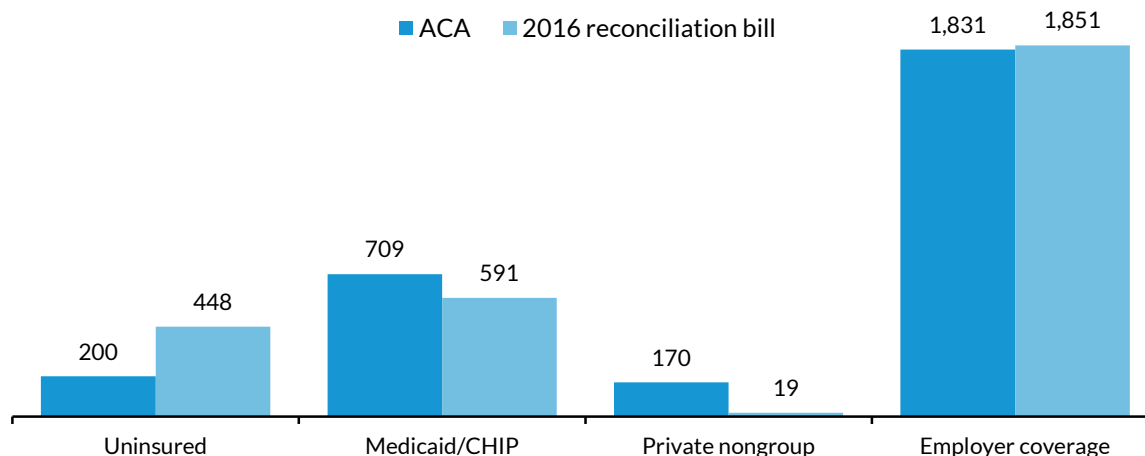


Partial Repeal of the ACA through Reconciliation Coverage Implications for Connecticut Residents

This fact sheet examines how a reconciliation bill similar to the one vetoed in January 2016 will affect health care coverage in Connecticut. 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 Connecticut 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 Connecticut 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>	2,773	93%	2,525	85%	-248
Employer	1,831	62%	1,851	62%	21
Nongroup (eligible for tax credit)	74	2%	0	0%	-74
Nongroup (other)	96	3%	19	1%	-76
Medicaid/Children's Health Insurance Program	709	24%	591	20%	-118
Other (including Medicare)	63	2%	63	2%	0
<i>Uninsured</i>	200	7%	448	15%	248
Total	2,973	100%	2,973	100%	0

Source: Urban Institute analysis using HIPSM 2016.

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TABLE 2

Characteristics of Connecticut 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	32	13%	2%	6%
18–24	42	17%	8%	21%
25–34	46	19%	13%	23%
35–44	40	16%	9%	18%
45–54	43	18%	7%	16%
55–64	44	18%	5%	14%
<i>Total</i>	248	100%	7%	15%
Family income level				
< 100% FPL	43	17%	8%	17%
100–150% FPL	31	13%	5%	21%
150–200% FPL	28	11%	5%	19%
200–300% FPL	32	13%	8%	16%
300–400% FPL	34	14%	5%	15%
> 400% FPL	80	32%	7%	13%
<i>Total</i>	248	100%	7%	15%
Family employment status				
At least one full-time worker	169	68%	5%	13%
Part-time only	40	16%	11%	23%
No worker	39	16%	11%	21%
<i>Total</i>	248	100%	7%	15%
Race and ethnicity				
White, non-Hispanic	157	63%	4%	13%
Black, non-Hispanic	24	10%	8%	16%
Hispanic	44	18%	14%	23%
Asian/Pacific Islander	16	6%	6%	17%
American Indian/Alaska Native	3	1%	7%	16%
Other, non-Hispanic	4	2%	6%	13%
<i>Total</i>	248	100%	7%	15%
Adult education attainment				
Less than high school	18	8%	23%	34%
High school	81	38%	11%	22%
Some college	54	25%	7%	18%
College	39	18%	5%	14%
Graduate school	20	9%	3%	9%
<i>Total</i>	212	100%	8%	18%

Source: Urban Institute analysis using HIPSIM 2016.

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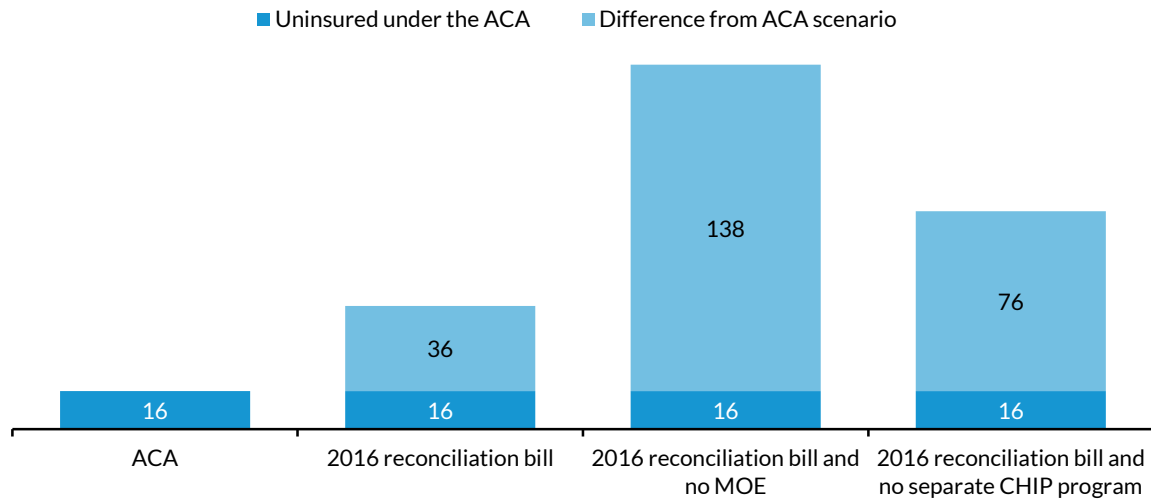
Notes: ACA = Affordable Care Act; FPL = federal poverty level.

Columns may not sum to totals because of rounding.

FIGURE 2

Uninsured Children in Connecticut, 2019

Thousands of children



Source: Urban Institute analysis using HIPSM 2016.

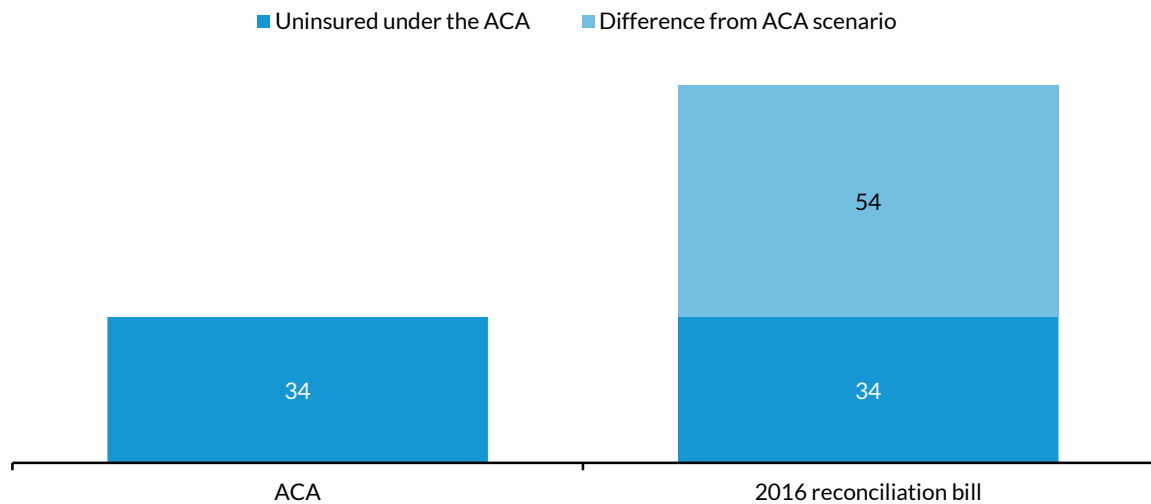
Notes: ACA = Affordable Care Act; CHIP = Children's Health Insurance Program; MOE = maintenance of eligibility. Children are ages 18 and younger, following Medicaid/CHIP guidelines. Medicaid/CHIP eligibility under the "no MOE" scenario is at federal minima for all states under the reconciliation bill: 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 Connecticut, 2019

Thousands of people



Source: Urban Institute analysis using HIPSM 2016.

Note: ACA = Affordable Care Act.

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TABLE 3

Characteristics of Connecticut 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	7	18%	22	22%
5–18	30	82%	79	78%
<i>Total</i>	36	100%	101	100%
Family income				
< 100% FPL	3	8%	<1	0%
100–150% FPL	2	7%	32	32%
150–200% FPL	1	3%	32	32%
200–300% FPL	3	10%	33	32%
300–400% FPL	7	21%	4	4%
> 400% FPL	19	51%	<1	0%
<i>Total</i>	36	100%	101	100%
Race and ethnicity				
White, non-Hispanic	25	68%	43	42%
Black, non-Hispanic	3	8%	15	15%
Hispanic	4	11%	35	35%
Asian/Pacific Islander	3	7%	4	3%
American Indian/Alaska Native	1	2%	2	2%
Other, non-Hispanic	1	3%	3	3%
<i>Total</i>	36	100%	101	100%
Family employment status				
At least one full-time worker	29	81%	74	73%
Part-time only	2	6%	12	12%
No worker	1	4%	11	10%
No parent at home	3	8%	4	4%
<i>Total</i>	36	100%	101	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 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 Connecticut Parents Losing Coverage under the 2016 Reconciliation Bill, 2019

	Thousands of parents	Share of state total
Age		
19–24	2	3%
25–34	12	22%
35–44	21	38%
45–54	17	30%
55–64	3	6%
<i>Total</i>	54	100%
Family income		
< 100% FPL	10	18%
100–150% FPL	10	18%
150–200% FPL	3	6%
200–300% FPL	8	16%
300–400% FPL	7	13%
> 400% FPL	16	30%
<i>Total</i>	54	100%
Race and ethnicity		
White, non-Hispanic	34	62%
Black, non-Hispanic	5	9%
Hispanic	11	19%
Asian/Pacific Islander	4	8%
American Indian/Alaska Natives	<1	1%
Other, non-Hispanic	1	1%
<i>Total</i>	54	100%
Employment status		
At least one full-time worker	40	73%
Part-time only	7	12%
No worker	8	14%
<i>Total</i>	54	100%

Source: Urban Institute analysis using
HPSM 2016.

Note: FPL = federal poverty level.

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Acknowledgments

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Errata: This brief was updated on February 3, 2017, to correct the transposition of rows in table 2.