one noncitizen	20	36.6	15.7	3	6.6	29.2	46	52.3	48.0
Family SNAP receipt									
No SNAP receipt	24	43.6	4.6	34	80.5	26.9	76	86.3	11.2
At least one family member receives SNAP	32	56.4	8.1	8	19.5	42.3	12	13.7	28.4
Self-reported health status									
All nonelderly New Mexicans									
Excellent	13	23.0	5.8	11	25.4	31.7	21	23.3	10.0
Very good	12	21.9	5.4	14	33.8	30.2	28	31.8	11.8
Good	19	34.2	6.6	13	31.5	28.0	29	32.7	13.7

	Eligible for Medicaid/CHIP			Eligible for Marketplace Subsidy			Ineligible		
	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)	1,000s of uninsured	% of total	Uninsurance rate (%)
Fair	8	14.4	6.8	3	6.0	19.2	9	9.8	16.2
Poor	4	6.4	6.5	1	3.3	35.6	2	2.5	14.1
Nonelderly New Mexicans, excluding children	*39*	*100.0*	*7.1*	*41*	*100.0*	*30.6*	*77*	*100.0*	*13.6*
Excellent	6	15.7	6.5	10	24.9	34.1	17	21.8	11.3
Very good	7	18.5	5.7	14	34.8	32.3	25	31.8	12.4
Good	15	38.1	8.2	13	30.8	29.0	25	32.8	16.0
Fair	7	18.7	7.8	3	6.3	20.1	8	10.8	17.3
Poor	4	9.1	7.1	1	3.3	35.8	2	2.7	15.9
Geography									
Albuquerque	13	22.8	4.8	13	30.0	28.7	29	32.9	11.3
Northwest	13	24.1	14.5	3	7.3	28.6	4	4.6	16.3
Farmington, Bloomfield, and Aztec cities	1	1.9	2.7	3	6.1	40.2	5	5.4	12.7
North Central	4	6.5	6.7	2	5.7	20.6	4	4.7	11.0
Eastern Plains	4	6.4	7.6	3	6.2	32.1	3	3.5	10.8
Santa Fe County	4	6.9	7.8	3	6.5	23.7	9	9.9	15.0
Sandoval County	3	4.9	5.2	2	4.9	23.6	4	4.5	7.1
Valencia, Bernalillo East Mountains, and Isleta Pueblo	2	3.8	5.1	2	4.3	28.6	3	3.8	9.7
Southwest	2	3.4	3.7	2	3.8	23.0	3	3.7	13.6
Doña Ana County	5	8.5	4.5	4	10.0	29.2	10	11.5	15.6
Central Southwest	3	5.9	4.8	4	10.0	45.6	6	6.9	13.3
Far Southeast	3	4.8	6.1	2	5.2	30.2	8	8.6	14.4

Source: Urban Institute. Health Insurance Policy Simulation Model.

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Dashes indicate that data were suppressed for being smaller than 1,000, or no record exists. NA means the category does not apply. Data include those below age 65 not enrolled in Medicare. The upper end of income ranges is not inclusive. For example, $10,000–25,000 includes incomes greater than or equal to $10,000 but less than $25,000. Estimates of workers by major industries and firm size exclude active-duty military members or those unemployed; firm size estimates exclude additional workers who do not report firm size.

Notes

[1] Family income by FPL adjusts for family size. For example, the FPL for a single adult is lower than that for a family of multiple people. Family income by adjusted gross income does not adjust for family size, but these statistics provide useful reference points for policymakers. People with negative adjusted gross incomes are displayed in their own group; in many cases, these individuals and families have business losses and would otherwise have middle incomes.

[2] The supplemental table is available at https://www.urban.org/research/publication/uninsured-new-mexico/characteristics-of-the-nonelderly-uninsured-new-mexico-puma-groups.

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About the Authors

Jessica S. Banthin is a senior fellow in the Health Policy Center at the Urban Institute, where she studies the effects of health insurance reform policies on coverage and costs. Before her arrival at the Urban Institute, she served more than 25 years in the federal government, most recently as deputy assistant director for health at the Congressional Budget Office. During her eight-year term at the Congressional Budget Office, Banthin directed the production of numerous major cost estimates of legislative proposals to modify the Affordable Care Act. She led the development of a new microsimulation model based on cutting-edge technology and managed a portfolio of research on health policy topics requested by Congress. Banthin has contributed to many Congressional Budget Office reports and written extensively about how reform proposals can affect individuals' and families' incentives to enroll in coverage, influence employers' decisions to offer coverage to their employees, and improve insurance market competitiveness. In her recent work, Banthin has written on the accuracy of various data sources used in modeling health reforms. Banthin has also conducted significant work on the financial burden of health care premiums and out-of-pocket costs on families and published in scientific journals on this topic. She has special expertise in the design of microsimulation models for analyzing health insurance coverage and a deep background in the design and use of household and employer survey data. Banthin's experience in estimating the effects of health reform on cost and coverage extend back to her service on the President's Task Force on National Health Care Reform in 1993. She earned her PhD in economics from the University of Maryland at College Park and her AB from Harvard University.

Matthew Buettgens is a senior fellow in the Health Policy Center, where he is the mathematician leading the development of Urban's Health Insurance Policy Simulation Model (HIPSM). The model is currently being used to provide technical assistance for health reform implementation in Massachusetts, Missouri, New York, Virginia, and Washington as well as to the federal government. His recent work includes a number of research papers analyzing various aspects of national health insurance reform, both nationally and state by state. His research topics have included the costs and coverage implications of Medicaid expansion for both federal and state governments; small firm self-insurance under the Affordable Care Act and its effect on the fully insured market; state-by-state analysis of changes in health insurance coverage and the remaining uninsured; the effect of reform on employers; the affordability of coverage under health insurance exchanges; and the implications of age rating for coverage affordability. Buettgens was previously a major developer of the Health Insurance Reform Simulation Model—the predecessor to HIPSM—used in the design of the 2006 "Road Map to Universal Coverage" in Massachusetts.

Linda J. Blumberg is an Institute Fellow in the Health Policy Center. She is an expert on private health insurance (employer and nongroup), health care financing, and health system reform. Her recent work includes extensive research related to the Affordable Care Act (ACA); in particular, providing technical assistance to states, tracking policy decisionmaking and implementation at the state and federal levels, and interpreting and analyzing the implications of particular policies. Examples of her work include

analyses of the implications of congressional proposals to repeal and replace the ACA, delineation of strategies to fix problems associated with the ACA, estimation of the cost and coverage potential of high-risk pools, analysis of the implications of the *King v. Burwell* case, and several studies of competition in ACA Marketplaces. In addition, Blumberg led the quantitative analysis supporting the development of a "Road Map to Universal Coverage" in Massachusetts, a project with her Urban colleagues that informed that state's comprehensive health reforms in 2006. Blumberg frequently testifies before Congress and is quoted in major media outlets on health reform topics. She serves on the Cancer Policy Institute's advisory board and has served on the *Health Affairs* editorial board. From 1993 through 1994, she was a health policy adviser to the Clinton administration during its health care reform effort, and she was a 1996 Ian Axford Fellow in Public Policy. Blumberg received her PhD in economics from the University of Michigan.

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