

Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage?

Timely Analysis of Immediate Health Policy Issues

August 2012

Genevieve M. Kenney, Stephen Zuckerman, Lisa Dubay, Michael Huntress, Victoria Lynch, Jennifer Haley and Nathaniel Anderson

Summary

At present, few states cover non-disabled, non-pregnant parents with incomes up to 138 percent of the federal poverty level (FPL) and even fewer cover such adults without dependent children. With the implementation of the coverage provisions of the Affordable Care Act (ACA), Medicaid eligibility could increase dramatically for these groups. This analysis suggests that the approximately 15.1 million uninsured adults who could gain coverage under the ACA Medicaid expansion are a diverse group in terms of their age and race/ethnicity. Though over half of this group is under age 35, 35 percent are between the ages of 35 and 54 and over 10 percent are near elderly adults between the ages of 55 and 64. Nationwide, just over half are white, but their racial and ethnic composition varies substantially

across states. And while over four in five of these uninsured are adults who are not living with dependent children, 2.7 million are parents living with dependent children. Just over half (53 percent) of the uninsured who could gain coverage under the Medicaid expansion are male, but 4.6 million are women of reproductive age. States are now weighing whether to expand Medicaid under the ACA—some states have expressed concern that expanding Medicaid to more adults may pose fiscal challenges. However, purely monetary calculations ignore the potential human, financial, and productivity benefits associated with improved access to affordable health care for the millions of low-income adults without health insurance coverage and their families.

Introduction

The Supreme Court's ruling on the Affordable Care Act (ACA) put the decision to expand Medicaid coverage to nonelderly adults with incomes below 138 percent of the federal poverty level (FPL) in the hands of the states.¹ Discussions about whether or not states plan to expand Medicaid under the ACA have been dominated by budgetary concerns, particularly regarding potential state outlays and offsets associated with the Medicaid expansion. While there are legitimate concerns about the budgetary aspects of this decision, there has been relatively little focus on the characteristics of the people who would be affected.

Currently, few states cover non-disabled, non-pregnant parents up to 138 percent of FPL in Medicaid, and even fewer states cover such adults without dependent children. At present, only 18 states provide comprehensive Medicaid coverage to parents at or above 100 percent of FPL (\$18,530 for a family of three in 2011), and the median state

covers working and non-working parents up to only 63 and 37 percent of FPL, respectively. The majority of states do not cover non-disabled, non-pregnant adults without dependent children at any income level, and many low-income women only qualify for Medicaid coverage when they are pregnant.² As has been noted, "it's a very common misconception that Medicaid covers all poor people, but that's far from the truth."³ In contrast, children in this income range are already eligible for Medicaid or the Children's Health Insurance Program (CHIP) in every state. As a consequence, children with incomes below 138 percent of FPL are much more likely than parents and nonelderly adults without dependent children to have Medicaid/CHIP coverage and much less likely to be uninsured.⁴ In 2010, over 40 percent of the adults in this income group were uninsured, compared to 16 percent of children.⁵

States are considering whether or not to implement the ACA option of expanding Medicaid to adults with incomes up

to 138 percent of FPL (approximately \$15,000 for an individual).⁶ If a state does not implement the Medicaid expansion, some adults could instead receive federal tax credits and other subsidies when purchasing coverage through the newly created exchanges, but these credits and subsidies would not be available for citizens with incomes below 100 percent of FPL.

State decisions regarding whether to expand Medicaid under the ACA will affect an estimated 15.1 million uninsured adults with incomes below 138 percent of FPL who would be newly eligible for coverage under the ACA Medicaid expansion. Of these approximately 15.1 million newly Medicaid-eligible uninsured adults, 11.5 million have incomes below 100 percent of FPL and, therefore, would not receive any additional help obtaining health insurance coverage under the ACA if their state does not expand its Medicaid program.⁷ This brief provides new information from the 2010 American Community Survey about who these



Robert Wood Johnson Foundation



uninsured adults are at the state and national level.⁸

Table A shows the distribution with respect to age, sex, parental status, race/ethnicity and citizenship for uninsured adults nationally with family incomes below 138 percent of FPL who would be newly eligible for Medicaid based on a model that simulates potential Medicaid eligibility among uninsured adults under the ACA.⁹ The table also shows data on the subset of these adults with incomes below 100 percent of FPL who would not be eligible for any additional assistance obtaining health insurance coverage if they lived in a state that did not expand Medicaid under the ACA. Since the distributions with respect to these characteristics are quite similar for adults with incomes below 100 and 138 percent of FPL, respectively, the text focuses on the group with incomes below 138 percent of FPL.

State estimates for the characteristics of uninsured adults with incomes below 138 and 100 percent of FPL are provided in Appendix Tables 1 through 10, and state estimates for the total numbers of newly and currently eligible adults are provided in Appendix Table 11.

The uninsured adults who would be newly eligible for Medicaid under the ACA are a mix of older and younger people. Just over a quarter (26 percent) are between the ages of 19 and 24, and another 26 percent are between the ages of 25 and 34; 35 percent are between the ages of 35 and 54, and 13 percent are between the ages of 55 and 64. Altogether, 7.8 million of these newly-eligible adults are under the age of 35. While there are some differences across states in the age distribution of the uninsured in this group, the general patterns are fairly consistent with the national distribution (Appendix Table 1).

Nationally, just over half (53 percent) of the uninsured who would be newly eligible for Medicaid are male. This is not surprising, since, as indicated above, Medicaid has historically had much broader eligibility for parents than for adults without dependent children, and a high proportion of these parents have been single mothers. As with the age distribution, there is some variation across states, but males make up a somewhat larger share of the newly eligible in almost all states (Appendix Table 2).

Overall, 47 percent of the uninsured who would be made newly eligible for Medicaid under the ACA are women. A total of 4.6 million uninsured women of reproductive ages (19 to 44) would become eligible for Medicaid under the ACA (without eligibility being restricted to pregnancy), of whom 3.4 million have incomes below 100 percent of FPL.

Table A: Characteristics of Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 138% of FPL, for the Nation (Numbers in 1000's)

	Below 100% FPL		Below 138% FPL	
	Share	Number	Share	Number
Total	100.0%	11,483	100.0%	15,060
Age				
19 to 24	27.5%	3,163	26.1%	3,934
25 to 34	25.6%	2,940	26.0%	3,912
35 to 54	32.9%	3,779	34.5%	5,192
55 to 64	13.9%	1,601	13.4%	2,023
Sex				
Male	53.4%	6,132	53.0%	7,979
Female	46.6%	5,351	47.0%	7,081
Age/Sex				
Men 19 to 44	39.2%	4,502	38.7%	5,833
Women 19 to 44	29.7%	3,414	30.3%	4,556
Men 45 to 64	14.2%	1,630	14.3%	2,147
Women 45 to 64	16.9%	1,937	16.8%	2,525
Parental Status				
Has a Dependent Child in Household	13.4%	1,538	17.6%	2,650
Does not have a Child in Household	86.6%	9,946	82.4%	12,411
Race/Ethnicity				
White Only	55.1%	6,323	54.9%	8,270
Hispanic	18.0%	2,071	19.4%	2,924
Black/African American	19.8%	2,274	18.7%	2,809
Other/Multiple	7.1%	815	7.0%	1,057
Individual Citizenship Status				
U.S. Citizen	94.7%	10,879	93.9%	14,143
Legal Immigrant	5.3%	604	6.1%	918

Source: Urban Institute tabulations of the 2010 American Community Survey (ACS). Estimates adjust for the underreporting of Medicaid/CHIP and the overreporting of private non-group coverage on the ACS. The universe is limited to civilian, non-institutionalized, non-elderly adults ages 19 to 64 who are US citizens or noncitizens with at least five years US residency, since the Maintenance of Effort provision under the Affordable Care Act for children extends through 2019. New Eligibility for Medicaid is determined by having income for the Health Insurance Unit below 138 percent of the Federal Poverty Level and meeting the immigration requirements for Medicaid coverage, and not qualifying for Medicaid under current rules, based on information provided at the time of the survey. (Current eligibility for Medicaid is defined as eligibility for comprehensive Medicaid benefits in 2010 based on a model developed by Victoria Lynch under a grant from the Robert Wood Johnson Foundation. The model simulates current Medicaid eligibility using available information for each state on their Medicaid eligibility guidelines, including income thresholds for a particular family size, the extent of income disregards, asset limits, immigration status, and other factors. Modeling Medicaid eligibility for adults based on a household survey is subject to measurement error due to the complexity of the rules in place that govern Medicaid eligibility for adults, gaps in the information that is available on income, assets, household structure, immigration status, etc., and difficulties measuring eligibility for certain pathways, such as pregnancy and disability.) See endnote 9 for more information for how the "newly eligible" are defined in these tables. Total estimates may not add up due to rounding.

Of these 4.6 million uninsured women of reproductive ages, over 643,000 live in Texas, 538,000 live in California, 373,000 live in Florida and 233,000 live in Georgia (Appendix Table 3).

Fully 82 percent, or 12.4 million, of the uninsured who would be newly eligible for Medicaid are adults not living with dependent children. This is not surprising given Medicaid's categorical eligibility rules that, for the most part, have excluded these adults in most states. These adults are a heterogeneous group—some are young adults who have not yet formed families, some are parents with children under age 19 who do not live with them, and others are older adults, nearing age 65, who never had children or whose children are now adults.

While adults without dependent children constitute the majority of these

newly-eligible adults in every state, they comprise a smaller fraction (between about two-thirds and three-quarters) of those who would be newly eligible in five states (Arizona, Arkansas, Idaho, Louisiana and Texas) (Appendix Table 2). In four of these states, eligibility for parents has been historically much lower than the national average and would be substantially enhanced by the ACA.¹⁰

An estimated 2.7 million uninsured adults who would gain eligibility for Medicaid under the ACA are parents living with dependent children. Of these parents, 568,000 live in Texas, 223,000 live in Florida, 172,000 live in California and 155,000 live in Georgia (Appendix Table 2). Over half—1.5 million—of these parents nationwide have incomes below 100 percent of FPL and would not qualify for federal tax credits and subsidies, with 388,000 living in Texas

and 127,000 in Florida (Appendix Table 7).

The majority (55 percent) of the uninsured who would qualify for Medicaid under the ACA expansion are white. Further, 19 percent are Hispanic, 19 percent are black and seven percent are in the “other race” category. While the distribution with respect to race and ethnicity varies across states, more than half of the newly-eligible group is white in 37 states.¹¹ In some states, the racial and ethnic distributions are very different, with either Hispanics (e.g., in California, Florida, New Jersey, New Mexico and Texas) or blacks (e.g., in Georgia, Louisiana and Maryland) being more prominent (Appendix Table 4).

Nationwide, close to 94 percent of the uninsured who would be eligible for Medicaid under the ACA are citizens, while the rest are legal immigrants who

Table B: Characteristics of Uninsured Adults with Incomes Below 138% of FPL by Medicaid Eligibility Status, for the Nation (Number's in 1000's)

	Newly Eligible for Medicaid Under the ACA		Currently Eligible for Medicaid	
	Below 100% FPL	Below 138% FPL	Below 138% FPL	
	Share	Share	Share	Number
Total	100.0%	100.0%	100.0%	4,370
Age				
19 to 24	27.5%**	26.1%**	20.1%	878
25 to 34	25.6%**	26.0%**	28.4%	1,239
35 to 54	32.9%**	34.5%**	42.0%	1,833
55 to 64	13.9%**	13.4%**	9.6%	419
Sex				
Male	53.4%**	53.0%**	45.7%	1,997
Female	46.6%**	47.0%**	54.3%	2,373
Age/Sex				
Men 19 to 44	39.2%**	38.7%**	32.1%	1,403
Women 19 to 44	29.7%**	30.3%**	39.1%	1,708
Men 45 to 64	14.2%**	14.3%**	13.6%	594
Women 45 to 64	16.9%**	16.8%**	15.2%	665
Parental Status				
Has a Dependent Child in Household	13.4%**	17.6%**	51.8%	2,265
Does not have a Child in Household	86.6%**	82.4%**	48.2%	2,105
Race/Ethnicity				
White Only	55.1%**	54.9%**	49.3%	2,154
Hispanic	18.0%**	19.4%**	23.9%	1,046
Black/African American	19.8%**	18.7%**	19.1%	836
Other/Multiple	7.1%**	7.0%**	7.7%	334
Individual Citizenship Status				
U.S. Citizen	94.7%**	93.9%**	89.7%	3,921
Legal Immigrant	5.3%**	6.1%**	10.3%	449

(**) Indicates share is statistically different from the share for the currently eligible at the 0.1 (0.05) level

Source: Urban Institute tabulations of the 2010 American Community Survey (ACS). Estimates adjust for the underreporting of Medicaid/CHIP and the overreporting of private non-group coverage on the ACS. The universe is limited to civilian, non-institutionalized, non-elderly adults ages 19 to 64 who are US citizens or noncitizens with at least five years US residency, since the Maintenance of Effort provision under the Affordable Care Act for children extends through 2019. New Eligibility for Medicaid is determined by having income for the Health Insurance Unit below 138 percent of the Federal Poverty Level and meeting the immigration requirements for Medicaid coverage, and not qualifying for Medicaid under current rules, based on information provided at the time of the survey. Current eligibility for Medicaid is defined as eligibility for comprehensive Medicaid benefits in 2010 based a model developed by Victoria Lynch under a grant from the Robert Wood Johnson Foundation. The model simulates current Medicaid eligibility using available information for each state on their Medicaid eligibility guidelines, including income thresholds for a particular family size, the extent of income disregards, asset limits, immigration status, and other factors. Modeling Medicaid eligibility for adults based on a household survey is subject to measurement error due to the complexity of the rules in place that govern Medicaid eligibility for adults, gaps in the information that is available on income, assets, household structure, immigration status, etc., and difficulties measuring eligibility for certain pathways, such as pregnancy and disability. See endnote 9 for more information for how the “newly eligible” are defined in these tables. Total estimates may not add up due to rounding.

meet the eligibility requirements for Medicaid. The predominance of citizens among the uninsured who would gain eligibility is due in part to Medicaid coverage being limited to adults who are either citizens or legal immigrants who have been in the country for five years or more. More than 90 percent of the uninsured who would qualify under the ACA expansion are citizens in all but five states, and even in those five states (California, Florida, New Jersey, New York and Texas), citizens constitute over 80 percent of the adults who would be newly eligible for Medicaid under the ACA (Appendix Table 5).

Table B compares the characteristics of the uninsured adults newly eligible for Medicaid to the characteristics of those whom we simulate as currently eligible. Nationally, the most striking difference between the currently and newly eligible adults is that currently eligible adults are much more likely to be parents (52 percent compared to 18 percent), which is due to Medicaid eligibility being as or more generous for parents than for adults without dependent children in all states prior to the ACA. Newly eligible uninsured adults are also more likely than currently eligible uninsured adults to be men, white, and citizens.

Conclusion

This analysis suggests that the uninsured who could gain coverage under the ACA Medicaid expansion are a diverse group in terms of their age and race/ethnicity. Though over half are under age 35, 35 percent are between the ages of 35 and 54 and over 10 percent are near elderly adults between the ages of 55 and 64. Nationwide, just over half are white, but their racial and ethnic composition varies substantially across states. And while over four in five of these uninsured are adults not living with dependent children, 2.7 million are parents living with dependent children. Although just over half of the uninsured who could gain coverage under the Medicaid expansion are male, 4.6 million are women of reproductive age.

States are now weighing whether or not to expand Medicaid under the ACA. The federal government will cover 100 percent of the costs of the newly Medicaid-eligible under the ACA in 2014, 2015, and 2016; in 2017, 2018, and 2019, the federal government will cover 95, 94, and 93 percent of those costs; and in 2020 and beyond it will cover 90 percent of those costs. Thus, states will need to share in covering these Medicaid costs beginning in 2017, but they will need to finance only a small fraction of the costs of the newly eligible.¹²

Some states have expressed the concern that they will not be able to afford the costs of expanding Medicaid under the ACA even with the high levels of federal support. Another concern expressed by states is that they will incur costs associated with covering adults who are eligible for Medicaid under current rules but not enrolled.¹³ Generally, states will receive regular Medicaid matching rates, which vary from 50 to 76 percent, for currently-eligible adults, though states that have already expanded to 100 percent of FPL will receive an enhanced match that increases over time, reaching 90 percent in 2019 and beyond.¹⁴

Whether or not a state expands Medicaid under the ACA, those who are already eligible are likely to participate in Medicaid and CHIP at higher rates under the ACA due to a number of factors. These include new outreach and enrollment efforts, streamlined enrollment systems, penalties for not having health insurance coverage, the availability of newly created health insurance exchanges that may push more people into seeking coverage, and the expectation under the ACA that everyone will have insurance coverage. The impacts of these factors, as well as the participation rates and numbers of new enrollees, could vary across states. In terms of budgetary impacts, states will want to consider the costs associated with covering both the new and current Medicaid eligibles as well as the potential offsetting savings associated with the implementation of the ACA, such as reduced spending in such areas as

uncompensated care and mental health care, where they currently incur outlays on behalf of the poor uninsured that are not matched with federal dollars; and the possible multiplier effects with respect to state employment and income associated with the federal matching dollars.¹⁵

While there is considerable debate about the budgetary implications of expanding Medicaid under the ACA, there is little doubt that without such an expansion, many low-income adults will continue to experience unmet health needs and financial hardships associated with meeting these health care needs. Relative to insured adults, uninsured adults in each state are substantially more likely to have an unmet health need due to costs and less likely to have had a routine checkup.¹⁶ Recent research in Oregon, using a randomized experimental design, showed that gaining Medicaid coverage can have a number of important health and financial benefits for adults, even over a fairly short period of time.¹⁷ The findings from Oregon are consistent with non-experimental findings from a national study showing that low-income uninsured adults have more unmet health needs and receive less health care than adults on Medicaid and from a study of three states (Arizona, Maine and New York) showing that expansions of Medicaid were associated with improved access and reduced mortality.¹⁸

This analysis shows that the Medicaid expansion could make coverage available for an additional 7.8 million uninsured adults who are below the age of 35. Young adults have higher uninsured rates relative to other adults, thus constraining their access to acute and preventive care, including mental health care, and contributing to financial hardships associated with meeting health care needs during a critical time of life. According to a Commonwealth Fund study, of the nearly two in five young adults ages 19-29 who were without health insurance for some or all of 2011, 60 percent said they did not receive needed care because of costs and half reported problems paying medical

bills or said they were paying off medical debt.¹⁹ While many young adults have benefited from the expansion of dependent coverage up to age 26, additional Medicaid coverage among this population could target young adults from lower-income backgrounds who are less likely to have parents with employer-sponsored coverage that could include them.²⁰

Around two million uninsured adults who could gain Medicaid coverage under the ACA are between the ages of 55 and 64. Increased coverage among this group could not only increase their access to needed care but could also reduce future health care costs under Medicare: research suggests that lack of coverage before reaching Medicare eligibility at age 65 is associated with greater utilization and higher expenditures under Medicare.²¹

While just over half of the uninsured adults who could gain Medicaid coverage under the ACA are white, potential increases in coverage under the ACA could substantially reduce racial and ethnic differentials in health insurance coverage. With full implementation of the ACA, gaps in uninsurance rates between whites and Hispanics and between whites and blacks are expected to narrow, with potential attendant reductions in racial/ethnic differentials in access to health care and health outcomes.²²

In addition, better addressing the health care needs of low-income adults could have other positive effects, given that so many who stand to gain coverage under the ACA Medicaid expansion are women of reproductive ages. Since Medicaid currently provides coverage for many women only when they are pregnant, the ACA Medicaid expansion has the potential to lead to better health in the

pre-conception period, to increased spacing between births, and to improved birth outcomes and health of newborns. In addition, the increased health insurance coverage of both custodial and non-custodial parents should increase the extent to which their physical and mental health needs are addressed, and reduce the financial burdens they experience associated with health care. Benefits that accrue to adults should have positive effects on their children and families as well.²³

Much of the discussion on expanding Medicaid under the ACA has focused on the fiscal implications for states. However, exclusively monetary calculations ignore the potential human, financial and productivity benefits associated with improved access to affordable health care for the millions of low-income adults who lack health insurance coverage and their families.

Endnotes

- 1 The Medicaid eligibility threshold established under the ACA is 133 percent of FPL, to which a 5 percent disregard is applied; therefore, de facto, the Medicaid eligibility threshold under the ACA is 138 percent of FPL. Under the ACA, states are required to maintain Medicaid and CHIP eligibility thresholds for children through 2019. Therefore, eligibility for children under Medicaid/CHIP is not expected to be directly affected by the Supreme Court's ruling.
- 2 Heberlein M, Brooks T, Guyer J, et al. "Performing Under Pressure: Annual Findings of a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2011-2012." Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2012.
- 3 Pear R. "In Health Care Ruling, Vast Implications for Medicaid." New York Times, June 15, 2012. <http://www.nytimes.com/2012/06/16/us/in-health-care-ruling-vast-implications-for-medicaid.html?pagewanted=all>.
- 4 Blavin F, Holahan J, Kenney GM, et al. "A Decade of Coverage Losses: Implications for the Affordable Care Act." Washington, DC: Urban Institute, 2012. <http://www.urban.org/health-policy/url.cfm?ID=412514>.
- 5 Ibid.
- 6 The status as of July 10, 2012 can be found here: <http://dl.ebmcdn.net/~advisoryboard/infographics/Where-the-States-Stand7/story.html>.
- 7 Kenney G, Dubay L, Zuckerman S, et al. "Opting Out of the Medicaid Expansion under the ACA: How Many Uninsured Adults Would not Be Eligible for Medicaid?" Washington, DC: The Urban Institute, 2012. <http://www.urban.org/UploadedPDF/412607-Opting-Out-of-the-Medicaid-Expansion-Under-the-ACA.pdf>.

<http://www.urban.org/UploadedPDF/412607-Opting-Out-of-the-Medicaid-Expansion-Under-the-ACA.pdf>.

- 8 These estimates indicate how many uninsured individuals would be newly eligible for Medicaid but do not indicate how many would actually enroll (see Holahan and Headen 2010 (endnote 12) for a discussion of behavioral responses).
- 9 These estimates are derived from the 2010 American Community Survey (ACS), an annual survey fielded by the U.S. Census Bureau. We use an augmented version of the ACS prepared by the University of Minnesota Population Center, known as the Integrated Public Use Microdata Sample (IPUMS), which uses the public use sample of the ACS and contains edits for family relationships and other variables (Ruggles S, Alexander TJ, Genadek K, et al. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: University of Minnesota, 2010). All estimates use weights provided by the U.S. Census Bureau. Coverage estimates reflect edits that adjust for the underreporting of Medicaid/CHIP and the overreporting of private non-group coverage on the ACS; edits are conducted if other information collected in the survey and simulated Medicaid eligibility status suggest a sample case's coverage has been misclassified. The universe is limited to non-institutionalized civilian adults ages 19 through 64 who are citizens or lawfully resident immigrants who have been in the country more than five years. Because the ACS does not contain sufficient information to determine whether an individual is a lawfully resident immigrant and therefore potentially eligible for Medicaid coverage, we impute documentation status for non-citizens (see Passel J and Cohen D. "A Portrait of Unauthorized Immigrants in the United States." Pew Hispanic Center, April 2009). Parental status

is defined according to whether the adult has a child age 18 or under living in their household who is their biological, adoptive, or stepchild. Race/ethnicity is categorized into four mutually exclusive groups: white non-Hispanic; black non-Hispanic; Hispanic; and other, which includes all other groups and those of multiple race groups.

Adults who would be newly eligible for Medicaid under the ACA are identified using a model developed by Victoria Lynch for the Robert Wood Johnson Foundation that (1) simulates current/pre-ACA eligibility for comprehensive Medicaid or Medicaid-equivalent benefits using the rules in place in mid-2010 and (2) simulates eligibility for expanded Medicaid coverage under the ACA. The model simulates current eligibility using available information for each state on their Medicaid eligibility guidelines, including income thresholds for a particular family size, the extent of income disregards, asset limits, immigration status, and other factors. The following eligibility pathways are modeled: Section 1115 Waiver; Section 1931; Aged/Blind/Disabled and SSI; Aged-out Foster Children; Medically Needy; and Relative Caretakers. The model does not account for potential changes in existing eligibility categories when the ACA goes into effect: when ACA regulations are finalized, changes to income methodologies or other changes in classifications of "current" eligibility could affect estimates of "new" eligibility (see Department of the Treasury, Internal Revenue Service, 26 CFR Part 301, RIN 1545-BK87, "Regulations pertaining to the disclosure of return information to carry out eligibility requirements for health insurance affordability programs." Washington, DC, 2012. <http://www.irs.gov/pub/irs-drop/reg-119632-11.pdf>).

Modeling Medicaid eligibility for adults is much more challenging than for children because eligibility rules are more complex for adults and household surveys typically lack the necessary detail to correctly capture all components of the major eligibility pathways for adults (such as pregnancy, medical needs/spending, and disability details) and involve error or gaps in the measurement of key determinants of eligibility such as income, assets, household structure, and immigration status. For example, states' determinations of disability-related eligibility use additional criteria than the indicators of functional limitations available on the ACS. Thus, some of the adults that appear in our model to be "currently eligible" might not qualify when the more detailed information on their characteristics is taken into account and would therefore become newly eligible for Medicaid under the ACA; in other words, overstatement of disability-related eligibility in our model could lead to an understatement of new eligibility, particularly among people with functional limitations and among uninsured adults without dependent children compared to uninsured adults with children. Moreover, among the uninsured adults we estimate as newly eligible, about 50,000 are college students ages 19-24 living away from home; however, it is possible that some of them would not be found eligible based on the incomes of their families.

In addition, some states offer Medicaid coverage for adults that is less comprehensive in scope than full Medicaid benefits. For example, Hawaii, Massachusetts, and Maine offer more limited Medicaid coverage (that requires higher cost-sharing or has more limited benefits) through an 1115 Waiver program that is not considered in this definition of current eligibility; if that source of Medicaid coverage is considered in the definition of current eligibility, that would reclassify 35, 86, and 46 thousand new eligibles as current eligibles, respectively, resulting in 4.8, 0.2, and 1.7 percent of the uninsured below 138 percent of FPL in the new eligible category compared to 83.3, 81.0, and 77.9 percent in our original formulation in these three states. How current eligibility is defined in these states (and potentially in other states that have 1115 Waivers under Medicaid) has little effect on the national estimates of the number of new and current eligibles who are uninsured but would affect the mix in a particular state. As a consequence, to the extent that our model does not line up with how eligibility will be defined under the ACA, current eligibility could be under/overstated, and to the extent that the model over/under states current Medicaid eligibility, estimates of new eligibility will therefore be under/over stated. In most states, the adults who would be newly eligible for Medicaid greatly outnumber the adults who are currently eligible. Notable exceptions are Arizona, Delaware, New York, and Vermont, all of which have higher eligibility thresholds for comprehensive Medicaid benefits for adults relative to the rest of the nation (and Hawaii, Massachusetts and Maine, when their more limited Medicaid coverage for adults is taken into account).

Further, these estimates are based on an approximation of how income will be assessed for the purposes of determining eligibility for Medicaid under the ACA. While there are a number of possible errors in the measure we used, we draw attention to two. First, because Social Security income is not included in this

income measure but will be included when determining eligibility under the ACA, our estimates of new eligibility may be somewhat overstated compared to eligibility under the law, and second, our use of annual income, as opposed to monthly income, could mean our estimates understate eligibility. At this point, we are able to quantify the possible effects of the first issue, but not the second. Eligibility for Medicaid under the ACA is based on the ratio of modified adjusted gross income (MAGI) relative to the poverty guidelines and compared to the new Medicaid income threshold of 138 percent of FPL that will become effective in 2014. The income measure used in this paper is based on an attempt to define MAGI consistent with the original legislation and does not include Social Security income; however, the ACA definition of MAGI was later revised in HR 675 to include non-taxable Social Security income. When Social Security income is included, the estimate of newly eligible uninsured is reduced by about 400,000: from 15.1 million to 14.6 million for those with incomes below 138 percent of FPL, and from 11.5 million to about 11.0 million for the segment with incomes less than 100 percent of FPL. The group that is most affected by the treatment of Social Security income in MAGI calculations are those between the ages of 55 and 64: their proportion from among all the newly eligible uninsured with incomes below 138 percent of FPL declines from 13.4 percent to 11.9 percent and their number declines from 2 million to 1.7 million when Social Security income is included.

At the same time, however, as indicated above, our income measure likely understates the number of people who will qualify for Medicaid under the ACA among those whose income fluctuates from month to month: eligibility will be determined using monthly income; however, the ACS collects income as an annual measure, and thus our monthly income variable represents an average for the calendar year.

- 10 The 2010 eligibility thresholds for comprehensive Medicaid coverage for working parents are 106 percent of FPL in Arizona, 17 percent in Arkansas, 39 percent in Idaho, 25 percent in Louisiana, and 26 percent in Texas, with lower thresholds for non-working parents (Heberlein M, Brooks T, Artiga S, et al. "Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010-2011." Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2011). See also: Heberlein M, Huntress M, Kenney G, et al. "Medicaid Coverage for Parents under the Affordable Care Act." Center for Children and Families, 2012.
- 11 Vermont is excluded due to insufficient sample size.
- 12 Holahan J and Headen I. "Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL." Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2010. <http://www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-Reform-National-and-State-By-State-Results-for-Adults-at-or-Below-133-FPL.pdf>.
- 13 Rovner J. "Will Medicaid Bring The Uninsured Out Of The Woodwork?" National Public Radio, 11 July 2012. <http://www.npr.org/blogs/>

[health/2012/07/11/156568678/will-medicaid-bring-the-uninsured-out-of-the-woodwork](http://www.kff.org/health/2012/07/11/156568678/will-medicaid-bring-the-uninsured-out-of-the-woodwork).

- 14 Federal matching rates on these populations will vary across states. For instance, it appears that seven states (Arizona, Delaware, Hawaii, Maine, Massachusetts, New York, and Vermont) that covered parents and adults without dependent children at 100 percent of FPL or higher prior to enactment of the ACA will receive a higher transition federal matching rate starting in 2014 that will increase to the enhanced rate for the newly eligible by 2019. Additional states with less comprehensive Medicaid waiver coverage for adults may be able to obtain a higher federal match for this population, and states with state-funded programs may move these enrollees to Medicaid (Holahan and Headen 2010; Kaiser Family Foundation. "Medicaid and Children's Health Insurance Program Provisions in the New Health Reform Law." Publication No. 7952-03. Manlo Park, CA: Henry J. Kaiser Family Foundation, 2010. <http://www.kff.org/healthreform/upload/7952-03.pdf>; Bovbjerg RR, Ormond B and Chen V. "State Budgets under Federal Health Reform: The Extent and Causes of Variations in Estimated Impacts." Washington, DC: Kaiser Commission on Medicaid and the Uninsured. February 2011. <http://www.kff.org/healthreform/upload/8149.pdf>).

As far as children are concerned, states receive a capped allotment for CHIP at a higher matching rate compared to Medicaid. Under the ACA, federal CHIP allotments were extended through 2015 and CHIP matching rates were to be increased by 23 percentage points effective October 1, 2015. There is uncertainty about children's coverage in 2016 and beyond (Kaiser Family Foundation 2010; Kenney GM, Buettgens M, Guyer J, et al. "Improving Coverage For Children Under Health Reform Will Require Maintaining Current Eligibility Standards For Medicaid And CHIP." Health Affairs, 30(12): 2371-81, 2011).

- 15 Buettgens M, Dorn S and Carroll C. "Consider Savings as Well as Costs: State Governments Would Spend at Least \$90 Billion Less With the ACA than Without It from 2014 to 2019." Washington, DC: The Urban Institute, 2011. <http://www.urban.org/UploadedPDF/412361-consider-savings.pdf>; Carbaugh A. "The Role of Medicaid in State Economies: A Look at the Research" Manlo Park, CA: Henry J. Kaiser Family Foundation, January 2009. Updated by Marks C and Rudowitz R. http://www.kff.org/medicaid/upload/7075_02.pdf.
- 16 Kenney G, Zuckerman S, Goin D, et al. "Virtually Every State Experienced Deteriorating Access to Care for Adults over the Past Decade." Washington, DC: The Urban Institute, 2012. <http://www.urban.org/UploadedPDF/412560-Virtually-Every-State-Experienced-Deteriorating-Access-to-Care-for-Adults-over-the-Past-Decade.pdf>.
- 17 Finkelstein A, Taubman S, Wright B, et al. "The Oregon Health Insurance Experiment: Evidence from the First Year." NBER Working Paper Series, Working Paper 17190. Cambridge, MA: National Bureau of Economic Research, 2011. <http://www.nber.org/papers/w17190>.
- 18 Long S, Stockley K, Grimm E, et al. "National Findings on Access to Health Care and Service Use for Non-elderly Adults Enrolled in Medicaid." The Medicaid and CHIP Payment and Access

- Commission, 2012. <https://docs.google.com/viewer?a=v&pid=sites&srcid=bWFjcGfjLmdydnxtYWNwYWN8Z3g6ZGI1YmY1ZTZmYzA0NmQx>. Sommers BD, Baicker K, Epstein AM. "Mortality and Access to Care among Adults after State Medicaid Expansions." July 2012. New England Journal of Medicine 10.1056/NEJMsa1202099, <http://www.nejm.org/doi/full/10.1056/NEJMsa1202099#t=article>
- 19 Collins S, Robertson R, Garber T, et al. "Young, Uninsured, and in Debt: Why Young Adults Lack Health Insurance and How the Affordable Care Act Is Helping." New York, NY: The Commonwealth Fund, 2012. [http://www.commonwealthfund.org/-/media/Files/Publications/ Issue%20Brief/2012/Jun/1604_collins_young_uninsured_in_debt_v4.pdf](http://www.commonwealthfund.org/-/media/Files/Publications/Issue%20Brief/2012/Jun/1604_collins_young_uninsured_in_debt_v4.pdf).
- 20 Sommers BD, Kronick R. The Affordable Care Act and Insurance Coverage for Young Adults. JAMA 2012;307:913-4
- 21 McWilliams JM. Health consequences of uninsurance among adults in the United States: recent evidence and implications. Milbank Q. 2009 Jun;87(2):443-94; Institute of Medicine. America's Uninsured Crisis: Consequences for Health and Health Care. Washington, DC: National Academies Press. 2009.}
- 22 Clemans-Cope L, Kenney G, Buettgens M, et al. "Health Reform Could Greatly Reduce Racial and Ethnic Differentials in Insurance Coverage." Health Affairs, 31(5):920-930, 2012. [http://content.healthaffairs.org/content/31/5/920_full.pdf+html](http://content.healthaffairs.org/content/31/5/920.full.pdf+html).
- 23 Golden O and Fortuny K. "Improving the Lives of Young Children: Meeting Parents' Health and Mental Health Needs through Medicaid and CHIP So Children Can Thrive." Washington, DC: Urban Institute, 2011. <http://www.urban.org/UploadedPDF/412315-Meeting-Parents-Health.pdf>; Loprest PJ, Zedlewski SR and Schaner SG. "Mental Health, Work and Mental Health Service Use among Low-Income Mothers." Washington, DC: Urban Institute, 2007. http://www.urban.org/UploadedPDF/411522_low_income_mothers.pdf.

Appendix Table 1: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 138% of FPL by Age and State (Numbers in 1000's)

	Age 19 to 24		Age 25 to 34		Age 35 to 54		Age 55 to 64	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	26.1%	3,934	26.0%	3,912	34.5%	5,192	13.4%	2,023
Alabama	24.9%	80	27.0%	87	36.7%*	118	11.4%**	37
Alaska	24.3%	10	24.9%	10	36.3%	15	14.5%	6
Arizona	28.7%	26	18.8%**	17	32.5%	29	20.1%**	18
Arkansas	25.8%	56	24.5%	53	36.3%	79	13.3%	29
California	28.4%**	531	25.5%	478	31.4%**	588	14.7%**	276
Colorado	27.2%	61	27.5%	62	29.2%**	66	16.1%**	36
Connecticut	30.3%**	27	23.7%	21	33.4%	29	12.6%	11
Delaware	29.8%	3	16.4%*	1	33.2%	3	20.7%	2
District of Columbia	21.2%	4	43.5%**	8	25.8%**	4	9.5%	2
Florida	22.7%**	294	24.9%**	323	37.2%**	481	15.2%**	197
Georgia	25.2%	172	27.1%	185	35.5%	243	12.3%**	84
Hawaii	25.4%	10	22.8%	9	35.8%	13	16.0%	6
Idaho	22.4%**	24	29.7%*	32	34.5%	37	13.4%	15
Illinois	26.9%	141	26.6%	139	32.4%**	169	14.0%	73
Indiana	26.4%	99	26.7%	100	34.8%	130	12.1%**	45
Iowa	29.4%*	31	23.6%	25	34.1%	36	13.0%	14
Kansas	23.7%	34	29.2%**	41	34.5%	49	12.5%	18
Kentucky	24.1%**	69	26.5%	76	37.0%**	107	12.5%	36
Louisiana	24.5%*	81	25.7%	85	37.4%**	123	12.4%	41
Maine	23.8%	11	23.2%	11	32.2%	15	20.8%**	10
Maryland	30.8%**	51	25.9%	43	28.3%**	47	15.0%*	25
Massachusetts	28.1%	25	30.4%**	27	30.7%**	27	10.8%**	9
Michigan	25.0%	141	27.0%	152	36.9%**	208	11.1%**	63
Minnesota	35.4%**	46	26.1%	34	25.7%**	33	12.7%	16
Mississippi	27.5%	63	26.2%	61	35.1%	81	11.2%**	26
Missouri	25.9%	91	25.2%	88	35.9%	126	13.0%	46
Montana	19.8%**	12	23.4%	14	38.4%	23	18.4%**	11
Nebraska	31.1%**	24	28.2%	22	27.4%**	21	13.2%	10
Nevada	26.6%	43	24.3%	40	34.5%	56	14.5%	24
New Hampshire	22.8%	12	24.0%	12	37.6%	19	15.7%	8
New Jersey	24.7%	76	25.6%	78	35.1%	108	14.7%*	45
New Mexico	27.9%	36	25.7%	33	31.9%	41	14.5%	18
New York	29.3%**	50	20.7%**	35	32.2%	55	17.8%**	30
North Carolina	23.0%**	135	25.1%	147	38.5%**	226	13.4%	79
North Dakota	22.7%	5	24.4%	6	37.6%	9	15.3%	4
Ohio	26.1%	151	24.4%**	141	35.3%	204	14.2%	82
Oklahoma	27.5%	62	27.6%	62	33.2%	75	11.6%**	26
Oregon	22.8%**	57	28.6%**	72	34.0%	86	14.6%	37
Pennsylvania	27.3%	142	24.1%**	125	35.2%	183	13.5%	70
Rhode Island	32.3%*	12	23.7%	9	30.0%	11	14.0%	5
South Carolina	27.6%	82	21.9%**	65	35.5%	105	15.0%**	45
South Dakota	20.6%*	8	25.3%	10	38.4%	15	15.7%	6
Tennessee	24.3%**	88	23.8%**	86	37.3%**	135	14.6%*	53
Texas	26.2%	458	28.3%**	495	34.4%	601	11.1%**	193
Utah	32.5%**	34	31.7%**	33	26.0%**	27	9.8%**	10
Vermont	##	##	##	##	##	##	##	##
Virginia	25.7%	88	26.0%	89	35.5%	121	12.8%	44
Washington	27.4%	85	27.0%	83	33.1%	102	12.5%	38
West Virginia	22.9%**	30	28.7%**	38	35.6%	47	12.7%	17
Wisconsin	30.5%**	55	23.8%	43	31.2%**	57	14.5%	26
Wyoming	32.5%*	8	27.0%	7	29.1%	7	11.4%	3

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 2: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 138% of FPL by Sex, Parental Status and State (Numbers in 1000's)

	Male		Female		Parents		Adults without Dependent Children	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	53.0%	7,979	47.0%	7,081	17.6%	2,650	82.4%	12,411
Alabama	51.3%	165	48.7%	156	24.4%**	78	75.6%**	243
Alaska	54.9%	23	45.1%	19	12.8%**	5	87.2%**	36
Arizona	49.3%*	44	50.7%*	45	25.7%**	23	74.3%**	66
Arkansas	51.5%	112	48.5%	106	28.7%**	63	71.3%**	155
California	54.3%**	1,017	45.7%**	856	9.2%**	172	90.8%**	1,701
Colorado	56.2%**	126	43.8%**	98	9.8%**	22	90.2%**	203
Connecticut	58.0%**	51	42.0%**	37	0.8%**	1	99.2%**	87
Delaware	57.7%	5	42.3%	4	24.5%	2	75.5%	7
District of Columbia	60.4%*	11	39.6%*	7	---	---	100.0%**	17
Florida	52.7%	682	47.3%	613	17.2%	223	82.8%	1,072
Georgia	50.0%**	342	50.0%**	342	22.7%**	155	77.3%**	529
Hawaii	61.4%**	23	38.6%**	14	3.8%**	1	96.2%**	36
Idaho	53.3%	58	46.7%	51	32.6%**	35	67.4%**	73
Illinois	58.0%**	303	42.0%**	219	0.5%**	2	99.5%**	519
Indiana	52.7%	197	47.3%	177	24.2%**	91	75.8%**	284
Iowa	54.6%	58	45.4%	48	19.0%	20	81.0%	86
Kansas	52.4%	74	47.6%	67	22.4%**	32	77.6%**	110
Kentucky	51.7%	149	48.3%	139	19.6%*	56	80.4%*	232
Louisiana	46.7%**	154	53.3%**	176	25.1%**	83	74.9%**	247
Maine	56.5%	26	43.5%	20	0.7%**	<1	99.3%**	45
Maryland	57.9%**	96	42.1%**	70	0.9%**	2	99.1%**	165
Massachusetts	61.4%**	54	38.6%**	34	2.3%**	2	97.7%**	86
Michigan	56.1%**	316	43.9%**	247	16.2%*	91	83.8%*	472
Minnesota	60.9%**	79	39.1%**	51	0.2%**	<1	99.8%**	129
Mississippi	50.7%*	117	49.3%*	114	22.1%**	51	77.9%**	180
Missouri	50.6%**	178	49.4%**	173	24.8%**	87	75.2%**	264
Montana	51.6%	30	48.4%	29	24.7%**	15	75.3%**	44
Nebraska	54.0%	42	46.0%	36	22.5%**	17	77.5%**	60
Nevada	52.3%	85	47.7%	78	15.7%	26	84.3%	137
New Hampshire	52.2%	27	47.8%	24	19.5%	10	80.5%	41
New Jersey	54.2%	166	45.8%	140	15.4%**	47	84.6%**	260
New Mexico	52.4%	67	47.6%	61	16.9%	22	83.1%	106
New York	52.8%	90	47.2%	80	3.5%**	6	96.5%**	164
North Carolina	52.8%	310	47.2%	277	22.3%**	131	77.7%**	456
North Dakota	49.7%	12	50.3%	12	16.8%	4	83.2%	20
Ohio	55.7%**	322	44.3%**	256	10.3%**	60	89.7%**	518
Oklahoma	51.9%	117	48.1%	108	23.5%**	53	76.5%**	172
Oregon	52.7%	133	47.3%	119	20.0%**	50	80.0%**	201
Pennsylvania	53.7%	280	46.3%	241	16.4%	86	83.6%	435
Rhode Island	57.9%*	22	42.1%*	16	0.3%**	<1	99.7%**	38
South Carolina	52.9%	157	47.1%	140	11.9%**	35	88.1%**	262
South Dakota	50.4%	20	49.6%	20	24.1%*	10	75.9%*	31
Tennessee	55.9%**	202	44.1%**	159	11.9%**	43	88.1%**	318
Texas	48.3%**	845	51.7%**	903	32.5%**	568	67.5%**	1,180
Utah	56.6%**	60	43.4%**	46	15.3%	16	84.7%	89
Vermont	##	##	##	##	##	##	##	##
Virginia	50.7%**	174	49.3%**	169	20.3%**	70	79.7%**	273
Washington	56.6%**	175	43.4%**	134	15.2%**	47	84.8%**	262
West Virginia	49.3%**	64	50.7%**	66	24.6%**	32	75.4%**	99
Wisconsin	61.1%**	111	38.9%**	70	0.1%**	<1	99.9%**	181
Wyoming	48.3%	12	51.8%	13	22.7%	6	77.3%	19

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 3: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 138% of FPL by Age/Sex and State (Numbers in 1000's)

	Men 19 to 44		Women 19 to 44		Men 45 to 64		Women 45 to 64	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	38.7%	5,833	30.3%	4,556	14.3%	2,147	16.8%	2,525
Alabama	37.9%	122	31.4%	101	13.4%	43	17.3%	56
Alaska	41.4%	17	27.8%	12	13.5%	6	17.3%	7
Arizona	33.3%**	30	28.7%	26	16.0%	14	21.9%**	20
Arkansas	38.2%	83	33.7%**	74	13.3%	29	14.8%**	32
California	39.8%**	746	28.7%**	538	14.5%	271	17.0%	318
Colorado	41.5%**	93	26.3%**	59	14.7%	33	17.6%	39
Connecticut	42.5%	37	24.2%**	21	15.5%	14	17.9%	16
Delaware	39.3%	3	23.3%	2	18.4%	2	19.0%	2
District of Columbia	44.5%	8	31.4%	5	16.0%	3	8.2%**	1
Florida	37.0%**	480	28.8%**	373	15.6%**	203	18.6%**	240
Georgia	36.5%**	250	34.1%**	233	13.5%	92	15.9%*	109
Hawaii	42.3%	16	22.5%**	8	19.1%**	7	16.0%	6
Idaho	38.8%	42	31.7%	34	14.5%	16	14.9%	16
Illinois	41.6%**	217	24.8%**	129	16.4%**	86	17.3%	90
Indiana	38.5%	144	33.0%**	124	14.2%	53	14.3%**	54
Iowa	39.5%	42	28.0%	30	15.1%	16	17.4%	18
Kansas	38.5%	55	30.7%	43	13.8%	20	16.9%	24
Kentucky	38.6%	111	30.7%	88	13.0%	37	17.6%	51
Louisiana	33.2%**	110	35.0%**	115	13.4%	44	18.4%**	61
Maine	37.6%	17	21.9%**	10	18.9%**	9	21.6%**	10
Maryland	42.8%**	71	25.3%**	42	15.1%	25	16.7%	28
Massachusetts	46.8%**	41	25.3%**	22	14.5%	13	13.3%**	12
Michigan	41.1%**	232	28.2%**	159	15.0%	85	15.7%*	89
Minnesota	45.9%**	59	25.7%**	33	15.0%	19	13.4%**	17
Mississippi	37.3%	86	32.9%**	76	13.4%	31	16.4%	38
Missouri	37.7%	132	32.7%**	115	12.9%**	45	16.6%	58
Montana	32.5%**	19	28.4%	17	19.1%**	11	20.0%	12
Nebraska	41.2%	32	33.1%	26	12.9%	10	12.8%**	10
Nevada	38.0%	62	30.6%	50	14.3%	23	17.1%	28
New Hampshire	34.6%	18	28.3%	14	17.6%	9	19.5%	10
New Jersey	39.3%	120	28.3%**	87	15.0%	46	17.4%	54
New Mexico	37.8%	48	29.7%	38	14.6%	19	17.9%	23
New York	38.4%	65	26.3%**	45	14.4%	24	20.9%**	35
North Carolina	37.7%	221	30.4%	178	15.0%	88	16.9%	99
North Dakota	32.5%	8	30.1%	7	17.2%	4	20.2%	5
Ohio	40.2%*	232	26.7%**	154	15.6%**	90	17.6%	102
Oklahoma	38.8%	87	32.4%**	73	13.1%	30	15.7%	35
Oregon	37.5%	94	30.6%	77	15.2%	38	16.7%	42
Pennsylvania	38.4%	200	29.0%	151	15.3%*	80	17.3%	90
Rhode Island	43.8%*	16	25.3%*	10	14.1%	5	16.8%	6
South Carolina	38.9%	116	28.0%**	83	14.0%	42	19.1%**	57
South Dakota	32.5%*	13	31.5%	13	17.9%	7	18.0%	7
Tennessee	40.5%**	146	25.5%**	92	15.4%*	56	18.6%**	67
Texas	36.7%**	642	36.8%**	643	11.6%**	203	14.9%**	260
Utah	45.2%**	48	32.6%	34	11.3%**	12	10.8%**	11
Vermont	##	##	##	##	##	##	##	##
Virginia	38.3%	131	32.1%**	110	12.5%**	43	17.2%	59
Washington	43.0%**	133	28.4%**	87	13.6%	42	15.0%**	46
West Virginia	36.4%	48	32.5%	43	12.9%	17	18.2%	24
Wisconsin	43.9%**	80	24.0%**	44	17.2%**	31	14.9%*	27
Wyoming	34.1%	8	34.9%	8	14.1%	3	16.8%	4

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 4: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 138% of FPL by Race/Ethnicity and State (Numbers in 1000's)

	White		Hispanic		Black		Other Race	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	54.9%	8,270	19.4%	2,924	18.7%	2,809	7.0%	1,057
Alabama	57.1%**	183	3.1%**	10	37.9%**	122	2.0%**	6
Alaska	48.2%**	20	4.5%**	2	2.5%**	1	44.7%**	19
Arizona	53.4%	48	34.6%**	31	2.6%**	2	9.3%**	8
Arkansas	67.7%**	148	4.5%**	10	24.1%**	53	3.7%**	8
California	33.2%**	622	44.6%**	835	7.3%**	136	14.9%**	280
Colorado	64.2%**	144	25.1%**	56	5.2%**	12	5.5%**	12
Connecticut	60.3%**	53	18.9%	17	13.6%**	12	7.3%	6
Delaware	72.5%**	6	6.2%**	1	17.2%	2	4.0%	<1
District of Columbia	22.1%**	4	10.9%**	2	61.5%**	11	5.6%	1
Florida	48.4%**	628	27.1%**	351	20.1%**	261	4.3%**	56
Georgia	46.4%**	317	6.9%**	47	42.0%**	288	4.7%**	32
Hawaii	29.4%**	11	9.6%**	4	0.4%**	<1	60.6%**	23
Idaho	82.9%**	90	11.6%**	13	0.9%**	1	4.6%**	5
Illinois	51.2%**	267	15.6%**	81	27.6%**	144	5.6%**	29
Indiana	77.3%**	289	5.8%**	22	14.5%**	54	2.5%**	9
Iowa	85.2%**	91	6.5%**	7	4.3%**	5	4.0%**	4
Kansas	70.7%**	100	12.2%**	17	9.3%**	13	7.7%	11
Kentucky	85.2%**	245	2.4%**	7	10.3%**	30	2.1%**	6
Louisiana	45.7%**	151	3.1%**	10	47.4%**	156	3.8%**	12
Maine	92.9%**	43	0.6%**	<1	0.4%**	<1	6.1%	3
Maryland	45.9%**	76	6.2%**	10	40.9%**	68	7.0%	12
Massachusetts	69.5%**	61	12.7%**	11	9.6%**	8	8.1%	7
Michigan	70.6%**	398	4.8%**	27	20.6%**	116	4.0%**	22
Minnesota	79.2%**	103	4.0%**	5	8.2%**	11	8.5%	11
Mississippi	46.0%**	106	2.2%**	5	50.0%**	115	1.8%**	4
Missouri	72.7%**	255	4.5%**	16	18.8%	66	4.0%**	14
Montana	81.0%**	48	1.8%**	1	0.6%**	<1	16.6%**	10
Nebraska	74.5%**	58	13.3%**	10	5.4%**	4	6.9%	5
Nevada	55.3%	90	24.0%**	39	9.9%**	16	10.8%**	18
New Hampshire	90.7%**	46	2.3%**	1	1.2%**	1	5.8%	3
New Jersey	45.8%**	141	24.9%**	76	19.7%	60	9.6%**	30
New Mexico	28.8%**	37	44.0%**	56	2.7%**	3	24.5%**	31
New York	48.8%**	83	28.1%**	48	14.4%**	24	8.7%*	15
North Carolina	56.2%	330	7.2%**	42	31.1%**	183	5.4%**	32
North Dakota	73.8%**	18	2.8%**	1	2.2%**	1	21.2%**	5
Ohio	76.1%**	440	2.7%**	16	18.5%	107	2.6%**	15
Oklahoma	62.8%**	142	9.1%**	21	8.3%**	19	19.8%**	45
Oregon	79.3%**	200	10.5%**	26	3.0%**	8	7.2%	18
Pennsylvania	70.9%**	369	7.3%**	38	16.7%**	87	5.1%**	26
Rhode Island	72.7%**	27	14.8%**	6	8.6%**	3	4.0%**	2
South Carolina	51.2%**	152	3.4%**	10	43.1%**	128	2.2%**	7
South Dakota	62.7%**	25	1.3%**	1	3.6%**	1	32.4%**	13
Tennessee	70.4%**	254	3.3%**	12	23.2%**	84	3.1%**	11
Texas	33.0%**	577	47.9%**	838	14.4%**	251	4.6%**	81
Utah	76.4%**	81	13.0%**	14	1.8%**	2	8.7%	9
Vermont	##	##	##	##	##	##	##	##
Virginia	57.8%**	198	5.3%**	18	30.8%**	106	6.0%**	21
Washington	70.2%**	216	11.8%**	36	4.2%**	13	13.8%**	43
West Virginia	92.3%**	121	2.4%**	3	2.7%**	4	2.6%**	3
Wisconsin	77.2%**	140	6.9%**	12	9.7%**	18	6.2%	11
Wyoming	82.3%**	20	9.7%**	2	0.4%**	<1	7.6%	2

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 5: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 138% of FPL by Citizenship Status and State (Numbers in 1000's)

	Citizen		Legal Immigrant	
	Share	Number	Share	Number
United States	93.9%	14,143	6.1%	918
Alabama	98.7%**	317	1.3%**	4
Alaska	98.2%**	41	1.8%**	1
Arizona	91.6%*	82	8.4%*	7
Arkansas	99.2%**	216	0.9%**	2
California	86.0%**	1,611	14.0%**	262
Colorado	95.8%**	215	4.2%**	9
Connecticut	95.1%	84	4.9%	4
Delaware	96.4%	9	3.6%	<1
District of Columbia	98.5%**	17	1.5%**	<1
Florida	89.4%**	1,159	10.6%**	137
Georgia	96.1%**	657	3.9%**	27
Hawaii	92.3%	35	7.7%	3
Idaho	95.5%	103	4.5%	5
Illinois	95.7%**	500	4.3%**	22
Indiana	98.1%**	367	1.9%**	7
Iowa	97.0%**	103	3.0%**	3
Kansas	96.5%**	136	3.5%**	5
Kentucky	99.2%**	286	0.8%**	2
Louisiana	98.8%**	326	1.2%**	4
Maine	98.7%**	45	1.3%**	1
Maryland	97.1%**	162	2.9%**	5
Massachusetts	93.9%	82	6.1%	5
Michigan	98.6%**	556	1.4%**	8
Minnesota	97.6%**	126	2.4%**	3
Mississippi	99.0%**	228	1.0%**	2
Missouri	98.7%**	346	1.3%**	5
Montana	99.2%**	59	0.8%**	<1
Nebraska	96.9%**	75	3.1%**	2
Nevada	94.8%	154	5.2%	9
New Hampshire	99.3%**	51	0.7%**	<1
New Jersey	89.9%**	276	10.1%**	31
New Mexico	96.9%**	123	3.1%**	4
New York	82.9%**	141	17.1%**	29
North Carolina	96.8%**	568	3.2%**	19
North Dakota	97.8%**	23	2.2%**	1
Ohio	99.2%**	574	0.8%**	4
Oklahoma	98.9%**	223	1.1%**	2
Oregon	95.1%**	239	4.9%**	12
Pennsylvania	97.6%**	508	2.4%**	12
Rhode Island	95.7%	36	4.3%	2
South Carolina	98.8%**	293	1.2%**	4
South Dakota	98.3%**	40	1.7%**	1
Tennessee	98.4%**	355	1.6%**	6
Texas	87.8%**	1,534	12.2%**	214
Utah	94.9%	100	5.1%	5
Vermont	##	##	##	##
Virginia	96.9%**	332	3.1%**	10
Washington	96.0%**	296	4.0%**	12
West Virginia	99.7%**	130	0.3%**	<1
Wisconsin	98.6%**	179	1.4%**	3
Wyoming	99.2%**	24	0.8%**	<1

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 6: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 100% of FPL by Age and State (Numbers in 1000's)

	Age 19 to 24		Age 25 to 34		Age 35 to 54		Age 55 to 64	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	27.5%	3,163	25.6%	2,940	32.9%	3,779	13.9%	1,601
Alabama	24.6%**	62	26.8%	68	36.3%**	92	12.3%**	31
Alaska	24.7%	7	24.2%	7	36.3%	11	14.8%	4
Arizona	45.7%**	15	6.9%**	2	16.7%**	5	30.7%**	10
Arkansas	27.3%	46	24.1%	40	34.3%	57	14.3%	24
California	30.0%**	425	25.6%	362	28.9%**	409	15.5%**	219
Colorado	28.5%	46	26.7%	43	26.6%**	43	18.3%**	29
Connecticut	31.2%*	22	24.4%	17	32.8%	23	11.7%**	8
Delaware	##	##	##	##	##	##	##	##
District of Columbia	21.8%	3	44.8%**	7	23.6%**	3	9.8%	1
Florida	23.9%**	238	24.6%*	244	35.7%**	355	15.8%**	157
Georgia	26.8%	143	26.3%	140	34.0%	182	12.9%**	69
Hawaii	26.3%	9	23.0%	8	33.7%	11	17.0%	6
Idaho	24.6%	20	28.2%	22	32.3%	26	14.9%	12
Illinois	27.5%	119	27.1%**	117	32.3%	139	13.1%	56
Indiana	27.7%	80	26.0%	75	34.4%	99	11.9%**	34
Iowa	32.3%**	26	21.9%*	18	32.2%	26	13.6%	11
Kansas	25.0%	26	31.0%**	32	31.2%	32	12.7%	13
Kentucky	26.2%	59	25.7%	57	34.9%	78	13.2%	29
Louisiana	25.9%	67	26.4%	69	35.1%*	91	12.6%*	33
Maine	22.5%*	7	23.2%	7	31.5%	10	22.9%**	7
Maryland	30.6%**	44	26.6%	38	27.7%**	39	15.0%	21
Massachusetts	28.0%	20	32.6%**	23	27.9%**	20	11.5%*	8
Michigan	26.2%	112	26.9%	116	35.4%**	152	11.5%**	50
Minnesota	36.2%**	37	24.9%	26	25.9%**	27	13.0%	13
Mississippi	30.2%**	55	26.4%	48	32.8%	60	10.6%**	19
Missouri	28.4%	76	24.6%	65	33.7%	90	13.3%	36
Montana	21.1%**	9	19.9%**	9	37.6%	16	21.4%**	9
Nebraska	32.2%*	18	26.2%	15	27.2%**	15	14.4%	8
Nevada	28.3%	36	23.6%	30	32.9%	42	15.1%	19
New Hampshire	26.6%	10	24.9%	9	31.4%	12	17.2%	6
New Jersey	25.7%	63	25.9%	63	33.1%	81	15.3%	37
New Mexico	29.0%	30	25.2%	26	31.2%	32	14.5%	15
New York	37.8%**	23	13.1%**	8	26.7%**	16	22.5%**	14
North Carolina	23.5%**	103	24.8%	109	37.8%**	166	13.9%	61
North Dakota	26.2%	4	18.8%	3	33.2%	5	21.7%*	3
Ohio	28.0%	125	23.8%**	106	33.8%	150	14.4%	64
Oklahoma	29.4%	50	25.9%	45	32.5%	56	12.2%**	21
Oregon	24.0%**	46	26.9%	52	33.2%	64	15.9%*	31
Pennsylvania	29.2%*	116	24.0%**	96	32.6%	130	14.1%	56
Rhode Island	33.7%*	10	22.4%	7	29.0%	9	14.9%	5
South Carolina	29.0%	67	21.1%**	49	34.9%*	81	15.1%	35
South Dakota	23.1%	7	26.0%	8	35.8%	11	15.0%	5
Tennessee	25.5%**	72	23.0%**	65	36.0%**	102	15.5%**	44
Texas	27.4%	364	28.2%**	374	32.8%	435	11.5%**	153
Utah	35.4%**	26	29.7%*	22	24.4%**	18	10.5%**	8
Vermont	##	##	##	##	##	##	##	##
Virginia	27.6%	75	25.1%	68	34.4%	93	12.9%	35
Washington	28.7%	68	25.6%	61	32.6%	77	13.0%	31
West Virginia	24.7%	25	27.5%	28	34.9%	35	12.8%	13
Wisconsin	30.5%	44	22.8%*	33	31.1%	45	15.6%	23
Wyoming	35.3%*	6	22.6%	4	29.0%	5	13.1%	2

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 7: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 100% of FPL by Sex, Parental Status and State (Numbers in 1000's)

	Male		Female		Parent		Adults Without Dependent Children	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	53.4%	6,132	46.6%	5,351	13.4%	1,538	86.6%	9,946
Alabama	51.0%*	129	49.0%*	124	21.9%**	56	78.1%**	198
Alaska	53.3%	16	46.7%	14	11.0%	3	89.0%	27
Arizona	43.5%**	14	56.5%**	18	11.1%	4	88.9%	28
Arkansas	51.3%	86	48.7%	81	25.7%**	43	74.3%**	124
California	54.8%**	775	45.2%**	640	2.4%**	34	97.6%**	1,381
Colorado	58.0%**	94	42.0%**	68	2.1%**	3	97.9%**	158
Connecticut	58.7%**	42	41.3%**	29	0.8%**	1	99.2%**	70
Delaware	##	##	##	##	##	##	##	##
District of Columbia	57.7%	8	42.4%	6	---	---	100.0%**	15
Florida	53.3%	531	46.7%	464	12.8%	127	87.2%	868
Georgia	50.2%**	268	49.8%**	266	17.6%**	94	82.4%**	440
Hawaii	62.3%**	20	37.7%**	12	1.4%**	<1	98.6%**	32
Idaho	54.1%	43	45.9%	36	28.7%**	23	71.3%**	57
Illinois	58.6%**	252	41.4%**	178	0.2%**	1	99.8%**	430
Indiana	53.3%	154	46.7%	135	21.2%**	61	78.8%**	227
Iowa	56.7%	45	43.3%	35	11.4%	9	88.6%	71
Kansas	52.0%	54	48.0%	49	19.8%**	20	80.2%**	83
Kentucky	51.9%	116	48.1%	108	14.4%	32	85.6%	191
Louisiana	46.9%**	122	53.1%**	138	22.6%**	59	77.4%**	201
Maine	58.7%*	19	41.3%*	13	0.5%**	<1	99.5%**	32
Maryland	58.3%**	83	41.7%**	59	0.9%**	1	99.1%**	141
Massachusetts	61.6%**	43	38.4%**	27	0.6%**	<1	99.4%**	70
Michigan	57.6%**	248	42.4%**	182	11.1%**	48	88.9%**	382
Minnesota	60.4%**	62	39.6%**	41	0.2%**	<1	99.8%**	103
Mississippi	50.6%**	93	49.4%**	90	19.6%**	36	80.4%**	147
Missouri	50.2%**	134	49.8%**	133	21.2%**	57	78.8%**	210
Montana	49.3%	21	50.7%	22	17.7%	8	82.3%	36
Nebraska	55.8%	32	44.2%	25	16.3%	9	83.7%	47
Nevada	49.9%*	63	50.1%*	64	10.8%**	14	89.2%**	113
New Hampshire	54.0%	20	46.0%	17	11.1%	4	88.9%	33
New Jersey	54.1%	132	45.9%	112	11.7%**	29	88.3%**	216
New Mexico	54.3%	56	45.7%	47	11.8%	12	88.2%	90
New York	43.5%**	27	56.5%**	35	3.9%**	2	96.1%**	59
North Carolina	53.3%	234	46.7%	204	18.3%**	80	81.7%**	358
North Dakota	48.3%	7	51.7%	7	4.6%**	1	95.4%**	13
Ohio	57.2%**	255	42.8%**	191	5.1%**	23	94.9%**	423
Oklahoma	52.5%	90	47.5%	82	18.7%**	32	81.3%**	140
Oregon	52.2%	101	47.8%	93	16.5%**	32	83.5%**	162
Pennsylvania	55.0%	219	45.0%	179	12.2%	49	87.8%	349
Rhode Island	58.8%*	18	41.2%*	13	0.3%**	<1	99.7%**	31
South Carolina	53.6%	124	46.4%	108	6.3%**	15	93.7%**	217
South Dakota	51.6%	16	48.4%	15	20.5%*	6	79.5%*	24
Tennessee	56.3%**	160	43.7%**	124	9.1%**	26	90.9%**	258
Texas	48.2%**	639	51.8%**	687	29.3%**	388	70.7%**	938
Utah	56.9%	42	43.1%	31	5.3%**	4	94.7%**	69
Vermont	##	##	##	##	##	##	##	##
Virginia	52.8%	143	47.2%	128	15.7%**	43	84.3%**	228
Washington	57.1%**	135	42.9%**	101	9.6%**	23	90.4%**	214
West Virginia	48.6%**	49	51.4%**	52	22.1%**	22	77.9%**	79
Wisconsin	62.1%**	90	37.9%**	55	---	---	100.0%**	145
Wyoming	45.9%*	8	54.1%*	10	18.3%	3	81.7%	15

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 8: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 100% of FPL by Age/Sex and State (Numbers in 1000's)

	Men 19 to 44		Woman 19 to 44		Men 45 to 64		Women 45 to 64	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	39.2%	4,502	29.7%	3,414	14.2%	1,630	16.9%	1,937
Alabama	36.9%*	94	31.3%	79	14.1%	36	17.7%	45
Alaska	39.7%	12	29.8%	9	13.5%	4	16.9%	5
Arizona	28.0%*	9	30.3%	10	15.4%	5	26.2%**	8
Arkansas	37.5%	63	34.1%*	57	13.8%	23	14.6%**	24
California	40.7%*	575	28.2%*	398	14.1%	199	17.1%	242
Colorado	42.6%*	69	23.9%*	39	15.4%	25	18.1%	29
Connecticut	43.7%*	31	23.9%*	17	15.1%	11	17.3%	12
Delaware	##	##	##	##	##	##	##	##
District of Columbia	42.5%	6	33.8%	5	15.2%	2	8.6%**	1
Florida	37.5%*	374	28.0%*	278	15.8%*	157	18.7%**	186
Georgia	36.8%*	196	33.4%*	178	13.4%	71	16.4%	88
Hawaii	44.3%	15	22.2%*	7	17.9%	6	15.5%	5
Idaho	37.6%	30	30.4%	24	16.4%	13	15.5%	12
Illinois	42.4%*	183	24.9%*	107	16.2%*	70	16.5%	71
Indiana	39.2%	113	32.9%*	95	14.1%	41	13.7%**	40
Iowa	42.2%	34	25.4%*	20	14.5%	12	17.9%	14
Kansas	40.0%	41	30.8%	32	12.0%	12	17.2%	18
Kentucky	38.6%	86	29.8%	67	13.2%	30	18.4%	41
Louisiana	33.5%*	87	35.2%*	92	13.4%	35	17.9%	47
Maine	38.2%	12	20.2%*	7	20.5%*	7	21.2%*	7
Maryland	43.4%*	62	25.4%*	36	14.9%	21	16.3%	23
Massachusetts	48.5%*	34	25.1%*	18	13.1%	9	13.3%**	9
Michigan	42.5%*	183	27.0%*	116	15.1%	65	15.4%**	66
Minnesota	45.2%*	47	26.8%	28	15.2%	16	12.9%**	13
Mississippi	37.7%	69	33.4%*	61	12.9%	24	16.0%	29
Missouri	37.9%	101	33.1%*	88	12.2%*	33	16.8%	45
Montana	28.8%*	13	27.4%	12	20.4%*	9	23.3%**	10
Nebraska	42.1%	24	30.1%	17	13.7%	8	14.1%	8
Nevada	35.6%*	45	32.0%	41	14.3%	18	18.0%	23
New Hampshire	35.7%	13	27.6%	10	18.3%	7	18.3%	7
New Jersey	39.4%	96	28.4%*	70	14.7%	36	17.5%	43
New Mexico	38.7%	40	28.6%	29	15.6%	16	17.1%	18
New York	31.8%*	20	29.9%	18	11.7%	7	26.5%**	16
North Carolina	38.1%	167	29.5%	129	15.2%	67	17.2%	75
North Dakota	29.4%*	4	25.6%	4	19.0%	3	26.1%**	4
Ohio	41.8%*	186	25.5%*	113	15.5%*	69	17.3%	77
Oklahoma	38.6%	66	31.5%	54	13.9%	24	16.0%	27
Oregon	36.7%*	71	29.6%	57	15.4%	30	18.2%	35
Pennsylvania	39.9%	159	27.8%*	110	15.1%	60	17.2%	69
Rhode Island	44.8%*	14	24.7%*	8	14.0%	4	16.4%	5
South Carolina	39.7%	92	26.7%*	62	13.9%	32	19.8%**	46
South Dakota	34.9%	11	31.6%	10	16.7%	5	16.8%	5
Tennessee	40.8%	116	24.7%*	70	15.4%*	44	19.0%**	54
Texas	36.9%*	490	36.9%*	490	11.3%*	150	14.8%**	197
Utah	45.3%*	33	31.7%	23	11.6%	8	11.4%**	8
Vermont	##	##	##	##	##	##	##	##
Virginia	40.4%	109	30.3%	82	12.4%*	34	17.0%	46
Washington	43.1%*	102	27.2%*	64	14.0%	33	15.6%	37
West Virginia	36.7%	37	31.9%	32	12.0%*	12	19.5%*	20
Wisconsin	43.9%*	64	22.7%*	33	18.2%*	26	15.2%	22
Wyoming	30.3%*	6	36.3%	7	15.5%	3	17.8%	3

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 9: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 100% of FPL by Race/Ethnicity and State (Numbers in 1000's)

	White		Hispanic		Black		Other Race	
	Share	Number	Share	Number	Share	Number	Share	Number
United States	55.1%	6,323	18.0%	2,071	19.8%	2,274	7.1%	815
Alabama	56.9%	144	3.1%**	8	38.0%**	96	2.1%**	5
Alaska	49.2%*	15	3.2%**	1	2.2%**	1	45.3%**	14
Arizona	58.1%	19	30.8%**	10	2.3%**	1	8.8%	3
Arkansas	66.8%**	111	4.3%**	7	25.8%**	43	3.1%**	5
California	35.5%**	503	40.3%**	571	8.3%**	118	15.8%**	223
Colorado	65.5%**	106	23.1%**	37	5.9%**	10	5.5%**	9
Connecticut	63.3%**	45	15.8%	11	13.8%**	10	7.0%	5
Delaware	##	##	##	##	##	##	##	##
District of Columbia	22.1%**	3	10.8%**	2	61.5%**	9	5.7%	1
Florida	50.0%**	498	25.1%**	249	20.7%*	206	4.2%**	42
Georgia	45.3%**	242	6.7%**	36	43.4%**	232	4.6%**	24
Hawaii	29.1%**	10	10.1%**	3	0.5%**	<1	60.4%**	20
Idaho	83.8%**	66	10.8%**	9	0.4%**	<1	5.0%**	4
Illinois	50.5%**	217	14.8%**	64	29.0%**	125	5.8%**	25
Indiana	76.3%**	220	5.7%**	16	15.6%**	45	2.4%**	7
Iowa	84.5%**	68	6.5%**	5	4.9%**	4	4.1%**	3
Kansas	68.8%**	71	13.1%**	14	10.4%**	11	7.7%	8
Kentucky	86.1%**	192	2.0%**	4	10.5%**	23	1.4%**	3
Louisiana	46.8%**	122	3.2%**	8	46.5%**	121	3.5%**	9
Maine	95.8%**	31	0.9%**	<1	0.6%**	<1	2.7%**	1
Maryland	44.7%**	64	6.0%**	9	41.9%**	60	7.4%	10
Massachusetts	70.5%**	49	12.2%**	9	9.6%**	7	7.6%	5
Michigan	68.7%**	295	4.9%**	21	22.7%**	97	3.8%**	16
Minnesota	77.9%**	81	4.1%**	4	9.7%**	10	8.3%	9
Mississippi	44.6%**	82	2.2%**	4	51.2%**	94	2.0%**	4
Missouri	72.2%**	193	4.3%**	11	19.5%	52	3.9%**	10
Montana	78.6%**	34	2.4%**	1	0.2%**	<1	18.8%**	8
Nebraska	75.5%**	43	11.5%**	6	5.7%**	3	7.3%	4
Nevada	55.2%	70	23.4%**	30	9.9%**	13	11.5%**	15
New Hampshire	88.1%**	33	3.1%**	1	0.8%**	<1	8.0%	3
New Jersey	46.5%**	114	23.1%**	57	20.7%	51	9.8%**	24
New Mexico	30.2%**	31	41.0%**	42	2.6%**	3	26.3%**	27
New York	49.1%**	30	23.9%**	15	18.0%	11	9.0%	6
North Carolina	56.1%	246	6.4%**	28	31.8%**	139	5.7%**	25
North Dakota	72.6%**	10	3.2%**	<1	---	---	24.2%**	3
Ohio	75.4%**	336	2.6%**	12	19.9%	88	2.2%**	10
Oklahoma	62.1%**	107	8.8%**	15	9.1%**	16	19.9%**	34
Oregon	79.5%**	154	9.7%**	19	3.4%**	7	7.4%	14
Pennsylvania	69.5%**	276	7.3%**	29	18.1%**	72	5.2%**	21
Rhode Island	69.7%**	22	16.9%	5	10.0%**	3	3.4%**	1
South Carolina	50.2%**	116	2.9%**	7	44.5%**	103	2.3%**	5
South Dakota	60.1%	18	1.6%**	<1	2.1%**	1	36.2%**	11
Tennessee	69.5%**	197	3.3%**	9	24.2%**	69	3.0%**	9
Texas	33.5%**	444	46.6%**	618	15.4%**	205	4.5%**	60
Utah	74.5%**	54	12.2%**	9	2.7%**	2	10.7%**	8
Vermont	##	##	##	##	##	##	##	##
Virginia	57.5%**	156	5.2%**	14	31.7%**	86	5.6%**	15
Washington	70.2%**	166	11.2%**	26	4.5%**	11	14.0%**	33
West Virginia	92.2%**	94	2.5%**	3	3.0%**	3	2.2%**	2
Wisconsin	76.2%**	111	7.0%**	10	10.1%**	15	6.7%	10
Wyoming	82.0%**	15	8.9%**	2	---	---	9.0%	2

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 10: Uninsured Adults Newly Eligible for Medicaid Under the ACA with Incomes Below 100% of FPL by Citizenship Status and State (Numbers in 1000's)

	Citizen		Legal Immigrant	
	Share	Number	Share	Number
United States	94.7%	10,879	5.3%	604
Alabama	98.8%**	251	1.2%**	3
Alaska	99.4%**	30	0.6%**	0
Arizona	93.5%	30	6.5%	2
Arkansas	99.3%**	166	0.7%**	1
California	89.0%**	1,259	11.0%**	155
Colorado	96.4%**	156	3.6%**	6
Connecticut	96.1%	68	3.9%	3
Delaware	##	##	##	##
District of Columbia	98.7%**	14	1.3%**	0
Florida	90.6%**	901	9.4%**	94
Georgia	96.1%**	513	3.9%**	21
Hawaii	92.3%	30	7.7%	3
Idaho	95.9%	76	4.1%	3
Illinois	95.9%**	413	4.1%**	18
Indiana	98.1%**	283	1.9%**	6
Iowa	97.5%**	78	2.5%**	2
Kansas	96.9%**	100	3.1%**	3
Kentucky	99.5%**	222	0.5%**	1
Louisiana	98.8%**	257	1.2%**	3
Maine	99.2%**	32	0.8%**	0
Maryland	96.8%**	138	3.2%**	5
Massachusetts	94.3%	66	5.7%	4
Michigan	98.8%**	425	1.2%**	5
Minnesota	97.6%**	101	2.4%**	2
Mississippi	98.9%**	181	1.1%**	2
Missouri	98.7%**	263	1.3%**	4
Montana	98.9%**	43	1.1%**	0
Nebraska	96.3%	54	3.7%	2
Nevada	95.1%	121	4.9%	6
New Hampshire	99.3%**	37	0.7%**	0
New Jersey	90.8%**	222	9.2%**	23
New Mexico	97.4%**	100	2.6%**	3
New York	83.1%**	51	16.9%**	10
North Carolina	97.3%**	426	2.7%**	12
North Dakota	100.0%**	14	---	---
Ohio	99.2%**	442	0.8%**	4
Oklahoma	98.9%**	170	1.1%**	2
Oregon	95.6%	185	4.4%	8
Pennsylvania	98.1%**	390	1.9%**	8
Rhode Island	95.1%	29	4.9%	2
South Carolina	99.1%**	230	0.9%**	2
South Dakota	100.0%**	30	---	---
Tennessee	98.5%**	280	1.5%**	4
Texas	88.7%**	1,176	11.3%**	150
Utah	96.1%	70	3.9%	3
Vermont	##	##	##	##
Virginia	96.9%**	263	3.1%**	8
Washington	96.7%**	229	3.3%**	8
West Virginia	99.6%**	101	0.4%**	0
Wisconsin	98.5%**	143	1.6%**	2
Wyoming	98.9%**	18	1.1%**	0

Notes: See table A notes. (**) Indicates share is statistically different from the rest of the nation at the 0.1(0.05) level.

Indicates sample size is less than 50 observations, and has been suppressed.

Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

Appendix Table 11: Uninsured Adults with Incomes Below 138% of FPL by Medicaid Eligibility Status, for the Nation and by State (Numbers in 1,000's)

	Newly Eligible for Medicaid Under the ACA		Currently Eligible for Medicaid	Total Eligible Uninsured
	Less Than 138 Percent of FPL	Less Than 100 Percent of FPL	Less Than 138 Percent of FPL	Less Than 138 Percent of FPL
United States	15,060	11,483	4,370	19,430
Alabama	321	254	76	397
Alaska	41	30	5	46
Arizona	89	32	265	354
Arkansas	218	167	36	254
California	1,873	1,415	583	2,456
Colorado	225	161	66	291
Connecticut	88	71	25	113
Delaware	9	3	29	37
District of Columbia	17	15	2	20
Florida	1,295	995	257	1,552
Georgia	684	534	159	843
Hawaii	37	33	8	45
Idaho	108	79	18	126
Illinois	522	431	178	700
Indiana	374	288	64	438
Iowa	106	80	23	130
Kansas	141	103	30	171
Kentucky	288	223	78	366
Louisiana	330	260	62	392
Maine	46	32	13	59
Maryland	167	142	57	224
Massachusetts	88	70	21	108
Michigan	564	430	112	676
Minnesota	130	103	39	168
Mississippi	231	183	62	293
Missouri	351	267	51	402
Montana	59	43	14	73
Nebraska	78	56	21	99
Nevada	163	127	41	204
New Hampshire	51	37	7	58
New Jersey	307	245	42	349
New Mexico	127	102	34	162
New York	170	62	641	811
North Carolina	587	438	133	720
North Dakota	24	14	5	29
Ohio	578	445	127	705
Oklahoma	225	172	77	303
Oregon	252	193	41	292
Pennsylvania	520	398	92	613
Rhode Island	38	31	13	51
South Carolina	297	232	92	389
South Dakota	40	30	9	49
Tennessee	361	284	98	459
Texas	1,748	1,326	289	2,036
Utah	105	73	40	145
Vermont	<1	<1	17	18
Virginia	342	271	69	412
Washington	308	237	66	375
West Virginia	131	101	23	154
Wisconsin	181	145	53	235
Wyoming	24	18	6	31

Notes: See table A notes. Italicized estimates have standard errors that are greater than 30 percent of the estimate itself, and should be interpreted with caution.

The views expressed are those of the authors and should not be attributed to the Robert Wood Johnson Foundation or the Urban Institute, its trustees or its funders.

About the Authors and Acknowledgments

Genevieve M. Kenney, Stephen Zuckerman and Lisa Dubay are senior fellows, Victoria Lynch and Jennifer Haley are research associates, and Michael Huntress and Nathaniel Anderson are research assistants in the Urban Institute's Health Policy Center. This research was funded by the Robert Wood Johnson Foundation. The authors appreciate the helpful comments and suggestions from Stan Dorn and John Holahan.

About the Urban Institute

The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic and governance problems facing the nation. For more information, visit www.urban.org.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. For 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org. Follow the Foundation on Twitter [www.rwjf.org/twitter](https://twitter.com/rwjf) or Facebook www.rwjf.org/facebook.