



Partial Repeal of the ACA through Reconciliation

Coverage Implications for District of Columbia Residents

This fact sheet examines how a reconciliation bill similar to the one vetoed in January 2016 will affect health care coverage in the District of Columbia. The estimates supplement two Health Policy Center reports: Implications of Partial Appeal of the ACA through Reconciliation (Linda J. Blumberg, Matthew Buettgens, and John Holahan) and Partial Repeal of the ACA through Reconciliation: Coverage Implications for Parents and Children (Buettgens, Genevieve M. Kenney, and Clare Pan). Information on data and methods is available in those reports.

FIGURE 1

Health Insurance Coverage for District of Columbia Residents under Age 65, 2019

Thousands of people

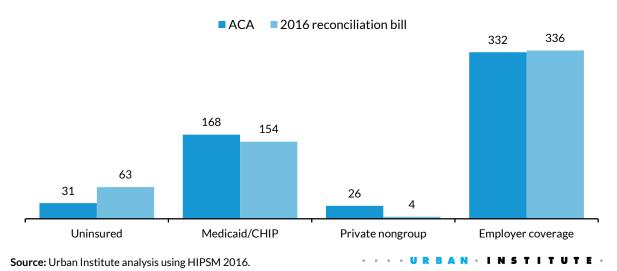


TABLE 1

Distribution of Health Insurance Coverage among District of Columbia Residents under Age 65, with the Affordable Care Act and under the 2016 Reconciliation Bill, 2019

	ACA		Reconciliation Bill		Difference
	Thousands of people	Share of state total	Thousands of people	Share of state total	(thousands of people)
Insured	538	95%	506	89%	-32
Employer	332	58%	336	59%	4
Nongroup (eligible for tax credit)	3	1%	0	0%	-3
Nongroup (other)	23	4%	4	1%	-19
Medicaid/Children's Health					
Insurance Program	168	29%	154	27%	-14
Other (including Medicare)	12	2%	12	2%	0
Uninsured	31	5%	63	11%	32
Total	569	100%	569	100%	0

Source: Urban Institute analysis using HIPSM 2016.

TABLE 2 $Characteristics of \ District of \ Columbia \ Residents \ Losing \ Coverage \ under the \ 2016 \ Reconciliation \ Bill, \ 2019 \ Reconciliation \ Bill, \ 20$

	Thousands of people	Share of state total	Uninsurance rate under ACA	Uninsurance rate under reconciliation bill
Age (years)				
< 18	4	12%	1%	4%
18-24	5	15%	5%	16%
25-34	7	23%	8%	13%
35-44	9	27%	7%	13%
45-54	5	15%	7%	13%
55-64	2	8%	6%	9%
Total	32	100%	5%	11%
Family income level				
< 100% FPL	5	16%	7%	11%
100-150% FPL	2	6%	5%	10%
150-200% FPL	2	6%	5%	12%
200-300% FPL	4	13%	7%	16%
300-400% FPL	3	10%	6%	13%
> 400% FPL	15	48%	5%	10%
Total	32	100%	5%	11%
Family employment status				
At least one full-time worker	22	69%	4%	9%
Part-time only	4	12%	11%	20%
No worker	6	19%	8%	14%
Total	32	100%	5%	11%
Race and ethnicity				
White, non-Hispanic	14	43%	4%	10%
Black, non-Hispanic	13	39%	5%	10%
Hispanic	3	9%	10%	15%
Asian/Pacific Islander	2	6%	11%	19%
American Indian/Alaska Native			3%	5%
Other, non-Hispanic			5%	13%
Total	32	100%	5%	11%
Adult education attainment				
Less than high school	2	8%	14%	20%
High school	6	21%	9%	15%
Some college	4	16%	8%	15%
College	9	32%	5%	14%
Graduate school	6	23%	3%	8%
Total	27	100%	7%	13%
Source: Urban Institute analysis using H	HIPSM 2016.		· · · U R B A N · I	NSTITUTE -

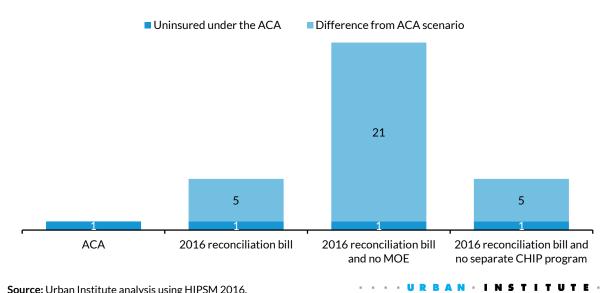
Notes: ACA = Affordable Care Act; FPL = federal poverty level.

⁻⁻ Numbers suppressed because of small sample size. Columns may not sum to totals because of rounding.

FIGURE 2

Uninsured Children in the District of Columbia, 2019

Thousands of children



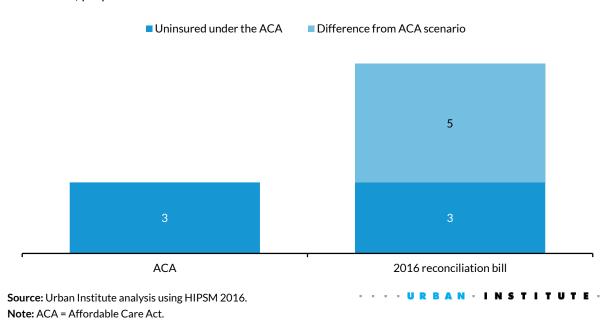
Source: Urban Institute analysis using HIPSM 2016.

Notes: ACA = Affordable Care Act; CHIP = Children's Health Insurance Program; MOE = maintenance of eligibility. Children are ages 18 and younger, following Medicaid/CHIP guidelines. Medicaid/CHIP eligibility under the "no MOE" scenario is at federal minima for all states under the 2016 reconciliation bill: 138 percent of the federal poverty level for children younger than 6 and 100 percent of the federal poverty level for children ages 6 to 18. If the MOE provision is eliminated, states would decide whether to reduce eligibility levels for children.

FIGURE 3

Uninsured Parents in the District of Columbia, 2019

Thousands of people



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TABLE 3
Characteristics of District of Columbia Children Losing Coverage under the 2016 Reconciliation Bill, 2019

	Losses under Reconciliation		Additional Coverage at Risk under No MOE	
	Thousands of children	Share of state total	Thousands of children	Share of state total
Age				
0-4	1	25%	4	27%
5-18	3	75%	12	73%
Total	5	100%	16	100%
Family income				
< 100% FPL	<1	15%	<1	0%
100-150% FPL	<1	1%	7	44%
150-200% FPL	<1	9%	4	23%
200-300% FPL	<1	4%	5	29%
300-400% FPL	<1	10%	<1	4%
> 400% FPL	3	60%	<1	0%
Total	5	100%	16	100%
Race and ethnicity				
White, non-Hispanic	2	39%	<1	3%
Black, non-Hispanic	2	41%	12	74%
Hispanic	<1	8%	3	19%
Asian/Pacific Islander	<1	5%	<1	3%
American Indian/Alaska Native				
Other, non-Hispanic				
Total	5	100%	16	100%
Family employment status				
At least one full-time worker	4	79%	11	67%
Part-time only	<1	6%	<1	6%
No worker ´	<1	8%	3	20%
No parent at home	<1	7%	1	7%
Total	5	100%	16	100%

Source: Urban Institute analysis using HIPSM 2016.

Notes: CHIP = Children's Health Insurance Program; FPL = federal poverty level; MOE = maintenance of eligibility. -- Numbers suppressed because of small sample size. Columns may not sum to totals because of rounding.

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Children are ages 18 and younger, following Medicaid/CHIP guidelines. Medicaid/CHIP eligibility under the "No MOE" scenario is at federal minima for all states under the 2016 reconciliation bill: 138 percent of FPL for children younger than 6 and 100 percent of FPL for children ages 6 to 18. If the MOE provision is eliminated, states would decide whether to reduce eligibility levels for children.

TABLE 4
Characteristics of District of Columbia Parents Losing Coverage under the 2016 Reconciliation Bill, 2019

	Thousands of parents	Share of state total
	or parents	Share of state total
Age		
19-24	<1	2%
25-34	<1	15%
35-44	3	55%
45-54	1	25%
55-64	<1	4%
Total	5	100%
Family income		
< 100% FPL	1	19%
100-150% FPL	<1	17%
150-200% FPL	<1	3%
200-300% FPL	<1	12%
300-400% FPL	<1	5%
> 400% FPL	2	45%
Total	5	100%
Race and ethnicity		
White, non-Hispanic	2	39%
Black, non-Hispanic	2	36%
Hispanic	<1	16%
Asian/Pacific Islander	<1	9%
American Indian/Alaska Natives		
Other, non-Hispanic		
Total	5	100%
Employment status		
At least one full-time worker	4	74%
Part-time only	<1	10%
No worker	1	15%
Total	5	100%

Source: Urban Institute analysis using

HIPSM 2016.

Notes: FPL = federal poverty level. -- Numbers suppressed because of small sample size.

Acknowledgments

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Errata: This brief was updated on February 2, 2017, to correct a typographical error in table 2.