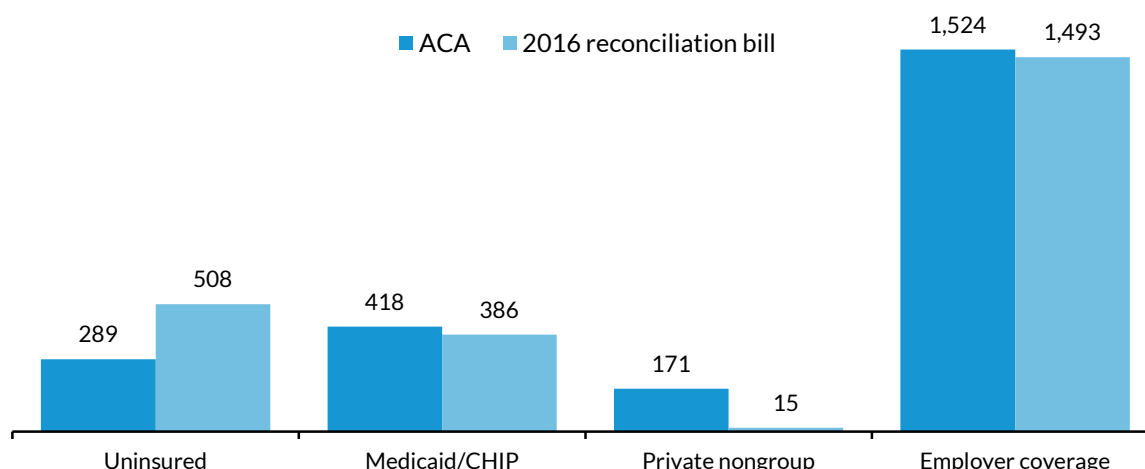


Partial Repeal of the ACA through Reconciliation Coverage Implications for Kansas Residents

This fact sheet examines how a reconciliation bill similar to the one vetoed in January 2016 will affect health care coverage in Kansas. 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 Kansas Residents under Age 65, 2019
 Thousands of people



Source: Urban Institute analysis using HIPSM 2016.

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TABLE 1

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

	ACA		Reconciliation Bill		Difference (thousands of people)
	Thousands of people	Share of state total	Thousands of people	Share of state total	
<i>Insured</i>	2,219	88%	2,000	80%	-219
Employer	1,524	61%	1,493	60%	-31
Nongroup (eligible for tax credit)	78	3%	0	0%	-78
Nongroup (other)	93	4%	15	1%	-79
Medicaid/Children's Health Insurance Program	418	17%	386	15%	-32
Other (including Medicare)	106	4%	106	4%	0
<i>Uninsured</i>	289	12%	508	20%	219
Total	2,508	100%	2,508	100%	0

Source: Urban Institute analysis using HIPSM 2016.

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TABLE 2

Characteristics of Kansas Residents Losing Coverage under the 2016 Reconciliation Bill, 2019

	Thousands of people	Share of state total	Uninsurance rate under ACA	Uninsurance rate under reconciliation bill
Age (years)				
< 18	35	16%	4%	9%
18–24	41	19%	18%	32%
25–34	45	21%	20%	31%
35–44	35	16%	16%	25%
45–54	29	13%	11%	19%
55–64	35	16%	8%	17%
<i>Total</i>	219	100%	12%	20%
Family income level				
< 100% FPL	35	16%	23%	31%
100–150% FPL	39	18%	9%	26%
150–200% FPL	27	12%	12%	23%
200–300% FPL	35	16%	10%	18%
300–400% FPL	28	13%	6%	14%
> 400% FPL	56	25%	9%	16%
<i>Total</i>	219	100%	12%	20%
Family employment status				
At least one full-time worker	157	72%	9%	17%
Part-time only	31	14%	22%	37%
No worker	31	14%	22%	33%
<i>Total</i>	219	100%	12%	20%
Race and ethnicity				
White, non-Hispanic	167	76%	9%	18%
Black, non-Hispanic	12	6%	14%	21%
Hispanic	27	12%	24%	31%
Asian/Pacific Islander	7	3%	12%	23%
American Indian/Alaska Native	4	2%	13%	21%
Other, non-Hispanic	3	2%	12%	20%
<i>Total</i>	219	100%	12%	20%
Adult education attainment				
Less than high school	21	11%	35%	50%
High school	63	35%	19%	30%
Some college	58	32%	13%	24%
College	29	16%	6%	15%
Graduate school	10	6%	5%	11%
<i>Total</i>	181	100%	15%	25%

Source: Urban Institute analysis using HIPSM 2016.

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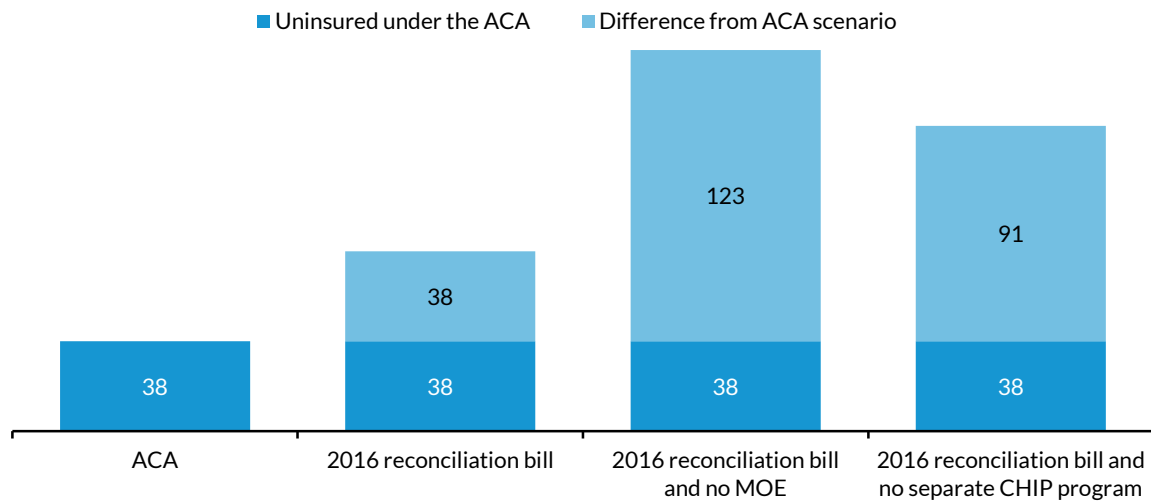
Notes: ACA = Affordable Care Act; FPL = federal poverty level.

Columns may not sum to totals because of rounding.

FIGURE 2

Uninsured Children in Kansas, 2019

Thousands of children



Source: Urban Institute analysis using HIPSM 2016.

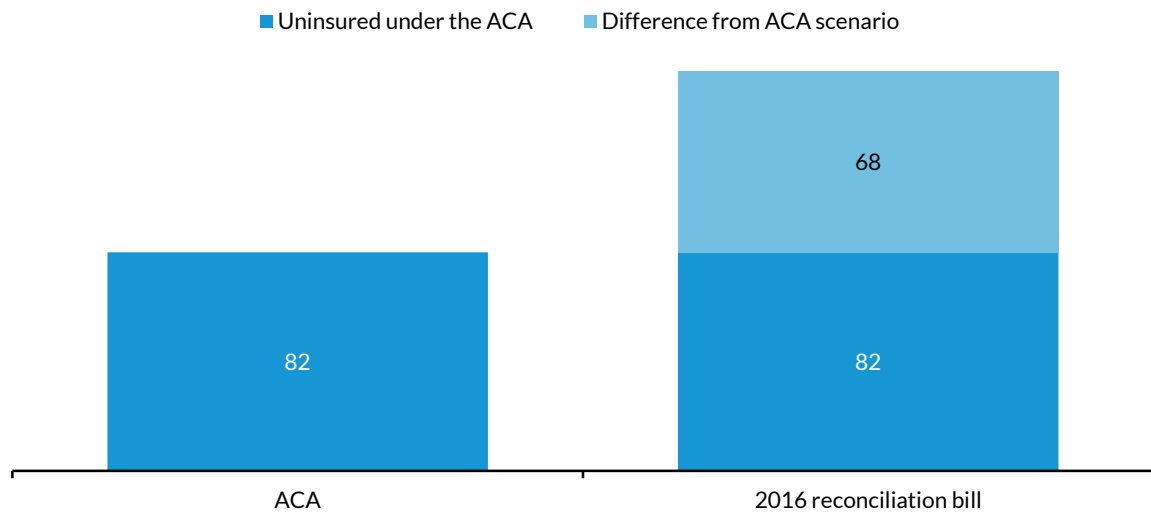
Notes: ACA = Affordable Care Act; CHIP = Children's Health Insurance Program; MOE = maintenance of eligibility. Children are ages 18 and younger, following Medicaid/CHIP guidelines. Medicaid/CHIP eligibility under the "no MOE" scenario is at federal minima for all states under the 2016 reconciliation 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.

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FIGURE 3

Uninsured Parents in Kansas, 2019

Thousands of people



Source: Urban Institute analysis using HIPSM 2016.

Note: ACA = Affordable Care Act.

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TABLE 3

Characteristics of Kansas 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	9	24%	22	26%
5–18	29	76%	63	74%
<i>Total</i>	38	100%	84	100%
Family income				
< 100% FPL	3	9%	<1	0%
100–150% FPL	2	6%	40	47%
150–200% FPL	4	11%	30	36%
200–300% FPL	9	24%	15	17%
300–400% FPL	7	19%	<1	0%
> 400% FPL	12	31%	<1	0%
<i>Total</i>	38	100%	84	100%
Race and ethnicity				
White, non-Hispanic	30	78%	45	53%
Black, non-Hispanic	1	4%	6	7%
Hispanic	4	11%	27	32%
Asian/Pacific Islander	<1	2%	1	1%
American Indian/Alaska Native	<1	2%	3	3%
Other, non-Hispanic	1	3%	4	4%
<i>Total</i>	38	100%	84	100%
Family employment status				
At least one full-time worker	32	85%	70	82%
Part-time only	1	4%	6	7%
No worker	3	7%	6	7%
No parent at home	2	4%	3	4%
<i>Total</i>	38	100%	84	100%

Source: Urban Institute analysis using HIPSM 2016.

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

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 Kansas Parents Losing Coverage under the 2016 Reconciliation Bill, 2019

	Thousands of parents	Share of state total
Age		
19–24	5	7%
25–34	24	35%
35–44	25	37%
45–54	11	16%
55–64	3	4%
<i>Total</i>	<i>68</i>	<i>100%</i>
Family income		
< 100% FPL	15	22%
100–150% FPL	20	30%
150–200% FPL	6	9%
200–300% FPL	9	14%
300–400% FPL	7	10%
> 400% FPL	11	16%
<i>Total</i>	<i>68</i>	<i>100%</i>
Race and ethnicity		
White, non-Hispanic	47	69%
Black, non-Hispanic	4	6%
Hispanic	13	19%
Asian/Pacific Islander	2	2%
American Indian/Alaska Natives	1	2%
Other, non-Hispanic	1	2%
<i>Total</i>	<i>68</i>	<i>100%</i>
Employment status		
At least one full-time worker	51	75%
Part-time only	9	13%
No worker	8	12%
<i>Total</i>	<i>68</i>	<i>100%</i>

Source: Urban Institute analysis using
HIPSIM 2016.

Note: FPL = federal poverty level.

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Acknowledgments

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