

## Himmelfarb Health Sciences Library, The George Washington University Health Sciences Research Commons

---

Geiger Gibson/RCHN Community Health  
Foundation Research Collaborative

Health Policy and Management

---

6-2015

# How will Texas' Affordable Care Act Implementation Decisions Affect the Population? A Closer Look

Sara J. Rosenbaum  
*George Washington University*

Sara Rothenberg

Sara Ely

Follow this and additional works at: [http://hsrc.himmelfarb.gwu.edu/sphhs\\_policy\\_ggrchn](http://hsrc.himmelfarb.gwu.edu/sphhs_policy_ggrchn)

 Part of the [Community Health and Preventive Medicine Commons](#), [Health Law and Policy Commons](#), and the [Health Policy Commons](#)

---

### Recommended Citation

Rosenbaum, Sara J.; Rothenberg, Sara; and Ely, Sara, "How will Texas' Affordable Care Act Implementation Decisions Affect the Population? A Closer Look" (2015). *Geiger Gibson/RCHN Community Health Foundation Research Collaborative*. Paper 64.  
[http://hsrc.himmelfarb.gwu.edu/sphhs\\_policy\\_ggrchn/64](http://hsrc.himmelfarb.gwu.edu/sphhs_policy_ggrchn/64)

This Report is brought to you for free and open access by the Health Policy and Management at Health Sciences Research Commons. It has been accepted for inclusion in Geiger Gibson/RCHN Community Health Foundation Research Collaborative by an authorized administrator of Health Sciences Research Commons. For more information, please contact [hsrc@gwu.edu](mailto:hsrc@gwu.edu).

# **How will Texas' Affordable Care Act Implementation Decisions Affect the Population? A Closer Look**

Sara Rosenbaum, JD  
Sara Rothenberg  
Sara Ely

Geiger Gibson Program in Community Health Policy  
Milken Institute School of Public Health at the George Washington University

**Supported by:**  
**RCHN Community Health Foundation**



## Foreword

The Supreme Court will soon settle the legal question as to whether the federal government can subsidize premiums offered by a federally-run health insurance exchange such as the one operating in Texas. It is only one of a battery of artillery rounds aimed at policies intended to reverse the tide of uninsured. Texas sued to block the roll out of this coverage, stubbornly rejected a minimum 9 to 1 cost share to expand Medicaid, continues to starve down reimbursements to Medicaid providers, and would appear to be set on a collision course, like Florida, with the federal government over, ironically, federal subsidies for hospitals' low income uninsured patients.

The consequences to local communities and their citizens are very real, tragic, preventable, and not limited to the outer reaches of rural or south Texas.

We commissioned the attached report and analysis by the health law and policy experts at George Washington University to project the disruptive consequences should the court effectively confiscate the coverage now in force for upwards of 1 million working Texans and provide some insights into the economic burden a growing pool of uninsured patients imposes on a community not to mention the consequences to those individuals and families. The report also breaks down the distribution of those Texans, and the 1.5 million other working Texans who but for the stubborn resistance of Texas's political leadership could be covered by Medicaid. You will note this is a Texas wide exposure--many of the recently insured are represented by the very legislators who support the confiscation of their coverage.

## About TACHC

The Texas Association of Community Health Centers is a private, non-profit membership association that represents Texas safety-net health care providers. Texas community health centers, also called Federally Qualified Health Centers, serve more than 1.1 million people at over 350 sites in 118 counties. [www.tachc.org](http://www.tachc.org)

## About TAFP

The Texas Academy of Family Physicians is a private, not for profit membership organization dedicated to uniting the family doctors of Texas through advocacy, education, and member services. Representing over 8,000 family physicians, residents and medical student throughout Texas, TAFP empowers their members to provide a medical home for patients of all ages. [www.tafp.org](http://www.tafp.org)

For more information about this report please contact:

José E. Camacho, JD  
Executive Director/General Counsel  
Texas Association of Community  
Health Centers  
[jcamacho@tachc.org](mailto:jcamacho@tachc.org)  
office: (512)-329-5959  
cell: (512) 751-0862

Tom Banning  
Chief Executive Officer and  
Executive Vice President  
Texas Academy of Family Physicians  
[tbanning@tafp.org](mailto:tbanning@tafp.org)  
cell: (512) 497-0048

Sara Rosenbaum, JD  
Harold and Jane Hirsh Professor of  
Health Law and Policy  
Milken Institute School of Public  
Health  
The George Washington University  
[sarar@gwu.edu](mailto:sarar@gwu.edu)  
office: (202) 994-4230

## How Will Texas' Affordable Care Act Implementation Decisions Affect the Population? A Closer Look

Sara Rosenbaum, Sara Rothenberg, Sara Ely

Geiger Gibson Program in Community Health Policy

Milken Institute School of Public Health at the George Washington University

June 2015

### Executive Summary

The Affordable Care Act (ACA) gives states two key choices: Whether to expand Medicaid to cover poor uninsured adults; and whether to establish a state Exchange. No population stands to gain more from these choices than residents of Texas, who experience the nation's highest uninsured rate. National estimates show that by not expanding Medicaid, the state has foregone coverage for 1.5 million people. County-level estimates show that in 249 out of 254 counties, the proportion of uninsured adults exceeds 20 percent of the total adult county population. In 31 counties, the proportion of low income uninsured adults exceeds 60 percent of all low income adult county residents.

Because Texas has chosen not to establish a state Exchange, its residents are vulnerable to a decision by the United States Supreme Court in *King v Burwell* that strikes down premium subsidies in states such as Texas, whose elected leaders have decided to rely on the federal Exchange. Should the Court eliminate subsidies in federal Exchange states, an estimated 1 million residents could face the immediate loss of affordable health insurance. County-level estimates show that in 56 counties, 1 in 25 residents or more could be left without access to affordable coverage.

The combined effects of not expanding Medicaid and the potential impact of *King v Burwell* will hit Texas' health care system hard. County-level estimates show that prior to implementation of the ACA, 38 counties experienced hospital annual uncompensated care levels of \$50 million or greater, and 4 counties showed losses greater than \$200 million. Texas' failure to adopt the Medicaid expansion, coupled with the loss of premium subsidies as a result of a decision against the government in *King* would reverse the progress that has been made in reducing the number of uninsured Texans. Furthermore, hospitals could find that the demand for charity care actually rises, as thousands of previously-insured people with serious health conditions turn to their hospitals for help.

A landmark research study presented to the United States Supreme Court in *King* by public health Deans and the American Public Health Association documents the relationship between increased health insurance and reduced adult mortality. This research shows that for every 830 adults who gains health insurance, one fewer adult will die annually from preventable causes. This means that of the more than 2 million people potentially adversely affected by Texas' decisions not to expand Medicaid and to rely on the federal Exchange, approximately 2400 Texans could die annually from preventable causes, with thousands more unable to manage serious health conditions.

## Introduction

With a higher proportion of nonelderly uninsured adults than any other state,<sup>1</sup> the people of Texas stand to gain enormously under the Affordable Care Act (ACA). However, Texas has rejected the ACA's Medicaid expansion, leaving over one million eligible adults without any coverage. Moreover, because Texas has chosen not to establish its own state health insurance Exchange, its residents are vulnerable to a decision in *King v Burwell*, now pending in the United States Supreme Court, holding that the Affordable Care Act does not give the IRS the authority to extend premium tax subsidies to residents of states that use the federal Exchange. Because Texas' elected leaders have chosen to rely on the federal Exchange, a decision against the government could cause over one million Texans to lose their private insurance subsidies.

It is possible that the Supreme Court will decide against the government. If it does so, the ripple effects flowing from the Court's decision will be felt especially acutely in Texas. Given the direct link between health insurance and affordable health care, as well as the impact of health care on health (especially for populations with serious health conditions), an adverse ruling would destabilize the commercial insurance market by eliminating health insurance coverage in a matter of months if not weeks for over a million patients. An adverse ruling would further elevate the strain on an already overburdened health care system, shifting heavy costs onto health care providers and local government tax bases. As uncompensated care begins to rise, the effects will be felt by all insured Texans. Finally, as insurance coverage is lost, continuity of care will be disrupted, leading to poorer outcomes and substantially higher costs.

## Texas' Options Under the Affordable Care Act

The Affordable Care Act (ACA) has the potential to cut the number of uninsured Americans by more than half, as a result of two basic reforms: (1) reforms that ensure access to private health insurance for all Americans coupled with tax subsidies to make coverage affordable; and (2) an expansion of Medicaid to cover poor nonelderly adults, including adults without minor dependent children who historically have been excluded as well as parents of minor children, whose incomes, although well below poverty, exceed Texas' eligibility standards. According to the Kaiser Family Foundation, in 2015 the income limit for parents in Texas equals 18% of the federal poverty level, virtually eliminating access to coverage for parents who work.<sup>2</sup>

## Health Insurance Market Reforms, Insurance Subsidies, and the Exchange

The ACA restructured the health insurance market in order to ensure that no person will be turned away or charged more because of a pre-existing condition, or have a policy cancelled because of illness. The ACA also improved insurance by limiting out-of-pocket payments for covered services, guaranteeing coverage of preventive benefits with zero cost-sharing, and guaranteeing that all health

---

<sup>1</sup> <http://kff.org/other/state-indicator/nonelderly-0-64/>

<sup>2</sup> <http://kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/>

insurance policies sold in the individual and small group markets cover certain “essential health benefits” covering both physical and mental health conditions.

To make coverage more affordable, the ACA offers premium tax subsidies and cost sharing assistance. People who buy private insurance through an Exchange qualify for premium subsidies if their household incomes are between 139 percent and 400 percent of the federal poverty level. (In states that do not expand Medicaid, subsidy eligibility begins at 100 percent of poverty). Cost sharing assistance is available to people who receive premium tax subsidies and have incomes up to 250 percent of poverty. Subsidies are available through health insurance Exchanges, online marketplaces in which people without public or employer-sponsored health insurance can purchase affordable health plans.

Together these reforms have significantly expanded coverage. As of March 2015, 10.2 million Americans had obtained Exchange coverage. Of these, 7.3 million lived in one of the 34 states that, like Texas, has elected not to establish a state Exchange and whose residents therefore use the federal Exchange.<sup>3</sup> Exchange enrollment alone has had a major impact on access to affordable coverage; subsidized coverage alone has reduced the uninsured by 37% nationwide.<sup>4</sup> Nationally, 86% of all persons with Exchange coverage receive premium subsidies.

### Expanding Medicaid

The Medicaid expansion is designed to cover nonelderly low income adults with household incomes at or below 138 percent of the federal poverty level<sup>5</sup>. In *National Federation of Independent Businesses v Sebelius*,<sup>6</sup> the United States Supreme Court ruled that states could opt out of the adult expansion. As of June 2015, 29 states and the District of Columbia have implemented the expansion; Texas is not one of those states. **(Figure 1)** Coupled with streamlined enrollment procedures – required of all states including those that do not expand coverage for adults – the ACA’s Medicaid reforms have increased adult coverage by 4.8 million Medicaid beneficiaries.<sup>7</sup> Not surprisingly, those who have gained coverage reside in the expansion states.

---

<sup>3</sup> Robert Pear, 13% Left Health Care Rolls, U.S. Finds, New York Times (June 2, 2015)

<http://www.nytimes.com/2015/06/03/us/13-left-health-care-rolls-us-finds.html? r=3>

<sup>4</sup> Matthew Buettgens, John Holahan, and Hannah Recht, Medicaid Expansion, Health Coverage, and Spending: An Update for the 21 States that have not Expanded Eligibility (Kaiser Family Foundation, April 2015)

<http://kff.org/medicaid/issue-brief/medicaid-expansion-health-coverage-and-spending-an-update-for-the-21-states-that-have-not-expanded-eligibility/>

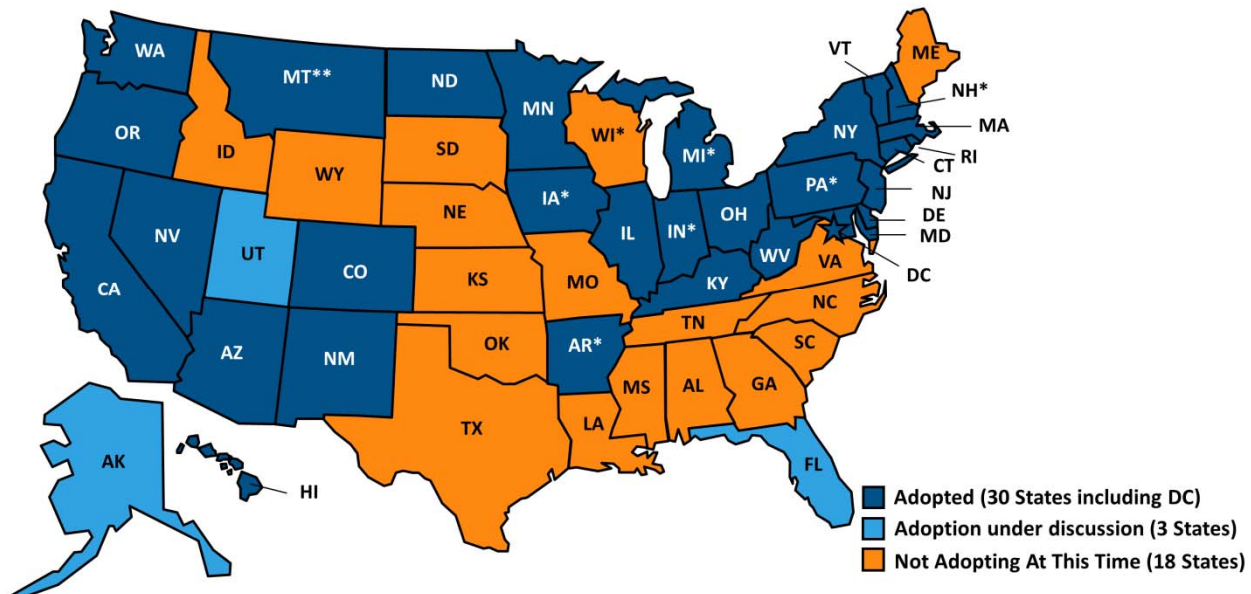
<sup>5</sup> Medicaid figures include data for all individuals at or below 138% of the Federal Poverty Level, not all of whom may meet eligibility requirements.

<sup>6</sup> 132 S. Ct. 2566 (2012)

<sup>7</sup> Vikki Wachino, Samantha Artiga, and Robin Rudowitz, How is the ACA Impacting Medicaid Enrollment? (Kaiser Family Foundation, May 2015) <http://kff.org/medicaid/issue-brief/how-is-the-aca-impacting-medicaid-enrollment/>

Figure 1. Current Status of State Medicaid Expansion Decisions

## Current Status of State Medicaid Expansion Decisions



NOTES: Under discussion indicates executive activity supporting adoption of the Medicaid expansion. \*\*MT has passed legislation adopting the expansion; it requires federal waiver approval. \*AR, IA, IN, MI, PA and NH have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it is transitioning coverage to a state plan amendment. Coverage under the IN waiver went into effect 2/1/15. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated May 26, 2015. <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



Source: Kaiser Family Foundation, Current Status of State Medicaid Expansion Decisions, 26 May 2015; Kaiser Family Foundation, Washington, DC, 2015.

### The Picture in Texas

Had Texas' leaders chosen to expand Medicaid, approximately 1.5 million additional working-age adults -- about one-quarter of the state's uninsured population -- would have qualified for coverage.<sup>8</sup> Furthermore, over the 2015-2024 time period, the state would have realized an estimated \$128 billion in additional federal funding (a 42% increase in federal Medicaid financing). In order to qualify for this additional federal funding, the state would have had to increase its own Medicaid outlays

<sup>8</sup> Matthew Buettgens, John Holahan, and Hannah Recht, Medicaid Expansion, Health Coverage, and Spending: An Update for the 21 States that have not Expanded Eligibility; Table 3 (Kaiser Family Foundation, April 2015) <http://kff.org/medicaid/issue-brief/medicaid-expansion-health-coverage-and-spending-an-update-for-the-21-states-that-have-not-expanded-eligibility/> Note: A 2013 presentation by the Texas Health and Human Services Commission estimated the same number of newly eligible Medicaid beneficiaries, approximately 23 percent of the state's uninsured. Kyle Janek, Presentation to the House Appropriations Committee (March 2013)

by only 6% over the same time period (\$13.5 billion). This additional outlay would be partially offset by reduced uncompensated care costs borne by state and local funds.<sup>9</sup>

Because Texas has opted not to expand Medicaid, its estimated uninsured population continues to exceed 4 million. With the expansion, its uninsured rate would have dipped below 3 million.<sup>10</sup>

In addition, Texas elected, along with 33 other states,<sup>11</sup> not to establish a state Exchange. Instead the state chose to rely on the federal Exchange, an option afforded states under the ACA.<sup>12</sup> Furthermore, unlike 7 other states using the federal Exchange, Texas has not entered into a State Partnership relationship with the federal Exchange, in order to carry out consumer assistance and/or plan management activities. In short, Texas has chosen to maintain no formal relationship with the Exchange, either by establishing its own Exchange or by partnering with the federal government.

As of February 2015, over 1.2 million Texas residents had selected an Exchange plan, with a selection rate of nearly 40% of the qualified population, placing the state close to the U.S. average of 42%.<sup>13</sup> The vast majority of enrollees (86%) receive financial assistance in the form of premium subsidies.<sup>14</sup>

**Texas and the Affordable Care Act: Key Facts**

- 1.5 million people would qualify for Medicaid were Texas to expand coverage to working-age low income adults. With the Medicaid expansion, the uninsured rate in Texas would be cut by half.
- Texas would realize an additional \$128.1 billion in federal funding over the 2015-2024 time period (a 42% growth) were it to expand Medicaid, with additional state outlays of only \$13.5 billion (a 6% growth) over the same time period.
- 1.2 million people selected an Exchange plan by February 2015, nearly 40 percent of those who are eligible.
- The vast majority (86%) of Exchange plan enrollees qualify for premium tax subsidies.
- Texas relies completely on the federal Exchange and has established neither a partnership arrangement nor a plan management arrangement with the federal government.

---

<sup>9</sup> Id.

<sup>10</sup> Id.

<sup>11</sup> <http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/>

<sup>12</sup> Patient Protection and Affordable Care Act, §1321

<sup>13</sup> Kaiser State Health Facts Online <http://kff.org/health-reform/state-indicator/current-marketplace-enrollment/>

<sup>14</sup> Kaiser State Health Facts Online <http://kff.org/other/state-indicator/marketplace-enrollees-by-financial-assistance-status-2015/>



## **The Size and Characteristics of Texas' Uninsured Population Underscores the Significance of the State's Decisions on Its Residents**

The characteristics of Texas' uninsured population underscore why the ACA reforms have such a great potential to change the lives of its residents, while infusing enormous resources into the state's economy.

Compared to residents with insurance, uninsured residents are much more likely to have low incomes. Two in five uninsured Texans (40%) have incomes below the federal poverty level.<sup>15</sup> Because such a high proportion of the uninsured Texas population has poverty-level income, they fall into the coverage gap created by the state's decision not to expand Medicaid because their household incomes are below the 100 percent threshold (\$24,250 for a family of four) needed to qualify for premium subsidies.

Most uninsured Texans live in working families. Nearly seven in ten (69%) is a member of a family in which they or a spouse work full-time or part time.<sup>16</sup> Many are parents whose income from work would disqualify them from Texas' extremely low eligibility standard for parents (18% of the federal poverty level). And yet their poverty-level wages are too low to enable them to qualify for premium tax subsidies in the Exchange.

Most of Texas' uninsured residents are uninsured on a long term basis. In a survey of state residents, conducted as part of a nationwide survey of the uninsured, 53% reported going without health insurance for 5 years or longer.<sup>17</sup> Thirty-one percent reported never having had insurance in their lives.

For a variety of reasons, the overwhelming majority of uninsured Texans (84%) have no access to employer-sponsored coverage. When only poor Texans are considered, this figure rises to 90%.<sup>18</sup> Forty four percent of poor uninsured Texans without access to employer coverage report that their employers offer no coverage. Eighty percent of poor Texans whose employers do offer coverage report that they are unable to afford premiums.<sup>19</sup>

Certain important conclusions can be drawn from these estimates. First, the great majority of poor uninsured adults who would be helped by a Medicaid expansion live in working families. Second, poor workers are almost never likely to have access to employer-sponsored coverage; even when it is offered poor workers are overwhelmingly unable to afford it.

---

<sup>15</sup> Katherine Young and Rachel Garfield, The Uninsured Population in Texas: Understanding Coverage Needs and the Potential Impact of the Affordable Care Act (Kaiser Family Foundation, July 2014) (Figure 1)

<http://kff.org/uninsured/report/the-uninsured-population-in-texas-understanding-coverage-needs-and-the-potential-impact-of-the-affordable-care-act/>

<sup>16</sup> Id. Figure 2.

<sup>17</sup> Id. Figure 3

<sup>18</sup> Id. Table 2

<sup>19</sup> Id.

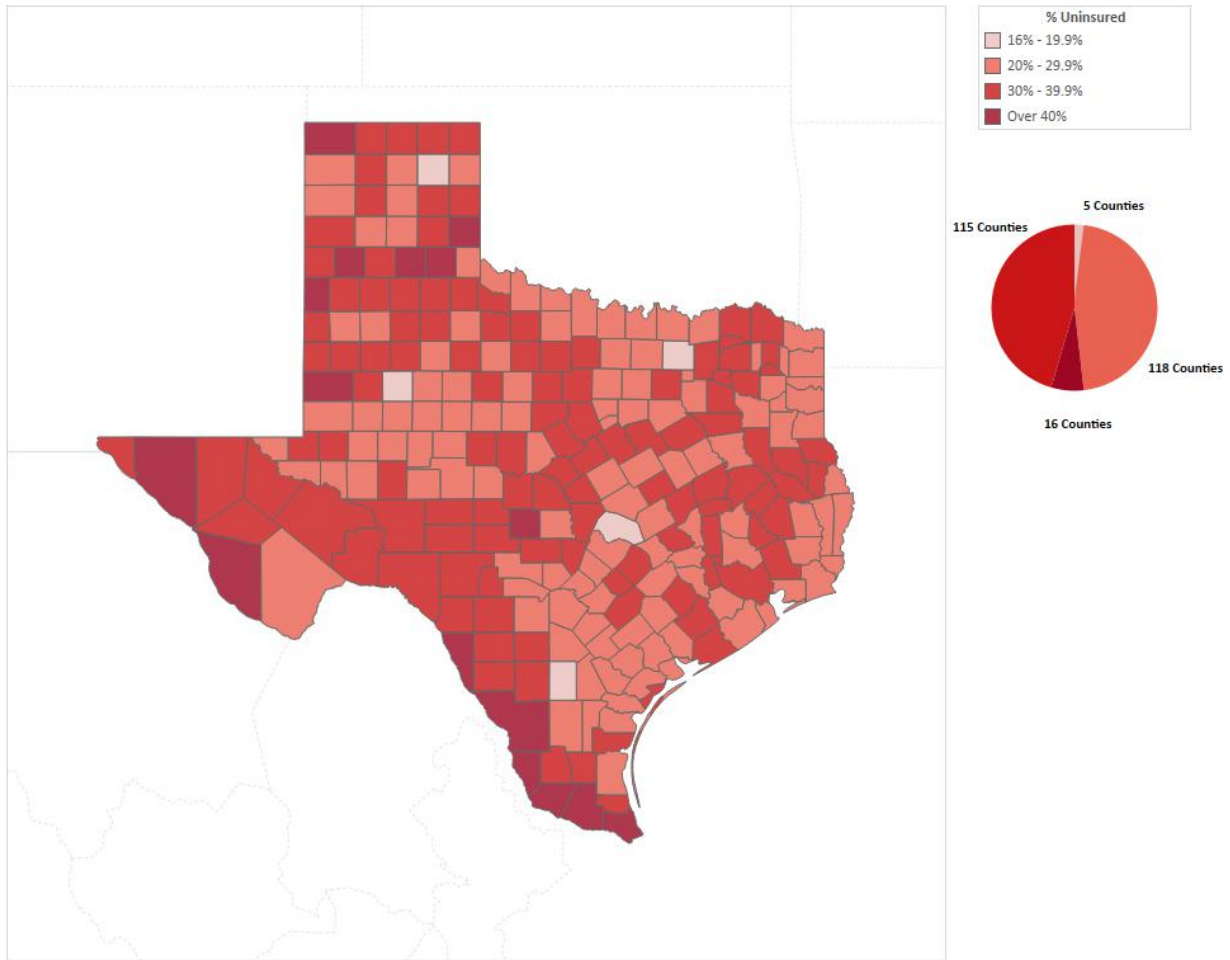
**Uninsured Texans Who are Poor**

- 69% live in working families
- 90% have no access to employer health insurance coverage.

## **A County-Level View of the Impact of Texas' Decision Not to Expand Medicaid**

In order to better understand the impact on state residents of Texas' decision not to expand Medicaid, we examined county-level data on uninsured residents by age and income level. **Appendix A-1 and A-2** provide county-level tabular data on uninsured adults and uninsured low income adults. In **Figure 2** we present county-level data which show the percent of uninsured adult residents. **Figure 2** shows that in 131 counties, the proportion of uninsured adults stands at 30 percent of the total adult population or higher; in 249 counties, the number of uninsured Texans as a proportion of all adults stands at 20% or higher.

**Figure 2. Uninsured Texas Adults as a Percent of the Total Adult 18-64 Population, By County**



*Note: No Texas county shows less than 16.9% uninsured adults as a percentage of the total adult population.*

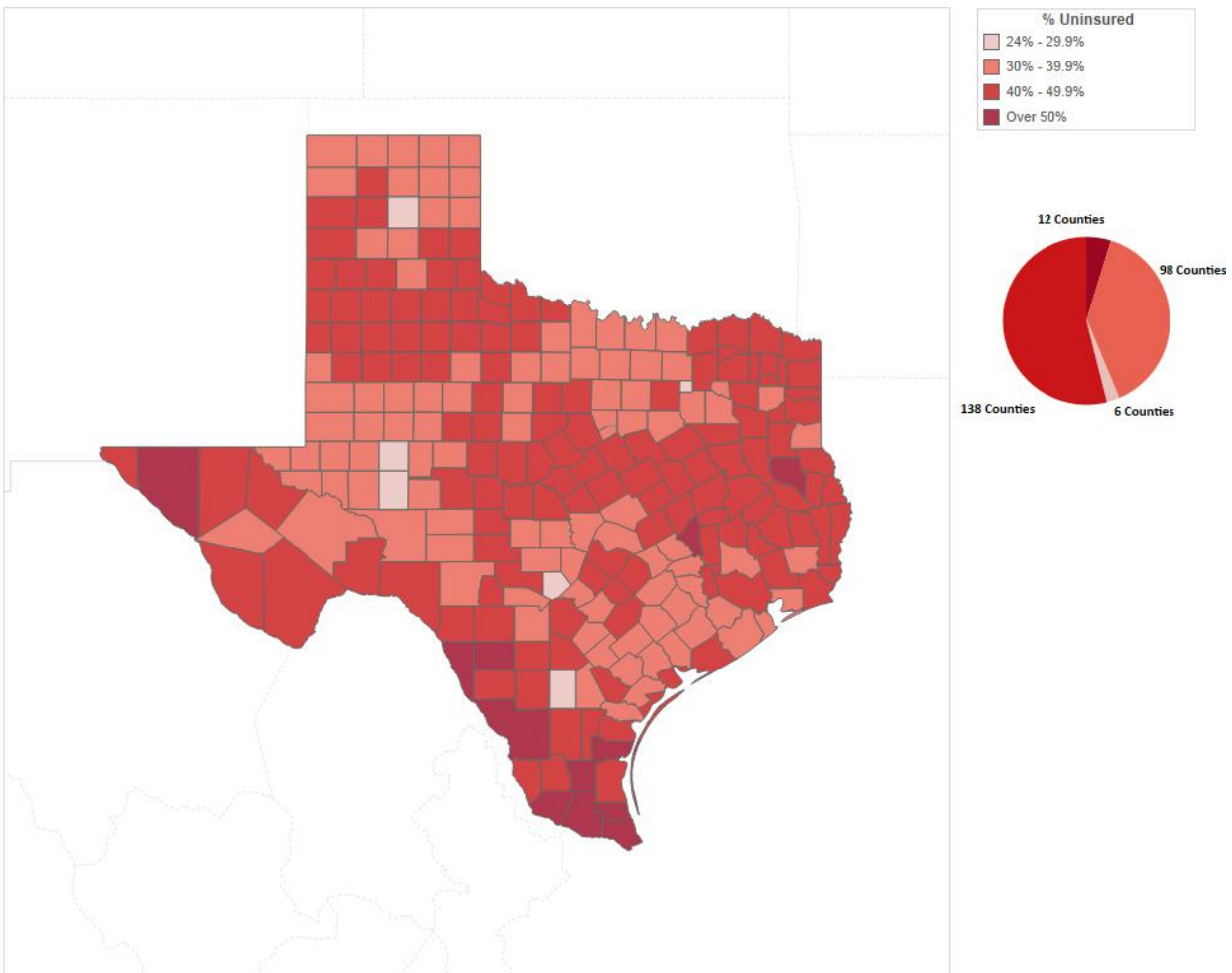
Source: 1. U.S. Census Bureau. (2015, March). Small Area Health Insurance Estimates (SAHIE): 2013 estimates. Retrieved May 8, 2015 from <http://www.census.gov/did/www/sahie/data/20082013/index.html>;

2. U.S. Department of Housing and Urban Development. (2015). HUD USPS ZIP Code Crosswalk. Retrieved on April 20 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/datasets/usps_crosswalk.html)

**Figure 3** shows the proportion of uninsured adults by county who have family incomes at or below 138 percent of the federal poverty level. In no county is less than 24% of the uninsured adult population Medicaid-eligible. In 150 counties, 40% or more of the uninsured adult population are Medicaid-eligible.

Because Texas is a non-Medicaid-expansion state, those with family incomes between 100 percent and 138 percent of poverty can qualify for premium subsidies through the Exchange. But Medicaid coverage would offer even greater financial protection for the state's poorest residents, because cost sharing is more modest and premiums would not be imposed. To be sure, some number of uninsured poor adults would not qualify for Medicaid under an expansion because they would not satisfy Medicaid's legal residency requirements; at the same time, the statewide Medicaid impact estimate of 1.5 million eligible adults underscores that expanding Medicaid would aid the vast majority of poor uninsured adults.

**Figure 3. Uninsured Texas Adults 18-64 with Incomes Below 138 percent of the Federal Poverty Level, as a Percent of All Uninsured Adults, by County**



*Note: When considering Texans eligible for Medicaid expansion coverage, in no county is less than 24% of the adult population eligible.*

Source:

1. U.S. Census Bureau. (2015, March). Small Area Health Insurance Estimates (SAHIE): 2013 estimates. Retrieved May 8, 2015 from <http://www.census.gov/did/www/sahie/data/20082013/index.html>
2. U.S. Department of Housing and Urban Development. (2015). HUD USPS ZIP Code Crosswalk. Retrieved on April 20 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/datasets/usps_crosswalk.html)

## A County-Level View of How *King v Burwell* Might Affect Texas Residents and Health Care Providers

By the end of its 2014-2015 term, the United States Supreme Court is expected to issue a ruling in *King v Burwell*. The issue in *King* concerns whether the Internal Revenue Service can lawfully give premium tax subsidies available to everyone who qualifies, regardless of whether they live in a state that has established its own Exchange. The outcome of the case will affect the future of access to tax subsidies for residents of the 34 states that have not established their own Exchange, including 86% of the 1.2 million Texas residents who selected Exchange health plans and are eligible to receive premium subsidies.

States have the option not to establish their own Exchange, as noted. The plaintiffs in *King* do not want insurance, live in a federal Exchange state, and oppose subsidies because were coverage affordable, they would be subject to tax penalties if they did not enroll. For this reason, they have sued, arguing that states that exercise their option to use the federal Exchange effectively disqualify their eligible residents for premium subsidies, because the ACA conditions those subsidies on the presence of a state Exchange.

If the Court sides with the government and determines that the law extends subsidies to all eligible people regardless of whether their state establishes its own Exchange, this would be the end of the matter. But were the Court to side with the plaintiffs and read the ACA to bar subsidies in federal Exchange states, over 1 million Texas residents stand to lose their subsidies unless Congress steps in to ensure that premium subsidies are available in all states, regardless of whether the state uses the federal Exchange. But as of June 2015, there is no Congressional plan to do so. Indeed, the proposal that appears to have garnered the most support among Senate Republicans at this point, one offered by Senator Ron Johnson of Wisconsin, would continue subsidies for those who have them only through Summer 2017. Furthermore, his proposal would bar the government from offering any new subsidies – in *all* states -- starting with the 2016 open enrollment period, which begins November 2015.

What would be the likely effects of this crisis for Texas?

- *A huge jump in premium costs for everyone with individual insurance coverage.* The loss of subsidies would affect the 86% of all persons insured through the Exchange, the proportion of health plan enrollees who rely on subsidies. Virtually all could be expected to drop their insurance for financial reasons. But those who lose their subsidies but somehow manage to hold onto their coverage can be expected to have serious health problems. As a result, as healthy people exit their plans and only the sickest remain, premiums will skyrocket for everyone, including the 14 percent of plan enrollees who do not receive subsidies. The Rand Corporation estimates that premiums can be expected to jump for remaining policy holders by 47%, as the healthiest subsidized policyholders leave.<sup>20</sup>

---

<sup>20</sup> Evan Saltzman and Christine Eibner, The Effect of Eliminating the Affordable Care Act's Tax Credits in Federally-Facilitated Marketplaces (Rand Corporation)  
[http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR900/RR980/RAND\\_RR980.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR900/RR980/RAND_RR980.pdf)

- *A collapsing insurance market.* A loss of the premium subsidies in federal Exchange states does not mean that the market reforms will not continue to apply. Insurers will be required by law to keep selling to anyone regardless of health status, even in states whose residents lose access to subsidies because they use the federal Exchange. As the healthy subsidized policyholders exit because they can no longer afford coverage, insurers would find themselves with “a risk pool filled with high-need, high-cost people, after having priced their 2015 premiums based on a balanced pool containing both healthy and sick people. Claims would quickly outpace premium revenue as insurers lose most of their low-cost, healthy customers but retain customers whose medical costs exceed their premiums.”<sup>21</sup> At this point, experts assume, insurers begin to exit federal Exchange states, leaving residents who depend on the individual insurance market – no matter what their health status or their eligibility for subsidies – without a viable insurance option. Indeed, under their contracts with the federal government, insurers would be permitted to leave midyear in the event that subsidies in the federal Exchange states are declared illegal.<sup>22</sup> While larger insurers might attempt to remain and await a legislative fix (insurers that leave the Exchange are barred from re-entering it for 5 years),<sup>23</sup> the prospect of this death spiral could be expected to force a widespread exodus.
- *Spiraling uncompensated care costs.* Health care providers that experienced financial relief from the creation of the Exchange market would immediately lose the gains they have made against the problem of uncompensated care. Particularly hard hit would be nonprofit hospitals whose community benefit obligations under the Affordable Care Act now require that they maintain a financial assistance policy to make care available to those who cannot pay.<sup>24</sup> The number of people seeking charity care could be expected to rise significantly as previously insured people, diagnosed with serious health conditions, turn to their hospitals for help.
- *The loss of coverage by most who have gained it through the Exchange.* Because such a high proportion of Texans (86 percent or over 1 million people) insured through the Exchange qualify for subsidies as a result of low or moderate family income, most could be expected to give up their coverage, since nearly 4 in 10 people with Exchange coverage report experiencing difficulties paying their monthly premiums, even with the subsidies.<sup>25</sup> Hundreds of thousands of newly insured people (nearly 60 percent of Exchange enrollees nationally were uninsured at the time they purchased coverage) stand to lose access to preventive benefits and primary health care.<sup>26</sup> Thousands of people receiving treatment for serious health conditions would be left

---

<sup>21</sup> Joel Ario, Michael Kolber, and Deborah Bachrach, *King v Burwell: What A Subsidy Shutdown Could Mean for Insurers* (Commonwealth Fund) <http://www.commonwealthfund.org/publications/blog/2015/feb/king-v-burwell-what-shutdown-could-mean-insurers>

<sup>22</sup> Id.

<sup>23</sup> Id.

<sup>24</sup> Section 9007, Patient Protection and Affordable Care Act.

<sup>25</sup> Liz Hamel et al, *Survey of Non-Group Health Insurance Enrollees* (Kaiser Family Foundation, 2015) <http://kff.org/health-reform/report/survey-of-non-group-health-insurance-enrollees/>

<sup>26</sup> Id.

without financial access to care; a significant concern since at least the first generation of Exchange enrollees (those enrolled during the first open enrollment period (2013-2014)) are more likely to report being in poorer health.<sup>27</sup> By 2016, should the Court strike down subsidies for states that use a federal Exchange, an estimated 1.44 million Texans will be uninsured again because they will have lost access to subsidies.<sup>28</sup>

**Appendix A-3 and Figure 4** present county level data on Exchange enrollment by county. **Figure 4** depicts the proportion of Texans enrolled in Exchange plans as of spring 2015, by county. As **Appendix A-3** shows, in 56 counties, 1 in 25 county residents or higher is now enrolled in an Exchange plan, and in 3 counties this figure stands at 6% of all county residents or greater.

**Appendix A-4 and Figure 5** depict hospitals' uncompensated care burden by county, focusing only on that portion of uncompensated care attributable to uninsured residents. In 2013, the year before the ACA took effect, hospital uncompensated care burdens for uninsured patients exceeded \$50 million in 38 counties and \$200 million in 4 counties. Across the country, hospitals' uncompensated care burdens have begun to come down as a result of the insurance expansions. With the loss of insurance coverage for approximately one million residents and the future denial of subsidized coverage for millions more if the federal government loses *King*, the uncompensated care burden borne by hospitals across the state could be expected to return to pre-reform levels. Furthermore, the uncompensated care burden could be expected to climb still higher, as thousands of previously insured adults with serious health conditions, who were receiving treatment on an insured basis, now turn to their community hospitals (as well as their community health centers) for financial help in managing their care.

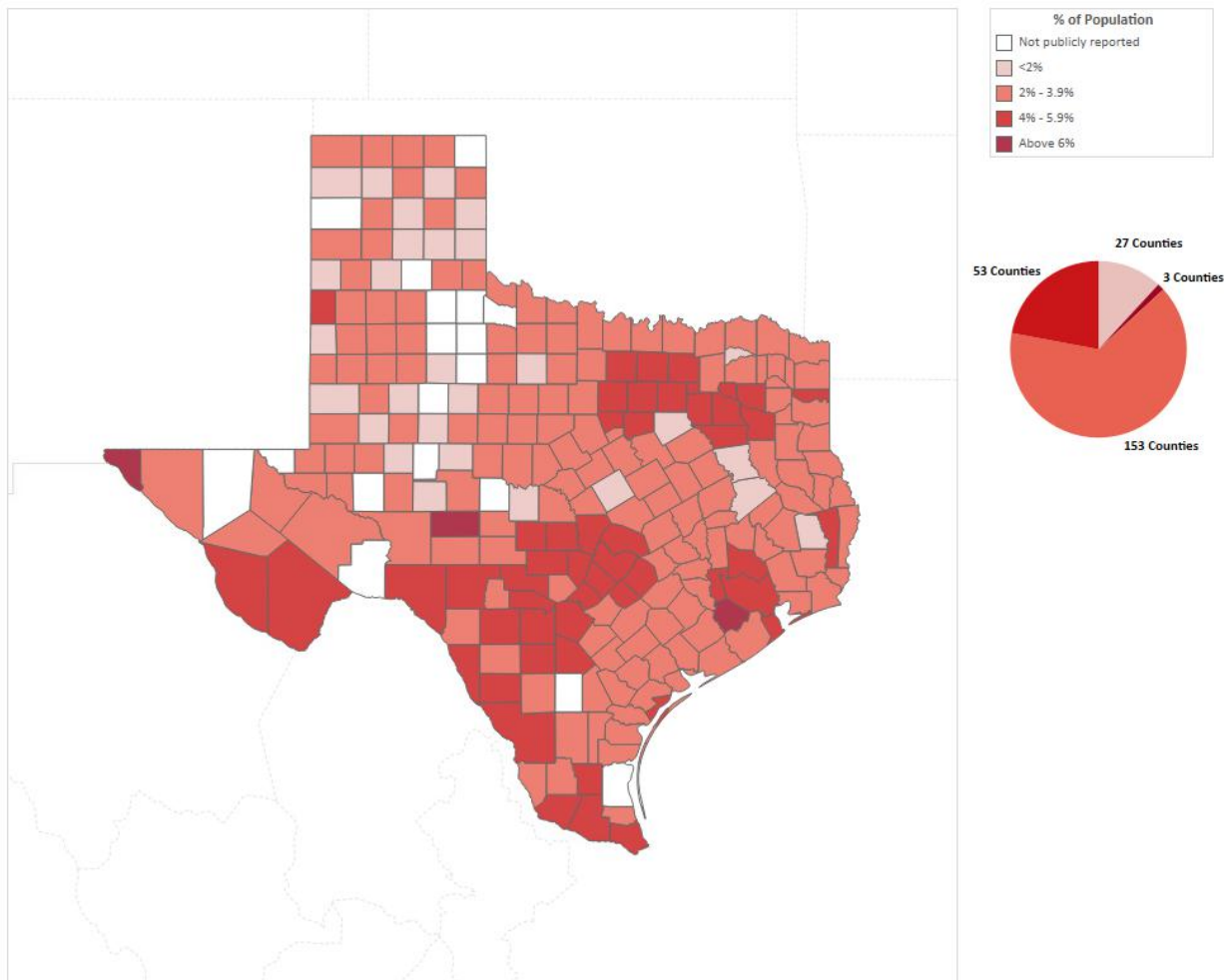
---

<sup>27</sup> Id.

<sup>28</sup> The Combined Effects of Not Expanding Medicaid and Losing Marketplace Assistance, op. cit. <http://www.urban.org/research/publication/combined-effect-not-expanding-medicaid-and-losing-marketplace-assistance>



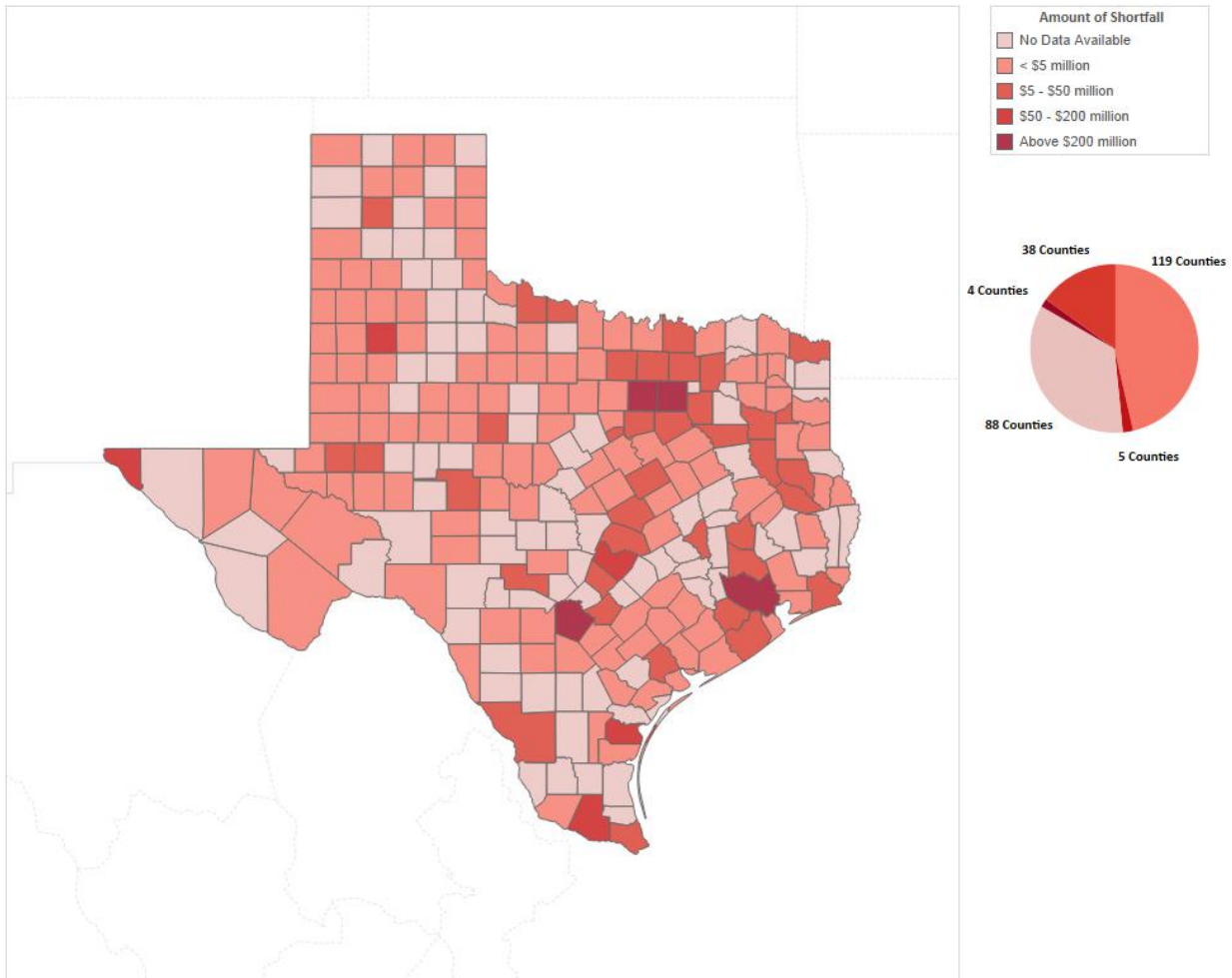
Figure 4. County Residents Enrolled in Exchange Health Plans



Source:

1. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (April 2015). Plan Selections by Zip Code in the Health Insurance Marketplace. Retrieved April 22, 2015, from [http://aspe.hhs.gov/health/reports/2015/marketplaceenrollment/enrollmentbyzip/rpt\\_enrollmentbyzip\\_apr2015.cfm](http://aspe.hhs.gov/health/reports/2015/marketplaceenrollment/enrollmentbyzip/rpt_enrollmentbyzip_apr2015.cfm)
2. U.S. Department of Housing and Urban Development. (2015). *HUD USPS ZIP Code Crosswalk*. Retrieved on April 20 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/datasets/usps_crosswalk.html)

**Figure 5. Hospital Uncompensated Care Shortfalls by County (Uninsured Patients)**



Source: Texas Health and Human Services Commission. (2013). (DY2) Uncompensated Care Payment Calculation Spreadsheet. Retrieved May 12, 2015 from <http://www.hhsc.state.tx.us/rad/hospital-svcs/1115-waiver-pmts.shtml>

### The Human Impact of Texas' High Uninsured Rate

The impact of Texas' decision not to expand Medicaid, coupled with the loss of health insurance if the United States Supreme Court strikes down health insurance subsidies in the federal Exchange, can be measured not only in health care access and cost terms, but in population health terms as well. In an amicus brief to the Court in *King*, Deans of schools of public health as well as the American Public Health Association presented evidence regarding the impact of being uninsured on mortality among adults.<sup>29</sup>

<sup>29</sup> Amicus Brief of Deans of Schools of Public Health and the American Public Health Association to the United States Supreme Court, *King v Burwell*. The brief reviews a landmark study by Benjamin Sommers and colleagues

Because having health insurance is so closely associated with access to health care, gains in coverage reduce preventable adult deaths, with 1 death prevented for every 830 adults insured. Extrapolating from these figures, we estimated that the more than two million Texans who are uninsured -- either because the state has not expanded Medicaid or because of the potential impact of *King* on affordable insurance -- which translates into more than 2400 preventable adult deaths annually.

## Discussion

The Affordable Care Act gives Texas basic choices about how to help its uninsured residents. First, the state can expand Medicaid for poor uninsured working-age adults, with costs almost entirely borne by the federal government and with a return of nearly \$10.00 for every \$1.00 the state lays out in new expenditures over the 2015-2024 time period. By factoring in the savings the state could realize from reduced uncompensated care costs, the savings grow still further. One-and-a-half million Texans, most residing in working families, and nearly all without access to employer coverage for one reason or another, would benefit, bringing enormous additional resources to the state's health care system. Texas can implement the Medicaid expansion at any time.

The second choice is to establish a state Exchange, which Texas has not taken. As a result, it is one of the 34 states caught in the potential crisis created by a decision in *King v Burwell* striking down premium subsidies in the federal Exchange. Among the federal Exchange states, some have developed formal Partnerships with the federal government, and these Partnership states may be able to qualify as state-established Exchanges. Texas is not one of these 7 states, however.

It is likely that there will be no speedy resolution of the crisis in Congress should the United States Supreme Court strike down tax subsidies for residents of federal Exchange states in *King v Burwell*. If Texas is to avoid the rapid loss of tax subsidies for residents, the exodus of insurers from their markets, an intensifying strain on its health care system, and an increase in uncompensated care, then policymakers must be ready to rapidly move to establish an Exchange in the event of a loss in *King*. Observers expect that in the wake of such a loss, the Administration may issue guidance on steps that federal Exchange states can take to move toward state establishment. With a potentially long delay in Congress, immediate action on the part of Texas' elected officials must be an absolute priority if the demise of coverage for over a million people is to be avoided. The subsequent unraveling of the insurance market and the rise in uninsured, coupled with an increase in uncompensated care costs would impact every Texan.

---

on the impact of Massachusetts' Medicaid expansion under its health reform law on mortality among low income working-age adults. Benjamin D. Sommers, Katherine Baicker, and Arnold Epstein, Mortality and Access to Care Among Adults after State Medicaid Expansion, *New Eng. Jour. Med.* 367: 1025-1034 (2012)

## Appendices

**A-1 Uninsured Texas Residents, By County**

**A-2 Uninsured Low Income Texas Residents, by County**

**A-3 Texas Exchange Enrollees, By County**

**A-4 Hospital Uncompensated Care Costs for Uninsured Patients, by County**

GW Affordable Care Act Texas Impact Analysis

**A-1 Uninsured Texas Residents, By County**

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Anderson	57,938	26,085	7,272	12.6%	27.9%
Andrews	16,799	9,967	2,912	17.3%	29.2%
Angelina	87,441	49,782	15,072	17.2%	30.3%
Aransas	24,356	13,185	4,090	16.8%	31.0%
Archer	8,681	5,160	1,359	15.7%	26.3%
Armstrong	1,949	1,089	320	16.4%	29.4%
Atascosa	47,093	27,289	8,114	17.2%	29.7%
Austin	28,847	16,775	4,717	16.4%	28.1%
Bailey	7,114	3,819	1,585	22.3%	41.5%
Bandera	20,601	11,943	3,260	15.8%	27.3%
Bastrop	75,825	44,410	13,959	18.4%	31.4%
Baylor	3,614	1,963	616	17.0%	31.4%
Bee	32,799	14,726	4,108	12.5%	27.9%
Bell	326,843	199,042	45,929	14.1%	23.1%
Bexar	1,817,610	1,108,327	307,074	16.9%	27.7%
Blanco	10,723	6,245	1,915	17.9%	30.7%
Borden	637	366	65	10.2%	17.8%
Bosque	17,855	9,761	3,042	17.0%	31.2%
Bowie	93,487	51,536	12,367	13.2%	24.0%
Brazoria	330,242	196,312	48,432	14.7%	24.7%
Brazos	203,164	132,782	32,925	16.2%	24.8%
Brewster	9,286	5,710	1,569	16.9%	27.5%
Briscoe	1,537	829	367	23.9%	44.3%
Brooks	7,237	3,881	1,254	17.3%	32.3%
Brown	37,749	21,093	5,814	15.4%	27.6%
Burleson	17,169	9,976	3,163	18.4%	31.7%
Burnet	43,823	24,060	7,587	17.3%	31.5%
Caldwell	39,232	23,325	7,138	18.2%	30.6%
Calhoun	21,806	12,789	3,664	16.8%	28.6%
Callahan	13,525	7,845	2,175	16.1%	27.7%
Cameron	417,276	232,083	110,197	26.4%	47.5%
Camp	12,413	7,096	2,454	19.8%	34.6%
Carson	6,010	3,459	771	12.8%	22.3%
Cass	30,331	17,170	4,264	14.1%	24.8%
Castro	8,030	4,447	1,963	24.4%	44.1%
Chambers	36,812	22,419	5,141	14.0%	22.9%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Cherokee	50,878	27,400	9,635	18.9%	35.2%
Childress	7,095	3,146	794	11.2%	25.2%
Clay	10,473	6,097	1,467	14.0%	24.1%
Cochran	3,016	1,698	677	22.4%	39.9%
Coke	3,210	1,729	504	15.7%	29.1%
Coleman	8,543	4,723	1,490	17.4%	31.5%
Collin	854,778	534,819	99,346	11.6%	18.6%
Collingsworth	3,099	1,668	693	22.4%	41.5%
Colorado	20,752	11,714	3,552	17.1%	30.3%
Comal	118,480	70,175	16,289	13.7%	23.2%
Comanche	13,623	7,411	2,762	20.3%	37.3%
Concho	4,043	1,303	390	9.6%	29.9%
Cooke	38,467	22,261	6,568	17.1%	29.5%
Coryell	76,192	39,150	9,782	12.8%	25.0%
Cottle	1,452	786	306	21.1%	38.9%
Crane	4,773	2,789	801	16.8%	28.7%
Crockett	3,807	2,220	692	18.2%	31.2%
Crosby	5,991	3,239	1,144	19.1%	35.3%
Culberson	2,277	1,338	497	21.8%	37.1%
Dallam	7,057	4,192	1,693	24.0%	40.4%
Dallas	2,480,331	1,553,633	554,447	22.4%	35.7%
Dawson	13,810	6,379	2,070	15.0%	32.5%
Deaf Smith	19,177	10,777	3,980	20.8%	36.9%
Delta	5,238	2,939	903	17.2%	30.7%
Denton	728,799	464,832	94,545	13.0%	20.3%
DeWitt	20,503	10,615	2,660	13.0%	25.1%
Dickens	2,291	1,069	365	15.9%	34.1%
Dimmit	10,897	6,051	1,846	16.9%	30.5%
Donley	3,522	1,857	620	17.6%	33.4%
Duval	11,640	6,117	1,823	15.7%	29.8%
Eastland	18,245	9,894	3,243	17.8%	32.8%
Ector	149,378	88,985	27,414	18.4%	30.8%
Edwards	1,884	1,022	406	21.5%	39.7%
El Paso	827,718	487,231	189,519	22.9%	38.9%
Ellis	155,976	94,128	24,862	15.9%	26.4%
Erath	39,658	23,510	8,303	20.9%	35.3%
Falls	17,493	9,005	2,739	15.7%	30.4%
Fannin	33,659	18,022	5,347	15.9%	29.7%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Fayette	24,821	13,653	3,931	15.8%	28.8%
Fisher	3,856	2,166	566	14.7%	26.1%
Floyd	6,230	3,391	1,181	19.0%	34.8%
Foard	1,277	696	239	18.7%	34.3%
Fort Bend	652,365	403,889	85,304	13.1%	21.1%
Franklin	10,660	5,889	1,758	16.5%	29.9%
Freestone	19,646	10,294	3,053	15.5%	29.7%
Frio	18,065	8,470	2,549	14.1%	30.1%
Gaines	18,921	10,466	4,291	22.7%	41.0%
Galveston	306,782	189,028	45,032	14.7%	23.8%
Garza	6,317	2,383	714	11.3%	30.0%
Gillespie	25,357	13,241	4,178	16.5%	31.6%
Glasscock	1,251	737	167	13.3%	22.7%
Goliad	7,465	4,303	953	12.8%	22.1%
Gonzales	20,312	11,520	4,223	20.8%	36.7%
Gray	23,043	12,217	3,672	15.9%	30.1%
Grayson	122,353	71,456	19,429	15.9%	27.2%
Gregg	123,024	71,730	20,640	16.8%	28.8%
Grimes	26,859	14,227	4,485	16.7%	31.5%
Guadalupe	143,183	85,557	21,126	14.8%	24.7%
Hale	35,764	18,595	6,201	17.3%	33.3%
Hall	3,239	1,675	733	22.6%	43.8%
Hamilton	8,310	4,405	1,432	17.2%	32.5%
Hansford	5,555	3,124	1,025	18.5%	32.8%
Hardeman	4,016	2,279	680	16.9%	29.8%
Hardin	55,417	33,256	7,344	13.3%	22.1%
Harris	4,336,853	2,731,315	912,690	21.0%	33.4%
Harrison	66,886	38,641	10,055	15.0%	26.0%
Hartley	6,100	2,564	683	11.2%	26.6%
Haskell	5,875	2,943	842	14.3%	28.6%
Hays	176,026	110,127	27,162	15.4%	24.7%
Hemphill	4,158	2,335	663	15.9%	28.4%
Henderson	78,675	44,333	13,943	17.7%	31.5%
Hidalgo	815,996	453,259	232,356	28.5%	51.3%
Hill	34,823	19,272	6,217	17.9%	32.3%
Hockley	23,530	13,425	3,840	16.3%	28.6%
Hood	52,905	29,157	7,685	14.5%	26.4%
Hopkins	35,565	20,519	6,735	18.9%	32.8%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Houston	22,911	11,324	3,577	15.6%	31.6%
Howard	36,147	18,084	4,505	12.5%	24.9%
Hudspeth	3,318	1,852	810	24.4%	43.7%
Hunt	87,048	51,348	15,776	18.1%	30.7%
Hutchinson	21,819	12,745	3,525	16.2%	27.7%
Irion	1,612	953	221	13.7%	23.2%
Jack	8,957	4,488	1,405	15.7%	31.3%
Jackson	14,591	8,245	2,157	14.8%	26.2%
Jasper	35,649	19,947	5,375	15.1%	26.9%
Jeff Davis	2,253	1,279	444	19.7%	34.7%
Jefferson	252,358	145,360	42,149	16.7%	29.0%
Jim Hogg	5,245	2,849	973	18.6%	34.2%
Jim Wells	41,680	23,951	6,660	16.0%	27.8%
Johnson	154,707	91,802	26,056	16.8%	28.4%
Jones	19,859	8,571	2,644	13.3%	30.8%
Karnes	15,081	7,015	1,599	10.6%	22.8%
Kaufman	108,568	64,941	17,928	16.5%	27.6%
Kendall	37,766	21,575	4,949	13.1%	22.9%
Kenedy	412	255	62	15.0%	24.3%
Kent	807	391	114	14.1%	29.2%
Kerr	49,953	25,926	7,656	15.3%	29.5%
Kimble	4,481	2,465	878	19.6%	35.6%
King	285	175	35	12.3%	20.0%
Kinney	3,586	1,650	503	14.0%	30.5%
Kleberg	32,101	18,420	5,615	17.5%	30.5%
Knox	3,767	1,978	711	18.9%	35.9%
La Salle	7,369	3,323	1,053	14.3%	31.7%
Lamar	49,426	28,562	8,561	17.3%	30.0%
Lamb	13,775	7,525	2,757	20.0%	36.6%
Lampasas	20,222	11,892	3,615	17.9%	30.4%
Lavaca	19,581	10,623	2,880	14.7%	27.1%
Lee	16,628	9,715	2,862	17.2%	29.5%
Leon	16,742	9,138	2,969	17.7%	32.5%
Liberty	76,907	43,602	13,686	17.8%	31.4%
Limestone	23,326	12,665	3,587	15.4%	28.3%
Lipscomb	3,485	2,027	665	19.1%	32.8%
Live Oak	11,867	6,201	1,566	13.2%	25.3%
Llano	19,444	9,905	2,793	14.4%	28.2%



GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Loving	95	60	12	12.6%	20.0%
Lubbock	289,324	177,372	48,151	16.6%	27.1%
Lynn	5,723	3,224	1,023	17.9%	31.7%
Madison	13,781	6,439	2,177	15.8%	33.8%
Marion	10,235	5,965	1,695	16.6%	28.4%
Martin	5,312	3,064	881	16.6%	28.8%
Mason	4,128	2,138	915	22.2%	42.8%
Matagorda	36,592	21,496	6,668	18.2%	31.0%
Maverick	55,932	30,813	13,553	24.2%	44.0%
McCulloch	8,330	4,548	1,470	17.6%	32.3%
McLennan	241,481	143,329	40,465	16.8%	28.2%
McMullen	764	433	82	10.7%	18.9%
Medina	47,399	26,712	7,465	15.7%	27.9%
Menard	2,148	1,124	441	20.5%	39.2%
Midland	151,468	92,998	23,271	15.4%	25.0%
Milam	24,167	13,399	3,915	16.2%	29.2%
Mills	4,907	2,601	1,006	20.5%	38.7%
Mitchell	9,402	4,007	1,133	12.1%	28.3%
Montague	19,503	10,903	3,107	15.9%	28.5%
Montgomery	499,137	302,085	75,255	15.1%	24.9%
Moore	22,141	12,910	4,629	20.9%	35.9%
Morris	12,834	7,236	2,150	16.8%	29.7%
Motley	1,196	625	216	18.1%	34.6%
Nacogdoches	65,330	37,205	12,159	18.6%	32.7%
Navarro	48,038	27,564	9,209	19.2%	33.4%
Newton	14,140	7,911	2,073	14.7%	26.2%
Nolan	15,037	8,445	2,360	15.7%	27.9%
Nueces	352,107	214,355	62,144	17.6%	29.0%
Ochiltree	10,806	6,229	2,187	20.2%	35.1%
Oldham	2,102	1,173	272	12.9%	23.2%
Orange	82,957	50,054	10,966	13.2%	21.9%
Palo Pinto	27,889	16,014	5,554	19.9%	34.7%
Panola	23,870	13,883	3,536	14.8%	25.5%
Parker	121,418	71,493	16,754	13.8%	23.4%
Parmer	9,965	5,772	2,191	22.0%	38.0%
Pecos	15,697	7,978	2,503	15.9%	31.4%
Polk	45,790	23,336	7,314	16.0%	31.3%
Potter	121,661	69,002	23,748	19.5%	34.4%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Presidio	7,201	3,864	1,619	22.5%	41.9%
Rains	11,065	6,218	1,990	18.0%	32.0%
Randall	126,474	76,805	15,543	12.3%	20.2%
Reagan	3,601	2,132	729	20.2%	34.2%
Real	3,350	1,818	631	18.8%	34.7%
Red River	12,470	7,091	2,262	18.1%	31.9%
Reeves	13,965	6,110	1,903	13.6%	31.1%
Refugio	7,305	4,026	1,045	14.3%	26.0%
Roberts	831	461	78	9.4%	16.9%
Robertson	16,486	9,458	3,117	18.9%	33.0%
Rockwall	85,245	50,846	10,826	12.7%	21.3%
Runnels	10,309	5,619	1,763	17.1%	31.4%
Rusk	53,622	28,464	8,505	15.9%	29.9%
Sabine	10,361	5,493	1,518	14.7%	27.6%
San Augustine	8,769	4,774	1,464	16.7%	30.7%
San Jacinto	26,856	15,586	4,912	18.3%	31.5%
San Patricio	66,137	38,558	10,512	15.9%	27.3%
San Saba	6,012	2,953	1,121	18.6%	38.0%
Schleicher	3,206	1,826	550	17.2%	30.1%
Scurry	17,302	8,984	2,453	14.2%	27.3%
Shackelford	3,375	1,959	546	16.2%	27.9%
Shelby	25,792	14,858	5,110	19.8%	34.4%
Sherman	3,093	1,781	654	21.1%	36.7%
Smith	216,080	126,347	37,752	17.5%	29.9%
Somervell	8,658	5,047	1,283	14.8%	25.4%
Starr	61,963	34,066	15,957	25.8%	46.8%
Stephens	9,247	4,955	1,651	17.9%	33.3%
Sterling	1,219	698	146	12.0%	20.9%
Stonewall	1,432	762	235	16.4%	30.8%
Sutton	4,006	2,326	705	17.6%	30.3%
Swisher	7,763	3,806	1,295	16.7%	34.0%
Tarrant	1,911,541	1,183,267	335,815	17.6%	28.4%
Taylor	134,117	79,380	21,321	15.9%	26.9%
Terrell	903	518	194	21.5%	37.5%
Terry	12,743	6,469	2,342	18.4%	36.2%
Throckmorton	1,600	854	299	18.7%	35.0%
Titus	32,581	18,580	7,145	21.9%	38.5%
Tom Green	114,954	67,225	18,160	15.8%	27.0%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	Uninsured aged 18-64	% Uninsured aged 18 - 64 of total population	% Uninsured aged 18-64 of adult population
Travis	1,120,954	748,979	184,925	16.5%	24.7%
Trinity	14,393	8,049	2,484	17.3%	30.9%
Tyler	21,464	11,129	3,054	14.2%	27.4%
Upshur	39,884	23,374	6,473	16.2%	27.7%
Upton	3,372	1,907	565	16.8%	29.6%
Uvalde	26,926	14,869	5,293	19.7%	35.6%
Val Verde	48,623	26,493	9,860	20.3%	37.2%
Van Zandt	52,481	29,825	9,228	17.6%	30.9%
Victoria	90,028	53,061	14,992	16.7%	28.3%
Walker	68,817	34,349	9,607	14.0%	28.0%
Waller	45,213	25,607	8,559	18.9%	33.4%
Ward	11,244	6,424	1,763	15.7%	27.4%
Washington	34,147	18,783	5,102	14.9%	27.2%
Webb	262,495	148,392	70,210	26.7%	47.3%
Wharton	41,216	23,925	7,561	18.3%	31.6%
Wheeler	5,751	3,251	1,007	17.5%	31.0%
Wichita	132,047	73,169	19,560	14.8%	26.7%
Wilbarger	13,131	7,676	2,263	17.2%	29.5%
Willacy	21,921	10,499	3,957	18.1%	37.7%
Williamson	471,014	287,059	56,889	12.1%	19.8%
Wilson	45,418	27,327	6,259	13.8%	22.9%
Winkler	7,606	4,342	1,344	17.7%	31.0%
Wise	60,939	36,131	9,749	16.0%	27.0%
Wood	42,306	22,079	6,895	16.3%	31.2%
Yoakum	8,184	4,570	1,497	18.3%	32.8%
Young	18,341	10,309	3,298	18.0%	32.0%
Zapata	14,390	7,930	3,536	24.6%	44.6%
Zavala	12,156	6,560	2,286	18.8%	34.8%
Totals	26,390,255	15,957,836	4,808,671	18.2%	30.1%

*Note: No Texas counties contain less than 16.9% uninsured adults as a percentage of the total adult population.*

*Source:*

1. U.S. Census Bureau. (2015, March). Small Area Health Insurance Estimates (SAHIE): 2013 estimates. Retrieved May 8, 2015 from <http://www.census.gov/did/www/sahie/data/20082013/index.html>
2. U.S. Department of Housing and Urban Development. (2015). HUD USPS ZIP Code Crosswalk. Retrieved on April 20 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/datasets/usps_crosswalk.html)

GW Affordable Care Act Texas Impact Analysis

**A-2 Uninsured Low Income Texas Residents, by County**

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Anderson	57,938	26,085	6,982	3,306	47.4%
Andrews	16,799	9,967	1,474	912	61.9%
Angelina	87,441	49,782	13,695	6,716	49.0%
Aransas	24,356	13,185	3,347	1,734	51.8%
Archer	8,681	5,160	808	452	55.9%
Armstrong	1,949	1,089	200	118	59.0%
Atascosa	47,093	27,289	6,813	3,444	50.6%
Austin	28,847	16,775	2,801	1,625	58.0%
Bailey	7,114	3,819	1,176	695	59.1%
Bandera	20,601	11,943	2,277	1,220	53.6%
Bastrop	75,825	44,410	9,793	5,665	57.8%
Baylor	3,614	1,963	583	280	48.0%
Bee	32,799	14,726	3,882	1,660	42.8%
Bell	326,843	199,042	45,347	17,904	39.5%
Bexar	1,817,610	1,108,327	273,933	128,645	47.0%
Blanco	10,723	6,245	1,170	689	58.9%
Borden	637	366	53	22	41.5%
Bosque	17,855	9,761	2,308	1,234	53.5%
Bowie	93,487	51,536	13,603	5,461	40.1%
Brazoria	330,242	196,312	28,979	16,885	58.3%
Brazos	203,164	132,782	52,772	17,968	34.0%
Brewster	9,286	5,710	1,432	664	46.4%
Briscoe	1,537	829	225	144	64.0%
Brooks	7,237	3,881	1,421	650	45.7%
Brown	37,749	21,093	5,704	2,616	45.9%
Burleson	17,169	9,976	2,100	1,200	57.1%
Burnet	43,823	24,060	5,409	2,985	55.2%
Caldwell	39,232	23,325	6,575	3,203	48.7%
Calhoun	21,806	12,789	3,165	1,604	50.7%
Callahan	13,525	7,845	1,753	858	48.9%
Cameron	417,276	232,083	94,558	59,939	63.4%
Camp	12,413	7,096	2,165	1,167	53.9%
Carson	6,010	3,459	455	228	50.1%
Cass	30,331	17,170	4,640	1,914	41.3%
Castro	8,030	4,447	1,434	887	61.9%
Chambers	36,812	22,419	2,778	1,754	63.1%
Cherokee	50,878	27,400	8,609	4,753	55.2%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Childress	7,095	3,146	843	353	41.9%
Clay	10,473	6,097	1,054	513	48.7%
Cochran	3,016	1,698	515	308	59.8%
Coke	3,210	1,729	376	186	49.5%
Coleman	8,543	4,723	1,504	690	45.9%
Collin	854,778	534,819	57,508	32,361	56.3%
Collingsworth	3,099	1,668	478	296	61.9%
Colorado	20,752	11,714	2,555	1,391	54.4%
Comal	118,480	70,175	10,692	5,832	54.5%
Comanche	13,623	7,411	2,284	1,305	57.1%
Concho	4,043	1,303	342	170	49.7%
Cooke	38,467	22,261	4,724	2,597	55.0%
Coryell	76,192	39,150	10,586	4,229	39.9%
Cottle	1,452	786	272	140	51.5%
Crane	4,773	2,789	410	256	62.4%
Crockett	3,807	2,220	440	250	56.8%
Crosby	5,991	3,239	1,078	556	51.6%
Culberson	2,277	1,338	424	220	51.9%
Dallam	7,057	4,192	1,118	639	57.2%
Dallas	2,480,331	1,553,633	401,143	235,375	58.7%
Dawson	13,810	6,379	1,599	825	51.6%
Deaf Smith	19,177	10,777	3,120	1,699	54.5%
Delta	5,238	2,939	780	401	51.4%
Denton	728,799	464,832	64,100	33,040	51.5%
DeWitt	20,503	10,615	2,236	1,006	45.0%
Dickens	2,291	1,069	305	155	50.8%
Dimmit	10,897	6,051	1,871	886	47.4%
Donley	3,522	1,857	557	271	48.7%
Duval	11,640	6,117	1,666	807	48.4%
Eastland	18,245	9,894	2,798	1,438	51.4%
Ector	149,378	88,985	18,872	10,067	53.3%
Edwards	1,884	1,022	272	160	58.8%
El Paso	827,718	487,231	154,626	89,263	57.7%
Ellis	155,976	94,128	16,405	9,065	55.3%
Erath	39,658	23,510	7,616	3,949	51.9%
Falls	17,493	9,005	2,819	1,267	44.9%
Fannin	33,659	18,022	4,619	2,216	48.0%
Fayette	24,821	13,653	2,450	1,393	56.9%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Fisher	3,856	2,166	476	226	47.5%
Floyd	6,230	3,391	932	509	54.6%
Foard	1,277	696	195	98	50.3%
Fort Bend	652,365	403,889	45,242	27,651	61.1%
Franklin	10,660	5,889	1,424	789	55.4%
Freestone	19,646	10,294	2,248	1,248	55.5%
Frio	18,065	8,470	2,662	1,176	44.2%
Gaines	18,921	10,466	2,354	1,546	65.7%
Galveston	306,782	189,028	34,110	17,494	51.3%
Garza	6,317	2,383	562	289	51.4%
Gillespie	25,357	13,241	2,315	1,366	59.0%
Glasscock	1,251	737	80	46	57.5%
Goliad	7,465	4,303	766	365	47.7%
Gonzales	20,312	11,520	3,349	1,915	57.2%
Gray	23,043	12,217	2,495	1,358	54.4%
Grayson	122,353	71,456	16,430	7,698	46.9%
Gregg	123,024	71,730	17,213	8,441	49.0%
Grimes	26,859	14,227	3,348	1,853	55.3%
Guadalupe	143,183	85,557	13,459	7,229	53.7%
Hale	35,764	18,595	5,403	2,771	51.3%
Hall	3,239	1,675	591	350	59.2%
Hamilton	8,310	4,405	1,145	574	50.1%
Hansford	5,555	3,124	588	363	61.7%
Hardeman	4,016	2,279	650	312	48.0%
Hardin	55,417	33,256	5,824	2,684	46.1%
Harris	4,336,853	2,731,315	653,147	372,835	57.1%
Harrison	66,886	38,641	8,745	4,194	48.0%
Hartley	6,100	2,564	375	212	56.5%
Haskell	5,875	2,943	771	354	45.9%
Hays	176,026	110,127	26,702	12,421	46.5%
Hemphill	4,158	2,335	317	200	63.1%
Henderson	78,675	44,333	12,347	6,232	50.5%
Hidalgo	815,996	453,259	192,649	131,975	68.5%
Hill	34,823	19,272	5,177	2,742	53.0%
Hockley	23,530	13,425	3,057	1,540	50.4%
Hood	52,905	29,157	5,234	2,798	53.5%
Hopkins	35,565	20,519	5,421	2,884	53.2%
Houston	22,911	11,324	3,492	1,646	47.1%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Howard	36,147	18,084	4,180	1,755	42.0%
Hudspeth	3,318	1,852	709	435	61.4%
Hunt	87,048	51,348	13,332	7,037	52.8%
Hutchinson	21,819	12,745	2,565	1,350	52.6%
Irion	1,612	953	137	68	49.6%
Jack	8,957	4,488	950	539	56.7%
Jackson	14,591	8,245	1,604	796	49.6%
Jasper	35,649	19,947	4,984	2,362	47.4%
Jeff Davis	2,253	1,279	263	153	58.2%
Jefferson	252,358	145,360	37,599	19,118	50.8%
Jim Hogg	5,245	2,849	838	455	54.3%
Jim Wells	41,680	23,951	6,226	2,879	46.2%
Johnson	154,707	91,802	17,237	9,510	55.2%
Jones	19,859	8,571	2,149	1,089	50.7%
Karnes	15,081	7,015	1,476	623	42.2%
Kaufman	108,568	64,941	11,566	6,499	56.2%
Kendall	37,766	21,575	2,283	1,381	60.5%
Kenedy	412	255	95	29	30.5%
Kent	807	391	92	48	52.2%
Kerr	49,953	25,926	6,101	3,149	51.6%
Kimble	4,481	2,465	643	361	56.1%
King	285	175	45	15	33.3%
Kinney	3,586	1,650	377	210	55.7%
Kleberg	32,101	18,420	6,324	2,889	45.7%
Knox	3,767	1,978	583	319	54.7%
La Salle	7,369	3,323	957	467	48.8%
Lamar	49,426	28,562	8,026	3,722	46.4%
Lamb	13,775	7,525	2,330	1,277	54.8%
Lampasas	20,222	11,892	2,807	1,510	53.8%
Lavaca	19,581	10,623	1,946	1,043	53.6%
Lee	16,628	9,715	1,856	1,057	57.0%
Leon	16,742	9,138	2,119	1,217	57.4%
Liberty	76,907	43,602	10,437	5,623	53.9%
Limestone	23,326	12,665	3,387	1,604	47.4%
Lipscomb	3,485	2,027	376	227	60.4%
Live Oak	11,867	6,201	1,145	576	50.3%
Llano	19,444	9,905	2,107	1,082	51.4%
Loving	95	60	12	4	33.3%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Lubbock	289,324	177,372	51,972	22,134	42.6%
Lynn	5,723	3,224	772	416	53.9%
Madison	13,781	6,439	1,778	967	54.4%
Marion	10,235	5,965	1,677	745	44.4%
Martin	5,312	3,064	543	317	58.4%
Mason	4,128	2,138	550	352	64.0%
Matagorda	36,592	21,496	5,469	2,842	52.0%
Maverick	55,932	30,813	11,726	6,938	59.2%
McCulloch	8,330	4,548	1,309	673	51.4%
McLennan	241,481	143,329	43,006	19,315	44.9%
McMullen	764	433	31	20	64.5%
Medina	47,399	26,712	5,706	2,918	51.1%
Menard	2,148	1,124	354	190	53.7%
Midland	151,468	92,998	13,205	7,112	53.9%
Milam	24,167	13,399	3,631	1,721	47.4%
Mills	4,907	2,601	694	412	59.4%
Mitchell	9,402	4,007	840	428	51.0%
Montague	19,503	10,903	2,375	1,184	49.9%
Montgomery	499,137	302,085	49,536	28,644	57.8%
Moore	22,141	12,910	3,119	1,853	59.4%
Morris	12,834	7,236	2,052	1,011	49.3%
Motley	1,196	625	184	95	51.6%
Nacogdoches	65,330	37,205	12,248	6,093	49.7%
Navarro	48,038	27,564	7,966	4,285	53.8%
Newton	14,140	7,911	2,043	901	44.1%
Nolan	15,037	8,445	2,218	1,009	45.5%
Nueces	352,107	214,355	53,444	25,698	48.1%
Ochiltree	10,806	6,229	1,180	775	65.7%
Oldham	2,102	1,173	259	111	42.9%
Orange	82,957	50,054	10,510	4,437	42.2%
Palo Pinto	27,889	16,014	4,563	2,364	51.8%
Panola	23,870	13,883	2,646	1,314	49.7%
Parker	121,418	71,493	10,903	5,842	53.6%
Parmer	9,965	5,772	1,519	884	58.2%
Pecos	15,697	7,978	1,705	973	57.1%
Polk	45,790	23,336	6,552	3,207	48.9%
Potter	121,661	69,002	21,520	10,917	50.7%
Presidio	7,201	3,864	1,204	718	59.6%



GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Rains	11,065	6,218	1,471	763	51.9%
Randall	126,474	76,805	12,629	5,683	45.0%
Reagan	3,601	2,132	323	216	66.9%
Real	3,350	1,818	544	280	51.5%
Red River	12,470	7,091	2,077	991	47.7%
Reeves	13,965	6,110	1,509	780	51.7%
Refugio	7,305	4,026	853	411	48.2%
Roberts	831	461	56	27	48.2%
Robertson	16,486	9,458	2,570	1,351	52.6%
Rockwall	85,245	50,846	5,043	3,195	63.4%
Runnels	10,309	5,619	1,455	750	51.5%
Rusk	53,622	28,464	6,311	3,439	54.5%
Sabine	10,361	5,493	1,432	663	46.3%
San Augustine	8,769	4,774	1,475	675	45.8%
San Jacinto	26,856	15,586	3,765	1,994	53.0%
San Patricio	66,137	38,558	8,334	4,017	48.2%
San Saba	6,012	2,953	874	489	55.9%
Schleicher	3,206	1,826	375	203	54.1%
Scurry	17,302	8,984	1,709	883	51.7%
Shackelford	3,375	1,959	414	211	51.0%
Shelby	25,792	14,858	4,471	2,393	53.5%
Sherman	3,093	1,781	410	255	62.2%
Smith	216,080	126,347	29,736	15,740	52.9%
Somervell	8,658	5,047	922	497	53.9%
Starr	61,963	34,066	15,002	9,270	61.8%
Stephens	9,247	4,955	1,265	683	54.0%
Sterling	1,219	698	71	44	62.0%
Stonewall	1,432	762	174	91	52.3%
Sutton	4,006	2,326	369	222	60.2%
Swisher	7,763	3,806	1,130	571	50.5%
Tarrant	1,911,541	1,183,267	238,425	130,859	54.9%
Taylor	134,117	79,380	20,493	8,941	43.6%
Terrell	903	518	126	78	61.9%
Terry	12,743	6,469	1,813	993	54.8%
Throckmorton	1,600	854	192	106	55.2%
Titus	32,581	18,580	5,462	3,336	61.1%
Tom Green	114,954	67,225	16,120	7,375	45.8%
Travis	1,120,954	748,979	168,134	77,021	45.8%

GW Affordable Care Act Texas Impact Analysis

County	Total County Population	County Population aged 18 - 64	18-64 under 138% FPL	Uninsured 18-64, under 138% FPL	% Uninsured of 18-64 under 138% FPL
Trinity	14,393	8,049	2,246	1,087	48.4%
Tyler	21,464	11,129	2,874	1,323	46.0%
Upshur	39,884	23,374	5,118	2,549	49.8%
Upton	3,372	1,907	327	197	60.2%
Uvalde	26,926	14,869	4,964	2,584	52.1%
Val Verde	48,623	26,493	7,466	4,280	57.3%
Van Zandt	52,481	29,825	7,054	3,638	51.6%
Victoria	90,028	53,061	11,706	5,919	50.6%
Walker	68,817	34,349	10,964	4,740	43.2%
Waller	45,213	25,607	6,432	3,779	58.8%
Ward	11,244	6,424	1,221	638	52.3%
Washington	34,147	18,783	3,958	2,013	50.9%
Webb	262,495	148,392	56,652	36,795	64.9%
Wharton	41,216	23,925	5,778	3,021	52.3%
Wheeler	5,751	3,251	588	369	62.8%
Wichita	132,047	73,169	17,668	8,058	45.6%
Wilbarger	13,131	7,676	2,067	956	46.3%
Willacy	21,921	10,499	4,279	2,258	52.8%
Williamson	471,014	287,059	35,360	17,742	50.2%
Wilson	45,418	27,327	3,999	2,148	53.7%
Winkler	7,606	4,342	748	465	62.2%
Wise	60,939	36,131	6,033	3,349	55.5%
Wood	42,306	22,079	5,351	2,847	53.2%
Yoakum	8,184	4,570	813	536	65.9%
Young	18,341	10,309	2,381	1,298	54.5%
Zapata	14,390	7,930	2,617	1,710	65.3%
Zavala	12,156	6,560	2,581	1,222	47.3%
<b>Totals</b>	<b>26,448,193</b>	<b>15,983,921</b>	<b>3,750,422</b>	<b>2,028,470</b>	<b>54.1%</b>

Source:

1. U.S. Census Bureau. (2015, March). Small Area Health Insurance Estimates (SAHIE): 2013 estimates. Retrieved May 8, 2015 from <http://www.census.gov/did/www/sahie/data/20082013/index.html>
2. U.S. Department of Housing and Urban Development. (2015). HUD USPS ZIP Code Crosswalk. Retrieved on April 20 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/datasets/usps_crosswalk.html)

**A-3 Texas Exchange Enrollees, By County**

<b>County</b>	<b>County Population</b>	<b>County Enrollment</b>	<b>Enrollment % of Population</b>
Anderson	57,938	1,111	1.9%
Andrews	16,799	425	2.5%
Angelina	87,441	2,435	2.8%
Aransas	24,356	1,033	4.2%
Archer	8,681	243	2.8%
Armstrong	1,949	3	0.2%
Atascosa	47,093	2,271	4.8%
Austin	28,847	1,124	3.9%
Bailey	7,114	283	4.0%
Bandera	20,601	911	4.4%
Bastrop	75,825	3,481	4.6%
Baylor	3,614	79	2.2%
Bee	32,799	727	2.2%
Bell	326,843	7,694	2.4%
Bexar	1,817,610	93,903	5.2%
Blanco	10,723	498	4.6%
Borden	637	0	0.0%
Bosque	17,855	644	3.6%
Bowie	93,487	2,452	2.6%
Brazoria	330,242	12,710	3.8%
Brazos	203,164	4,901	2.4%
Brewster	9,286	405	4.4%
Briscoe	1,537	N/A	N/A
Brooks	7,237	395	5.5%
Brown	37,749	924	2.4%
Burleson	17,169	508	3.0%
Burnet	43,823	1,955	4.5%
Caldwell	39,232	1,589	4.0%
Calhoun	21,806	680	3.1%
Callahan	13,525	340	2.5%
Cameron	417,276	18,083	4.3%
Camp	12,413	433	3.5%
Carson	6,010	67	1.1%
Cass	30,331	842	2.8%
Castro	8,030	206	2.6%
Chambers	36,812	896	2.4%
Cherokee	50,878	1,291	2.5%
Childress	7,095	151	2.1%

GW Affordable Care Act Texas Impact Analysis

County	County Population	County Enrollment	Enrollment % of Population
Clay	10,473	236	2.3%
Cochran	3,016	55	1.8%
Coke	3,210	0	0.0%
Coleman	8,543	193	2.3%
Collin	854,778	45,894	5.4%
Collingsworth	3,099	58	1.9%
Colorado	20,752	762	3.7%
Comal	118,480	5,260	4.4%
Comanche	13,623	452	3.3%
Concho	4,043	N/A	N/A
Cooke	38,467	1,122	2.9%
Coryell	76,192	1,158	1.5%
Cottle	1,452	N/A	N/A
Crane	4,773	98	2.1%
Crockett	3,807	118	3.1%
Crosby	5,991	150	2.5%
Culberson	2,277	N/A	N/A
Dallam	7,057	242	3.4%
Dallas	2,480,331	127,134	5.1%
Dawson	13,810	320	2.3%
Deaf Smith	19,177	548	2.9%
Delta	5,238	93	1.8%
Denton	728,799	34,022	4.7%
Dewitt	20,503	587	2.9%
Dickens	2,291	N/A	N/A
Dimmit	10,897	432	4.0%
Donley	3,522	67	1.9%
Duval	11,640	259	2.2%
Eastland	18,245	443	2.4%
Ector	149,378	4,181	2.8%
Edwards	1,884	76	4.0%
El Paso	827,718	55,084	6.7%
Ellis	155,976	6,260	4.0%
Erath	39,658	1,433	3.6%
Falls	17,493	471	2.7%
Fannin	33,659	767	2.3%
Fayette	24,821	766	3.1%
Fisher	3,856	74	1.9%
Floyd	6,230	199	3.2%

GW Affordable Care Act Texas Impact Analysis

County	County Population	County Enrollment	Enrollment % of Population
Foard	1,277	N/A	N/A
Fort Bend	652,365	42,249	6.5%
Franklin	10,660	381	3.6%
Freestone	19,646	477	2.4%
Frio	18,065	773	4.3%
Gaines	18,921	242	1.3%
Galveston	306,782	12,929	4.2%
Garza	6,317	123	2.0%
Gillespie	25,357	1,498	5.9%
Glasscock	1,251	1	0.1%
Goliad	7,465	206	2.8%
Gonzales	20,312	578	2.8%
Gray	23,043	480	2.1%
Grayson	122,353	4,047	3.3%
Gregg	123,024	4,155	3.4%
Grimes	26,859	770	2.9%
Guadalupe	143,183	4,854	3.4%
Hale	35,764	890	2.5%
Hall	3,239	80	2.5%
Hamilton	8,310	306	3.7%
Hansford	5,555	181	3.3%
Hardeman	4,016	134	3.3%
Hardin	55,417	1,470	2.7%
Harris	4,336,853	225,607	5.2%
Harrison	66,886	2,098	3.1%
Hartley	6,100	102	1.7%
Haskell	5,875	149	2.5%
Hays	176,026	9,009	5.1%
Hemphill	4,158	104	2.5%
Henderson	78,675	3,173	4.0%
Hidalgo	815,996	34,571	4.2%
Hill	34,823	1,085	3.1%
Hockley	23,530	473	2.0%
Hood	52,905	2,391	4.5%
Hopkins	35,565	1,071	3.0%
Houston	22,911	430	1.9%
Howard	36,147	900	2.5%
Hudspeth	3,318	125	3.8%
Hunt	87,048	3,356	3.9%

GW Affordable Care Act Texas Impact Analysis

<b>County</b>	<b>County Population</b>	<b>County Enrollment</b>	<b>Enrollment % of Population</b>
Hutchinson	21,819	429	2.0%
Irion	1,612	2	0.1%
Jack	8,957	205	2.3%
Jackson	14,591	448	3.1%
Jasper	35,649	1,428	4.0%
Jeff Davis	2,253	88	3.9%
Jefferson	252,358	8,295	3.3%
Jim Hogg	5,245	142	2.7%
Jim Wells	41,680	1,548	3.7%
Johnson	154,707	6,255	4.0%
Jones	19,859	480	2.4%
Karnes	15,081	385	2.6%
Kaufman	108,568	4,713	4.3%
Kendall	37,766	1,318	3.5%
Kenedy	412	N/A	N/A
Kent	807	12	1.5%
Kerr	49,953	2,043	4.1%
Kimble	4,481	137	3.1%
King	285	N/A	N/A
Kinney	3,586	88	2.5%
Kleberg	32,101	936	2.9%
Knox	3,767	76	2.0%
La Salle	7,369	281	0.6%
Lamar	49,426	1,340	9.7%
Lamb	13,775	430	2.1%
Lampasas	20,222	510	6.9%
Lavaca	19,581	685	3.5%
Lee	16,628	515	3.1%
Leon	16,742	572	3.4%
Liberty	76,907	2,469	3.2%
Limestone	23,326	549	2.4%
Lipscomb	3,485	N/A	N/A
Live Oak	11,867	381	3.2%
Llano	19,444	901	4.6%
Loving	95	N/A	N/A
Lubbock	289,324	8,349	2.9%
Lynn	5,723	145	2.5%
Madison	13,781	321	3.9%
Marion	10,235	437	0.2%

GW Affordable Care Act Texas Impact Analysis

County	County Population	County Enrollment	Enrollment % of Population
Martin	5,312	19	2.5%
Mason	4,128	164	1.2%
Matagorda	36,592	1,281	12.5%
Maverick	55,932	2,542	47.9%
McCulloch	8,830	156	3.8%
McLennan	214,481	7,136	19.5%
McMullen	764	N/A	N/A
Medina	47,399	1,902	4.0%
Menard	2,148	84	3.9%
Midland	151,468	4,062	2.7%
Milam	24,167	546	2.3%
Mills	4,907	128	2.6%
Mitchell	9,402	140	1.5%
Montague	19,503	656	3.4%
Montgomery	499,137	20,148	4.0%
Moore	22,141	349	1.6%
Morris	12,834	354	2.8%
Motley	1,196	N/A	N/A
Nacogdoches	65,330	1,670	2.6%
Navarro	48,038	1,568	3.3%
Newton	14,140	310	2.2%
Nolan	15,037	337	2.2%
Nueces	352,107	10,754	3.1%
Ochiltree	10,806	291	2.7%
Oldham	2,102	N/A	N/A
Orange	82,957	2,337	2.8%
Palo Pinto	27,889	976	3.5%
Panola	23,870	593	2.5%
Parker	121,418	4,976	4.1%
Parmer	9,965	172	1.7%
Pecos	15,697	417	2.7%
Polk	45,790	1,415	3.1%
Potter	121,661	2,730	2.2%
Presidio	7,201	296	4.1%
Rains	11,065	456	4.1%
Randall	126,474	3,131	2.5%
Reagan	3,601	82	2.3%
Real	3,350	112	3.3%
Red River	12,470	416	3.3%

GW Affordable Care Act Texas Impact Analysis

County	County Population	County Enrollment	Enrollment % of Population
Reeves	13,965	284	2.0%
Refugio	7,305	181	2.5%
Roberts	831	0	0.0%
Robertson	16,486	463	2.8%
Rockwall	85,245	3,739	4.4%
Runnels	10,309	330	3.2%
Rusk	53,622	1,343	2.5%
Sabine	10,361	300	2.9%
San Augustine	8,769	245	2.8%
San Jacinto	26,856	870	3.2%
San Patricio	66,137	2,433	3.7%
San Saba	6,012	156	2.6%
Schleicher	3,206	431	13.4%
Scurry	17,302	N/A	N/A
Shackelford	3,375	70	2.1%
Shelby	25,792	790	3.1%
Sherman	3,093	64	2.1%
Smith	216,080	8,541	4.0%
Somervell	8,658	318	3.7%
Starr	61,963	2,974	4.8%
Stephens	9,247	309	3.3%
Sterling	1,219	N/A	N/A
Stonewall	1,432	N/A	N/A
Sutton	4,006	143	3.6%
Swisher	7,763	142	1.8%
Tarrant	1,911,541	94,560	4.9%
Taylor	134,117	3,407	2.5%
Terrell	903	N/A	N/A
Terry	12,743	275	2.2%
Throckmorton	1,600	0	0.0%
Titus	32,581	747	2.3%
Tom Green	114,954	3,028	2.6%
Travis	1,120,954	65,528	5.8%
Trinity	14,393	328	2.3%
Tyler	21,464	401	1.9%
Upshur	39,884	1,388	3.5%
Upton	3,372	N/A	N/A
Uvalde	26,926	1,173	4.4%
Val Verde	48,623	2,089	4.3%



GW Affordable Care Act Texas Impact Analysis

County	County Population	County Enrollment	Enrollment % of Population
Van Zandt	52,481	2,114	4.0%
Victoria	90,028	2,617	2.9%
Walker	68,817	1,502	2.2%
Waller	45,213	1,893	4.2%
Ward	11,244	292	2.6%
Washington	34,147	1,144	3.3%
Webb	262,495	10,980	4.2%
Wharton	41,216	1,514	3.7%
Wheeler	5,751	75	1.3%
Wichita	132,047	3,358	2.5%
Wilbarger	13,131	261	2.0%
Willacy	21,921	740	3.4%
Williamson	471,014	22,481	4.8%
Wilson	45,418	1,491	3.3%
Winkler	7,606	201	2.6%
Wise	60,939	2,513	4.1%
Wood	42,306	1,713	4.0%
Yoakum	8,184	210	2.6%
Young	18,341	533	2.9%
Zapata	14,390	407	2.8%
Zavala	12,156	462	3.8%
<b>Totals</b>	<b>26,448,193</b>	<b>1,189,356</b>	<b>4.5%</b>

Source:

1. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (April 2015). Plan Selections by Zip Code in the Health Insurance Marketplace. Retrieved April 22, 2015, from [http://aspe.hhs.gov/health/reports/2015/marketplaceenrollment/enrollmentbyzip/rpt\\_enrollmentbyzip\\_apr2015.cfm](http://aspe.hhs.gov/health/reports/2015/marketplaceenrollment/enrollmentbyzip/rpt_enrollmentbyzip_apr2015.cfm)
2. U.S. Department of Housing and Urban Development. (2015). HUD USPS ZIP Code Crosswalk. Retrieved on April 20 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/datasets/usps_crosswalk.html)

**A-4 Hospital Uncompensated Care Costs for Uninsured Patients, by County**

<b>County</b>	<b>UC Uninsured Shortfall</b>
Anderson	No Data Available
Andrews	\$1,453,448
Angelina	\$14,195,746
Aransas	No Data Available
Archer	No Data Available
Armstrong	No Data Available
Atascosa	\$3,140,851
Austin	No Data Available
Bailey	\$361,717
Bandera	No Data Available
Bastrop	No Data Available
Baylor	\$371,200
Bee	\$3,365,832
Bell	\$45,009,783
Bexar	\$309,965,299
Blanco	No Data Available
Borden	No Data Available
Bosque	\$793,340
Bowie	\$19,696,382
Brazoria	\$10,614,122
Brazos	\$19,707,566
Brewster	\$844,050
Briscoe	No Data Available
Brooks	No Data Available
Brown	\$3,549,113
Burleson	No Data Available
Burnet	No Data Available
Caldwell	No Data Available
Calhoun	\$1,671,909
Callahan	No Data Available
Cameron	\$17,555,675
Camp	\$2,818,330
Carson	No Data Available
Cass	No Data Available
Castro	\$578,914
Chambers	\$1,509,141
Cherokee	\$7,077,904
Childress	\$747,606
Clay	\$0

GW Affordable Care Act Texas Impact Analysis

---

<b>County</b>	<b>UC Uninsured Shortfall</b>
Cochran	\$0
Coke	No Data Available
Coleman	\$303,345
Collin	\$47,406,245
Collingsworth	\$681,249
Colorado	\$865,311
Comal	No Data Available
Comanche	No Data Available
Concho	\$232,088
Cooke	\$2,793,345
Coryell	\$1,243,719
Cottle	No Data Available
Crane	\$229,616
Crockett	No Data Available
Crosby	\$165,235
Culberson	\$646,934
Dallam	\$1,095,922
Dallas	\$544,395,207
Dawson	\$1,064,793
Deaf Smith	\$1,176,186
Delta	No Data Available
Denton	\$31,118,319
Dewitt	\$742,155
Dickens	No Data Available
Dimmit	No Data Available
Donley	No Data Available
Duval	No Data Available
Eastland	\$1,640,036
Ector	\$23,055,080
Edwards	No Data Available
El Paso	\$126,673,410
Ellis	\$9,102,616
Erath	No Data Available
Falls	\$1,151,882
Fannin	\$1,220,218
Fayette	\$1,116,677
Fisher	\$977,798
Floyd	\$2,345,726
Foard	No Data Available
Fort Bend	\$18,734,799

GW Affordable Care Act Texas Impact Analysis

---

County	UC Uninsured Shortfall
Franklin	\$489,044
Freestone	\$946,699
Frio	\$890,747
Gaines	\$1,454,470
Galveston	\$0
Garza	No Data Available
Gillespie	\$3,234,799
Glasscock	No Data Available
Goliad	No Data Available
Gonzales	\$1,162,636
Gray	\$3,254,650
Grayson	\$12,237,269
Gregg	\$20,726,352
Grimes	No Data Available
Guadalupe	\$7,206,382
Hale	\$2,171,384
Hall	No Data Available
Hamilton	\$773,619
Hansford	\$322,293
Hardeman	\$632,079
Hardin	No Data Available
Harris	\$787,089,562
Harrison	\$4,605,655
Hartley	No Data Available
Haskell	\$161,615
Hays	\$14,446,203
Hemphill	\$285,541
Henderson	\$9,648,637
Hidalgo	\$63,969,621
Hill	\$1,109,764
Hockley	\$1,145,341
Hood	\$2,982,910
Hopkins	\$3,905,402
Houston	\$1,350,272
Howard	\$3,632,729
Hudspeth	No Data Available
Hunt	\$10,471,091
Hutchinson	\$2,014,635
Irion	No Data Available
Jack	\$608,582

GW Affordable Care Act Texas Impact Analysis

---

County	UC Uninsured Shortfall
Jackson	\$1,049,135
Jasper	No Data Available
Jeff Davis	No Data Available
Jefferson	\$40,192,584
Jim Hogg	No Data Available
Jim Wells	\$4,671,288
Johnson	\$6,507,601
Jones	\$519,453
Karnes	\$952,859
Kaufman	\$15,988,867
Kendall	No Data Available
Kenedy	No Data Available
Kent	No Data Available
Kerr	\$5,272,710
Kimble	No Data Available
King	No Data Available
Kinney	No Data Available
Kleberg	\$4,081,853
Knox	\$241,061
La Salle	No Data Available
Lamar	No Data Available
Lamb	\$621,828
Lampasas	\$1,191,683
Lavaca	\$1,546,607
Lee	No Data Available
Leon	No Data Available
Liberty	\$1,620,696
Limestone	\$1,239,323
Lipscomb	No Data Available
Live Oak	No Data Available
Llano	No Data Available
Loving	No Data Available
Lubbock	\$70,253,957
Lynn	\$85,753
Madison	No Data Available
Marion	No Data Available
Martin	\$615,609
Mason	No Data Available
Matagorda	\$3,993,318
Maverick	\$4,459,058

GW Affordable Care Act Texas Impact Analysis

<b>County</b>	<b>UC Uninsured Shortfall</b>
McCulloch	\$612,142
McLennan	\$39,391,182
McMullen	No Data Available
Medina	\$1,413,645
Menard	No Data Available
Midland	\$13,636,415
Milam	\$1,559,869
Mills	No Data Available
Mitchell	\$1,027,606
Montague	\$892,401
Montgomery	\$38,340,309
Moore	\$1,517,343
Morris	No Data Available
Motley	No Data Available
Nacogdoches	\$7,495,784
Navarro	\$4,066,947
Newton	No Data Available
Nolan	\$1,450,110
Nueces	\$81,828,425
Ochiltree	\$666,216
Oldham	No Data Available
Orange	\$3,120,008
Palo Pinto	\$2,636,115
Panola	\$1,370,466
Parker	\$4,887,051
Parmer	\$535,106
Pecos	\$2,025,405
Polk	No Data Available
Potter	\$43,224,471
Presidio	No Data Available
Rains	No Data Available
Randall	No Data Available
Reagan	\$805,026
Real	No Data Available
Red River	\$1,058,965
Reeves	\$1,016,215
Refugio	\$635,105
Roberts	No Data Available
Robertson	No Data Available
Rockwall	No Data Available

GW Affordable Care Act Texas Impact Analysis

---

County	UC Uninsured Shortfall
Runnels	\$159,495
Rusk	\$2,291,522
Sabine	\$596,017
San Augustine	\$770,032
San Jacinto	No Data Available
San Patricio	No Data Available
San Saba	No Data Available
Schleicher	\$204,900
Scurry	\$2,196,884
Shackelford	No Data Available
Shelby	No Data Available
Sherman	No Data Available
Smith	\$49,822,283
Somervell	\$8,566,170
Starr	\$4,019,421
Stephens	\$927,995
Sterling	No Data Available
Stonewall	\$268,490
Sutton	\$473,120
Swisher	\$518,057
Tarrant	\$335,167,997
Taylor	\$23,458,180
Terrell	No Data Available
Terry	\$1,159,611
Throckmorton	\$91,767
Titus	\$3,783,664
Tom Green	\$12,276,158
Travis	\$156,060,435
Trinity	\$772,229
Tyler	\$868,528
Upshur	\$1,540,712
Upton	\$2,137,378
Uvalde	\$4,025,635
Val Verde	\$3,613,801
Van Zandt	No Data Available
Victoria	\$15,063,963
Walker	\$6,389,292
Waller	No Data Available
Ward	\$1,009,666
Washington	No Data Available

GW Affordable Care Act Texas Impact Analysis

---

County	UC Uninsured Shortfall
Webb	\$15,205,481
Wharton	\$3,478,214
Wheeler	\$419,262
Wichita	\$41,594,030
Wilbarger	\$32,298,427
Willacy	No Data Available
Williamson	\$27,399,692
Wilson	\$2,398,903
Winkler	\$616,916
Wise	\$8,286,469
Wood	\$1,291,030
Yoakum	\$1,106,192
Young	\$1,841,403
Zapata	No Data Available
Zavala	No Data Available
<b>Total</b>	<b>\$3,442,622,812</b>
Source: Texas Health and Human Services Commission. (2013). <i>(DY2) Uncompensated Care Payment Calculation Spreadsheet.</i> Retrieved May 12, 2015 from <a href="http://www.hhsc.state.tx.us/rad/hospital-svcs/1115-waiver-pmts.shtml">http://www.hhsc.state.tx.us/rad/hospital-svcs/1115-waiver-pmts.shtml</a>	