

Impact of the Patient Protection and Affordable Care Act on Covered Persons as Amended

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The approach to covering the uninsured presented in the Patient Protection and Affordable Coverage Act (as amended on December 19, 2009 by the Senate Majority Leader's Manager's Amendment), when fully implemented, would reduce the number of uninsured to 2.9 million persons in rural areas, leading to a coverage rate of 94.1% (Table 1). This legislation would lead to a slightly higher coverage rate for rural than for urban persons (94.1% compared to 93.4%), largely because a lower proportion of rural persons are non-citizens who would not be covered under any of the proposed reform approaches but also because the reform proposal reaches more low-income persons who are more represented among the rural uninsured. These estimates also reflect the recently added provisions of slightly more generous subsidies for small employers.

The remaining tables attached present state-by-state estimates of the effects of the legislation on overall health insurance coverage rates (for all persons, rural and urban persons), as well as estimates of how the previously uninsured would get covered under the provisions of the legislation. The results show significant variation in how the legislation would impact ultimate coverage rates, and how individuals would be covered under the legislation, mostly resulting from the initial characteristics of a state and their uninsured persons.

The subsidies, tax credits, and public program expansions are particularly important to rural persons (Table 1). A higher proportion of rural adults (33% as compared to 29.7%) would obtain coverage through Medicaid (largely because their income falls below 133% of the federal poverty line), while a smaller proportion (23.2% as compared to 24.5%) would be children that obtain coverage either through public programs (Medicaid or CHIP) or through private insurance obtained by their parents (through the exchange). A slightly lower proportion of the previously uninsured in rural areas (43.8%, compared to 45.8% in urban areas) would obtain insurance through the Health Insurance Exchange.

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Table 1. Coverage under reform proposals in rural and urban areas

		Rural	Urban	Total
Number of uninsured persons (in millions):				
	Before reform (a)	8.1	41.9	50.0
	After reform	2.9	16.5	19.4
Insurance coverage rate:				
	Before reform	83.0%	83.1%	83.1%
	After reform	94.1%	93.4%	93.5%
Proportion of previously uninsured persons obtaining coverage through:				
	Health Insurance Exchange (adults)	43.8%	45.8%	45.4%
	With subsidies or tax credits	37.2%	35.9%	36.1%
	Employer or individual responsibility	6.6%	9.9%	9.3%
	Medicaid expansion (adults)	33.0%	29.7%	30.3%
	Children	23.2%	24.5%	24.3%

NOTE: (a) Estimated uninsured rate based on effects of September 2009 unemployment rates, by county and state imputed to individuals in simulation model data base.

SOURCE: RUPRI Health Reform Simulation Model. (The RUPRI health simulation model, built on Current Population Survey data and a range of other data sources, is based on a series of assumptions about the policies described here, and the responses of individuals to those policy settings, such as the likelihood of taking up coverage (based on a probability model and the characteristics of individuals). Further details about the results and the RUPRI health insurance model are available from the RUPRI Center for Rural Health Policy Analysis (www.unmc.edu/ruprihealth).

Table 2. Effects of Health Reform on Insurance rate, and options used to cover uninsured, All Persons

STATE	Insured rate		Percent newly covered by:			
	Before Reform	After Reform	Adults: Medicaid	Health Insurance Exchange (adults)		
				Subsidies	Mandates	Children
TOTAL	83%	94%	30%	36%	9%	24%
AK	81%	93%	24%	43%	12%	22%
AL	85%	95%	38%	39%	9%	14%
AR	82%	94%	38%	40%	5%	16%
AZ	79%	93%	29%	33%	9%	29%
CA	80%	92%	30%	36%	9%	24%
CO	82%	93%	27%	36%	10%	27%
CT	89%	95%	24%	40%	15%	21%
DC	87%	94%	30%	37%	13%	19%
DE	87%	95%	24%	38%	8%	30%
FL	78%	91%	27%	36%	8%	28%
GA	80%	92%	34%	34%	9%	24%
HI	91%	97%	25%	38%	16%	21%
IA	90%	96%	35%	36%	9%	20%
ID	83%	94%	29%	37%	7%	26%
IL	85%	94%	33%	35%	10%	23%
IN	86%	94%	33%	33%	13%	21%
KS	88%	95%	35%	30%	10%	25%
KY	84%	94%	39%	35%	7%	19%
LA	80%	93%	34%	36%	9%	21%
MA	91%	96%	25%	40%	15%	20%
MD	86%	94%	26%	39%	12%	24%
ME	89%	96%	22%	48%	11%	19%
MI	87%	95%	34%	34%	14%	17%
MN	90%	96%	25%	34%	13%	27%
MO	86%	95%	33%	36%	8%	23%
MS	81%	94%	39%	30%	6%	25%
MT	83%	94%	33%	39%	4%	24%
NC	82%	93%	33%	37%	5%	25%
ND	88%	95%	31%	35%	8%	26%
NE	88%	95%	29%	36%	8%	26%
NH	89%	96%	22%	43%	17%	17%
NJ	84%	93%	23%	34%	15%	28%
NM	77%	92%	32%	36%	6%	26%
NV	80%	93%	24%	34%	11%	31%
NY	85%	94%	28%	38%	13%	20%
OH	87%	95%	34%	35%	9%	22%
OK	82%	94%	35%	35%	9%	22%
OR	81%	93%	32%	39%	7%	22%
PA	89%	96%	25%	40%	12%	23%
RI	87%	95%	24%	41%	14%	21%
SC	82%	94%	31%	38%	8%	23%
SD	88%	95%	34%	33%	6%	27%
TN	84%	94%	36%	37%	7%	20%
TX	75%	91%	30%	33%	6%	31%
UT	84%	95%	21%	38%	9%	32%
VA	85%	94%	27%	37%	12%	24%
VT	88%	95%	17%	51%	12%	19%
WA	86%	95%	25%	45%	10%	20%
WI	89%	95%	34%	32%	11%	23%
WV	84%	95%	34%	44%	10%	12%
WY	85%	94%	26%	45%	6%	22%

SOURCE: Rural Policy Research Institute (RUPRI) Health Reform Simulation Model.

The RUPRI health simulation model, built on Current Population Survey data and a range of other data sources, is based on a series of assumptions about the policies described here, and the responses of individuals to those policy settings, such as the likelihood of taking up coverage (based on a probability model and the characteristics of individuals). Further details about the results and the RUPRI health insurance model are available from the RUPRI Center for Rural Health Policy Analysis (www.unmc.edu/ruprihealth).

Table 3. Effects of Health Reform on Insurance rate, and options used to cover uninsured, Rural Persons

STATE	Insured rate		Percent of newly covered by:			
	Before Reform	After Reform	Adults: Medicaid	Health Insurance Exchange (adults)		
				Subsidies	Mandates	Children
TOTAL	83%	94%	33%	37%	7%	23%
AK	79%	93%	26%	46%	8%	20%
AL	83%	94%	39%	38%	6%	17%
AR	79%	93%	44%	35%	4%	17%
AZ	80%	94%	33%	39%	3%	24%
CA	81%	93%	26%	43%	10%	21%
CO	78%	92%	26%	34%	9%	31%
CT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
DE	82%	92%	24%	42%	10%	24%
FL	79%	92%	30%	42%	5%	22%
GA	78%	93%	37%	34%	4%	24%
HI	88%	95%	31%	37%	10%	21%
IA	91%	96%	38%	34%	7%	21%
ID	82%	94%	31%	35%	7%	28%
IL	86%	94%	31%	40%	11%	18%
IN	84%	94%	34%	36%	6%	24%
KS	88%	95%	37%	31%	7%	26%
KY	82%	94%	39%	34%	7%	20%
LA	79%	94%	39%	43%	6%	12%
MA	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
MD	85%	94%	42%	33%	12%	13%
ME	88%	95%	25%	47%	10%	19%
MI	89%	96%	38%	42%	4%	16%
MN	89%	96%	22%	37%	7%	33%
MO	83%	94%	35%	35%	6%	24%
MS	79%	94%	40%	29%	4%	26%
MT	82%	94%	31%	37%	2%	29%
NC	80%	93%	33%	39%	5%	24%
ND	86%	95%	33%	34%	6%	27%
NE	87%	95%	29%	34%	6%	31%
NH	88%	96%	21%	47%	14%	18%
NM	74%	92%	28%	39%	7%	26%
NV	79%	92%	25%	34%	9%	32%
NY	85%	95%	25%	38%	10%	27%
OH	88%	95%	35%	37%	7%	21%
OK	78%	93%	36%	32%	7%	24%
OR	78%	93%	32%	40%	7%	21%
PA	87%	96%	24%	39%	11%	27%
SC	81%	94%	36%	34%	7%	22%
SD	87%	95%	34%	31%	6%	29%
TN	81%	94%	41%	40%	4%	15%
TX	78%	92%	30%	35%	5%	30%
UT	83%	95%	20%	42%	9%	30%
VA	83%	94%	32%	35%	6%	27%
VT	88%	95%	19%	50%	11%	20%
WA	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
WI	89%	95%	31%	37%	8%	23%
WV	83%	95%	37%	44%	8%	11%
WY	85%	94%	25%	47%	7%	21%

SOURCE: Rural Policy Research Institute (RUPRI) Health Reform Simulation Model. sources, is based on a series of assumptions about the policies described here, and the responses of individuals to those policy settings, such as the likelihood of taking up coverage (based on a probability model and the characteristics of individuals). Further details about the results and the RUPRI health insurance model are available from the RUPRI Center for Rural Health Policy Analysis (www.unmc.edu/ruprihealth).

NOTE: n.a.=estimates not available due to sample size in state. States without rural areas (DC, NJ) not shown.

Table 4. Effects of Health Reform on Insurance rate, and options used to cover uninsured, Urban Persons

STATE	Insured rate		Percent newly covered by:			
	Before Reform	After Reform	Health Insurance Exchange (adults)			
			Adults: Medicaid	Subsidies	Mandates	Children
TOTAL	83%	93%	30%	36%	10%	25%
AK	82%	94%	22%	41%	13%	23%
AL	86%	95%	38%	39%	11%	12%
AR	83%	94%	33%	44%	6%	16%
AZ	79%	93%	29%	33%	9%	29%
CA	80%	92%	30%	36%	9%	24%
CO	83%	94%	28%	36%	10%	27%
CT	89%	95%	24%	40%	15%	21%
DC	87%	94%	30%	37%	13%	19%
DE	88%	95%	24%	37%	8%	32%
FL	78%	91%	27%	36%	8%	28%
GA	81%	92%	33%	34%	10%	23%
HI	92%	97%	22%	39%	18%	21%
IA	89%	95%	33%	37%	10%	20%
ID	84%	95%	29%	38%	8%	25%
IL	85%	94%	33%	34%	10%	23%
IN	86%	94%	33%	31%	16%	20%
KS	87%	95%	35%	29%	11%	25%
KY	86%	95%	38%	36%	8%	18%
LA	80%	93%	33%	35%	9%	23%
MA	91%	96%	25%	40%	15%	20%
MD	86%	94%	25%	39%	12%	24%
ME	90%	96%	20%	50%	12%	19%
MI	87%	94%	34%	33%	16%	17%
MN	90%	96%	27%	33%	16%	24%
MO	87%	95%	32%	36%	9%	23%
MS	82%	94%	38%	30%	9%	23%
MT	84%	94%	36%	43%	7%	14%
NC	82%	93%	33%	36%	5%	26%
ND	91%	96%	27%	38%	13%	22%
NE	88%	95%	30%	38%	10%	22%
NH	89%	96%	23%	40%	20%	16%
NJ	84%	93%	23%	34%	15%	28%
NM	79%	93%	35%	34%	5%	26%
NV	80%	93%	24%	34%	11%	31%
NY	85%	94%	28%	39%	14%	19%
OH	87%	95%	34%	34%	10%	22%
OK	85%	94%	34%	37%	10%	20%
OR	82%	93%	31%	39%	7%	22%
PA	89%	96%	26%	41%	12%	22%
RI	87%	95%	24%	41%	14%	21%
SC	82%	94%	28%	41%	9%	23%
SD	88%	95%	35%	34%	7%	24%
TN	85%	94%	34%	36%	8%	22%
TX	75%	91%	30%	33%	6%	31%
UT	85%	95%	22%	37%	10%	32%
VA	86%	94%	26%	37%	13%	23%
VT	89%	95%	13%	57%	16%	14%
WA	86%	95%	25%	45%	9%	20%
WI	89%	95%	34%	30%	12%	23%
WV	85%	95%	31%	44%	11%	13%
WY	87%	95%	31%	40%	5%	24%

SOURCE: Rural Policy Research Institute (RUPRI) Health Reform Simulation Model.

The RUPRI health simulation model, built on Current Population Survey data and a range of other data sources, is based on a series of assumptions about the policies described here, and the responses of individuals to those policy settings, such as the likelihood of taking up coverage (based on a probability model and the characteristics of individuals). Further details about the results and the RUPRI health insurance model are available from the RUPRI Center for Rural Health Policy Analysis (www.unmc.edu/ruprihealth).