How Will the Uninsured Be Affected by Health Reform?

Non-Elderly Uninsured

Timely Analysis of Immediate Health Policy Issues

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SUMMARY

The health care reform proposals being debated in Congress have the potential to provide affordable health insurance coverage to millions of uninsured Americans. In this analysis, a health reform scenario is modeled that would expand Medicaid to individuals with incomes up to 133 percent of the federal poverty line (FPL), provide subsidies for individuals with incomes between 133 and 399 percent of the FPL, and require individuals to obtain coverage through an individual mandate. Under this reform, an estimated 17.0 million uninsured would be eligible for coverage through a Medicaid expansion and 16.3 million would be eligible for subsidies to purchase coverage in a reformed market. Another 4.3 million uninsured persons would not be eligible for Medicaid or subsidies because they have incomes of at least 400 percent of the FPL, but would be required to purchase coverage due to the individual mandate. Some 6.3 million uninsured are assumed to be ineligible for assistance because they are unauthorized or recent authorized immigrants.

Under the current system, most of the uninsured do not have access to affordable health insurance coverage. About thirty percent of the uninsured are currently eligible for public health insurance programs. About half of the eligible but uninsured are children with adults having very little access to Medicaid or CHIP. Moreover, less than 20 percent have an offer of employer-sponsored coverage in their family and close to 70 percent are either uninsurable or face premiums that comprise 10 percent or more of their income in today's market. Consequently, access to affordable coverage under reform will depend on the benefit package offered, cost-sharing protections, and the amount and structure of subsidies.

Introduction

A major goal of health care reform is to provide affordable health insurance to millions of Americans who are currently uninsured. While the details of current major health reform proposals' strategies to reduce the number of individuals without coverage differ, their general approach is similar. The proposals released by the Senate Finance Committee, Senate Health, Education, Labor and Pension (HELP) Committee, and House Committees on Ways and Means, Energy and Commerce, and Education and Labor (Tri-Committee) would each expand Medicaid to all individuals up to a specific income level and then would provide subsidies for low- to middle-income individuals to purchase health insurance coverage. Together these strategies have the potential to dramatically reduce the number of uninsured in the United States. This overview describes the uninsured population under 65 years of age and examines how many uninsured have access to coverage in the current healthcare system and how many could potentially gain access to coverage through a health reform scenario that draws on the proposals of the key legislative committees.

Background

Currently, Medicaid and the Children's Health Insurance Program (CHIP) are the primary sources of safety net coverage available to low-income and disabled individuals in the United States. However, the availability of this coverage varies widely depending on age and parent status due to historic categorical restrictions embedded in the Medicaid program. As of April 2009, all but 7 states covered children through Medicaid or CHIP up to at least 200% of the FPL.[1] Some 28 states provide coverage to parents at or above 100% of the FPL and of these 19 offer coverage at or above 200% of the FPL. However, only 16 of the 28 states offer the full scope of benefits available in the regular Medicaid program. The remainder offer coverage that has more limited benefits or requires greater cost sharing than regular Medicaid. Non-disabled low-income childless adults have the most limited access to public coverage. While 24 states provide some form of coverage to childless adults, only 6 states provide the full scope of Medicaid benefits to this population, and in many states, childless adults are not eligible for Medicaid no matter how low their income. [2]

The proposals presented by key legislative committees could substantially increase the availability of affordable health insurance in the United States, giving many uninsured access to coverage that they do not have in today's healthcare system. The Senate Finance Committee has outlined a proposal to expand Medicaid to all individuals with incomes up to 115 percent of the FPL and to provide subsidies for individuals up to 400 percent of the FPL to purchase coverage through a Health Insurance Exchange. The Senate HELP Committee has released legislation to expand Medicaid to 150 percent of the FPL and to provide subsidies for individuals and families up to 500 percent of the FPL to purchase coverage. The House Tri-Committees recently released a bill that would expand Medicaid to 133 percent of the FPL and would provide subsidies up to 400 percent of the FPL.[3] These proposals also include provisions to reform the small and individual health insurance markets by requiring guaranteed issue and renewability, eliminating variation in pricing by health status, and imposing an individual mandate to buy insurance. Additionally, they would seek to streamline the eligibility determination and enrollment process, thus facilitating enrollment in both public coverage and subsidies.

Data and Methods

This analysis examines the nonelderly, uninsured population. The main source of data is the 2008 Annual Social and Economic Supplement to the Current Population Survey (CPS). Estimates of health insurance coverage have been adjusted for the underreporting of public coverage on the CPS. This adjustment reduced the number of uninsured by 1.1 million, all of whom were children. Information on offers of employer-sponsored coverage and non-group premiums are obtained from the Urban Institute's Health Insurance Policy Simulation Model (HIPSM). The cost of obtaining coverage in the current market for the uninsured with an offer of employer-sponsored coverage is modeled as the employee share of the premium, and for the uninsured without an offer is modeled as the total non-group premium.[4] Half of those who are reported to be in fair or poor health are deemed uninsurable, as are other members of their family. For a more detailed description of the data and methodology, see companion briefs.

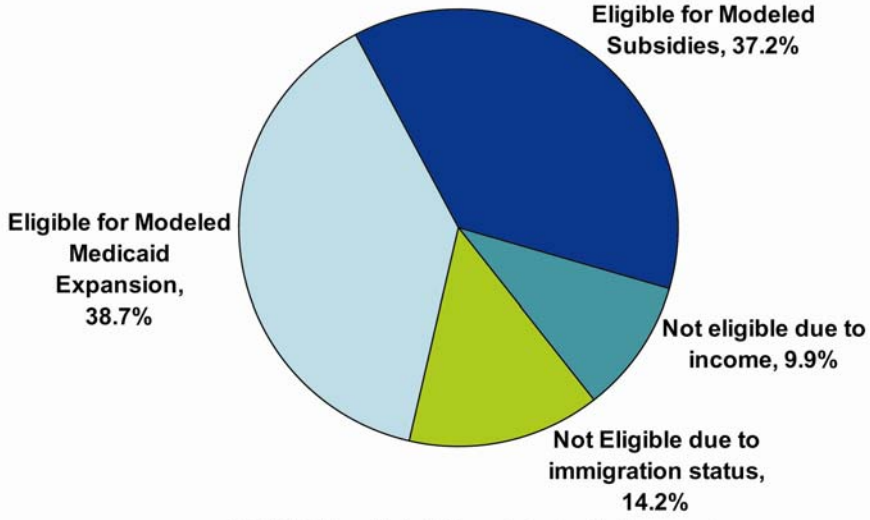
A generic health reform proposal is modeled that is consistent with the overall structure of coverage expansion strategies among the key legislative proposals. Specifically, individuals are assigned to one of three likely policy coverage categories based on their gross income: 1) Medicaid expansion for those with incomes up to 133 percent of FPL; 2) Subsidies for purchasing coverage through a health insurance exchange for those with incomes between 133 percent of the FPL and 399 percent of the FPL; and 3) Unsubsidized coverage for those with income at or above 400 percent of the FPL.[5] The model also assumes that unauthorized immigrants or authorized immigrant adults who have resided in the country for less than 5 years would not be eligible for Medicaid coverage or subsidies. They are excluded from these groups and the main analysis.

Results

If Medicaid were expanded to 133 percent of the FPL and subsidies were provided to those with income between 133 and 399 percent of the FPL, an estimated three quarters of the 43.9 million nonelderly uninsured would be eligible for financial assistance in obtaining coverage (Figure 1). Specifically, some 38.7 percent would be eligible for Medicaid and 37.2 percent would be eligible for subsidies to purchase coverage. Fewer than ten percent of the uninsured have income of at least 400 percent of the FPL and would not qualify for subsidies. Another 14.2 percent are non-citizens who would not be eligible due to their authorization status or because they have resided in the United States for fewer than five years. The group is excluded from subsequent tables, figures and analysis.

Due to the limited safety net coverage available to childless adults, this population composes a disproportionate share of the uninsured. They make up close to 57

Figure 1. Share of Uninsured Nonelderly Who Would Be Eligible for Medicaid Expansions or Public Subsidies Under Modeled Health Reform



43.9 Million Total Nonelderly Uninsured

Notes: Under the modeled health reform scenario, uninsured who would be eligible for Medicaid have income less than 133% of the FPL; those who would be eligible for subsidies have income between 133% and 399% of the FPL. Income-ineligible uninsured have income of 400% or more of the FPL. Uninsured ineligible on the basis of immigration status include authorized immigrant adults who have resided in the U.S. for less than five years as well as unauthorized immigrant adults and children. Estimates of uninsured have been adjusted for the underreporting of public coverage on the Current Population Survey.

Source: Urban Institute Health Policy Center Eligibility Model, based on data from the 2008 ASEC to the CPS.

percent of uninsured who would be eligible for Medicaid and a comparable share of those who would be eligible for subsidies (Table 1). In addition, they are 64.1 percent of all uninsured with incomes of at least 400 percent of the FPL who would not be eligible for subsidies. In comparison, parents constitute 23.2 percent of uninsured who would be eligible for a Medicaid expansion and 24.5 percent of those who would be eligible for subsidies. Children are an even

Table 1. Distribution of Uninsured by Age and Parent Status by Coverage Category Under Reform

			Modeled Health Reform					
	Total		Medicaid, Expansion to 133% FPL		Subsidies, 133%-399% FPL		Not Eligible for Subsidies, 400%+ FPL	
	(millions)	%	(millions)	%	(millions)	%	(millions)	%
Total	37.7		17.0		16.3		4.3	
Children	7.1	18.8%	3.4	20.2%	2.9	17.9%	0.7	16.8%
Parents	8.8	23.3%	3.9	23.2%	4.0	24.5%	0.8	19.0%
Childless Adults	21.8	57.9%	9.6	56.7%	9.4	57.6%	2.8	64.1%

Notes: Nonelderly who would not be eligible on the basis of immigration status are not included in these estimates. Estimates of uninsured reflect an adjustment for the underreporting of public coverage on the CPS.

Source: Urban Institute Health Policy Center Medicaid/CHIP Eligibility Model based on data from the 2008 Annual Social and Economic Supplement to the CPS.

Table 2. Demographic Characteristics of Uninsured Nonelderly

	(millions)	%
Total	37.7	100.0%
Age		
Under 19	7.1	18.8%
19-24	6.3	16.8%
25-34	8.2	21.7%
35-44	6.3	16.8%
45-54	6.1	16.1%
55-64	3.7	9.8%
Health Status		
Excellent	10.7	28.3%
Very Good	12.0	31.8%
Good	10.8	28.8%
Fair	3.0	7.9%
Poor	1.2	3.2%
Region		
Northeast	5.2	13.7%
Midwest	6.7	17.7%
South	16.7	44.3%
West	9.2	24.3%

Notes: Nonelderly who would not be eligible on the basis of immigration status are not included in these estimates. Estimates of uninsured nonelderly reflect an adjustment for the underreporting of public coverage on the CPS.

Source: Urban Institute Health Policy Center Medicaid/CHIP Eligibility Model based on data from the 2008 Annual Social and Economic Supplement to the CPS.

smaller share of the uninsured due to their greater existing eligibility for Medicaid and CHIP and are 20.2 percent of those who are Medicaid eligible under the modeled reform, and 17.9 percent of those who are subsidy eligible.

The uninsured are often portrayed as being young and in good health, but the reality is more complex. While the uninsured in the modeled health reform scenario are concentrated in younger age groups, a non-trivial share is middle-aged or older. Just over a quarter (25.9 percent) are 45 to 64 years of age (Table 2). Similarly, the majority of individuals without health coverage are in excellent, very good or good health status. However, 11.1 percent report being in fair or poor health, including 14.3 percent of those who would be eligible for a Medicaid expansion and 9.1 percent of those who would be eligible for subsidies. The uninsured are also geographically concentrated with 44.3 percent residing in the South and another 24.3 percent residing in the West. Consequently, federal funds under reform would disproportionately flow to states in these regions.

Access to Health Insurance Coverage in Today's System

Overall, access to affordable health insurance coverage is scarce for the uninsured in today's healthcare system. The availability of public coverage depends largely on age, income and parent status. Less than 30 percent of the uninsured are currently eligible for Medicaid or CHIP and about half of those who are eligible are children (data not shown). Among those who would be eligible for Medicaid under the modeled health reform, 48.9 percent, or 8.3 million uninsured, are currently eligible for Medicaid or CHIP (Table 3). A much smaller share—16.0 percent—of those who would be eligible for subsidies are currently eligible for these programs.

Although over two thirds of all uninsured come from families with at least one full-time worker, less than one-fifth have an offer of employer-sponsored insurance (ESI) in the family. Further in today's market, more than a third of the uninsured would have to pay between 10 and 49 percent of their income and nearly one-quarter would have to pay half or more of their income to purchase either private or employer-sponsored coverage. Another 7 percent are uninsurable due to health conditions of someone in the family.

Table 3. Access to Health Insurance Coverage Among Uninsured Nonelderly in Today's Market by Coverage Category Under Reform

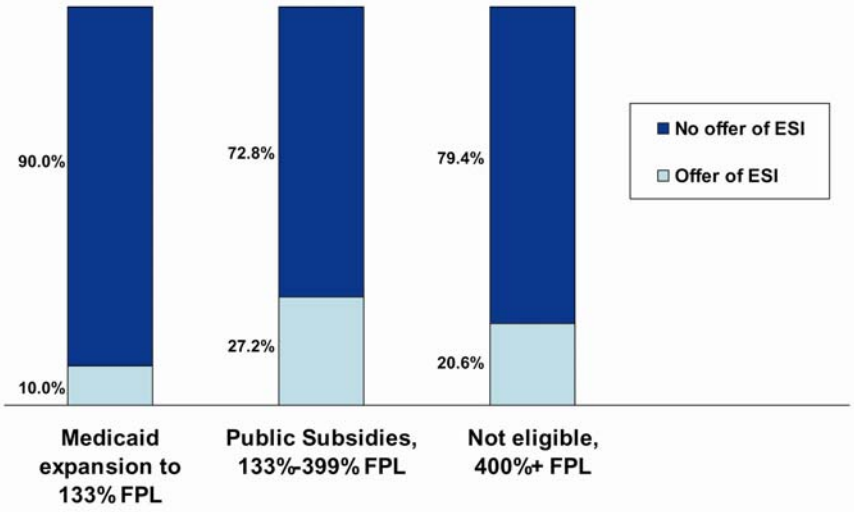
			Modeled Health Reform					
	Total		Medicaid Expansion to 133% FPL		Public Subsidies, 133%-399% FPL		Not Eligible for Subsidies, Income 400%+ FPL	
	(millions)	%	(millions)	%	(millions)	%	(millions)	%
Total	37.7	100.0%	17.0	100.0%	16.3	100.0%	4.3	100.0%
Current Medicaid/CHIP Eligibility								
Eligible	10.9	29.0%	8.3	48.9%	2.6	16.0%	0.0	0.1%
Ineligible	26.7	71.0%	8.7	51.1%	13.7	84.0%	4.3	99.9%
Work Status of Family								
Full-time workers	25.5	67.6%	6.9	40.8%	14.5	88.6%	4.1	93.6%
Part-time workers only	4.9	12.9%	3.3	19.3%	1.4	8.5%	0.2	4.4%
Non-working	7.3	19.5%	6.8	39.9%	0.5	2.9%	0.1	2.0%
Firm Size of Family								
Non-working	7.3	19.5%	6.8	39.9%	0.5	2.9%	0.1	2.0%
Self-employed	8.2	21.8%	2.6	15.5%	4.4	26.7%	1.2	28.0%
<25	4.6	12.2%	1.5	8.7%	2.5	15.1%	0.6	14.8%
25-99	4.1	10.9%	1.3	7.8%	2.3	14.1%	0.5	11.0%
100-999	9.5	25.3%	3.7	21.8%	4.8	29.4%	1.0	23.4%
1000+	3.9	10.3%	1.1	6.2%	1.9	11.7%	0.9	20.8%
Access to ESI								
No offer of ESI	30.6	81.3%	15.3	90.0%	11.9	72.8%	3.4	79.4%
Offer of ESI	7.0	18.7%	1.7	10.0%	4.4	27.2%	0.9	20.6%
Premium Faced as a Percent of Family Income								
<5%	6.0	15.8%	0.1	0.6%	3.7	22.8%	2.1	49.3%
5-9%	6.4	16.9%	0.9	5.2%	3.9	23.9%	1.6	36.0%
10-49%	13.9	36.9%	6.2	36.6%	7.3	44.6%	0.4	8.6%
50%+	8.8	23.3%	8.6	50.4%	0.2	1.3%	0.0	0.0%
Family uninsurable	2.7	7.1%	1.2	7.1%	1.2	7.4%	0.3	6.1%
Insurance Coverage in Family								
All Uninsured	29.7	78.8%	13.7	80.8%	12.7	77.5%	3.3	75.9%
Some ESI	2.3	6.2%	0.3	1.9%	1.3	8.1%	0.7	15.8%
Some Public	4.5	12.1%	2.6	15.1%	1.8	10.9%	0.2	4.4%
Both ESI and Public	0.3	0.8%	0.1	0.7%	0.2	1.1%	0.0	0.3%
Other	0.8	2.1%	0.3	1.6%	0.4	2.4%	0.2	3.5%

Notes: Nonelderly who would not be eligible on the basis of immigration status are not included in these estimates. Estimates of uninsured nonelderly reflect an adjustment for the underreporting of public coverage on the CPS. Family characteristics are those of the nuclear family unit composed of individuals eligible for a family health insurance policy. Firm size of family reflects the largest firm size of the working head and/or spouse in the family. Access to ESI refers to whether the family has an offer of ESI. Premiums are family premiums. Uninsurable families are those in which one or more member is estimated to be unable to obtain coverage due to health status.

Source: Urban Institute Health Policy Center Medicaid/CHIP Eligibility Model based on data from the 2008 Annual Social and Economic Supplement to the CPS.

Access to ESI and private coverage is most limited among those who would be eligible for Medicaid under the modeled reform. Some 40.8 percent are from full-time working families; yet only 10.0 percent have an offer of employer-sponsored coverage (Figure 2). Over half (50.4 percent) face premiums that are fifty percent or more of their income and 7.1 percent are uninsurable due to their own or a family member's health status (Figure 3). In comparison, 88.6 percent of nonelderly who would be eligible for subsidies have one or more full-time workers in the family. Still, only 27.2 percent has an offer of ESI. While premiums are somewhat more affordable among this group with only 1.3 percent facing premiums that constitute at least half of their income, some 44.6 percent face premiums that are 10 to 49 percent of income and 7.4 percent are uninsurable due to health status. Among the uninsured that are ineligible due to their income being at least 400 percent of the

Figure 2. Access to Employer-Sponsored Coverage Among Uninsured Nonelderly in Today's Market by Coverage Category Under Reform



Note: Nonelderly individuals who would be ineligible for Medicaid or subsidies on the basis of immigration status or because they have resided in the United States for fewer than five years are not included in these estimates.

Source: Urban Institute Health Policy Center Eligibility Model, based on data from the 2008 ASEC to the CPS.

FPL, ESI access is comparable to those who are subsidy eligible. Some 93.6 percent are from full-time working families and only 20.6 percent have an offer of ESI. However, relative to those eligible for financial assistance, coverage is more affordable with only 8.6 percent facing premiums that are 10 percent or more of their income. An estimated 6.1 percent remain uninsurable for health reasons.

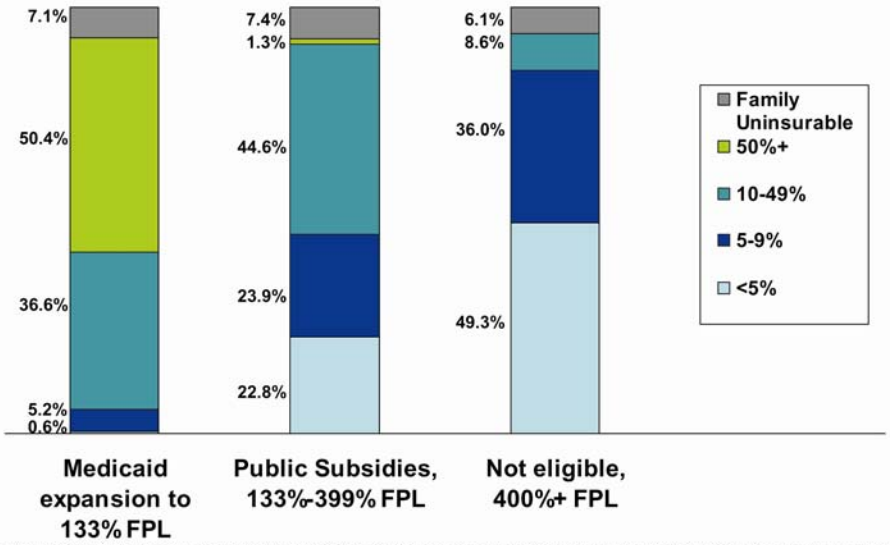
In addition to varying by coverage category, access to coverage varies by age and parent status. While 70.4 percent of uninsured children in the modeled health reform scenario are currently eligible for Medicaid or CHIP, only 38.0 percent of uninsured parents are eligible for these programs, as are an even smaller share—12.0 percent—of uninsured childless adults. With respect to private and employer-sponsored coverage, employer offer rates are relatively consistent for uninsured children, parents and children adults. However, coverage is affordable for a greater share of childless adults than parents and children because childless adults generally purchase single rather than family coverage.

Consequently, reform will have different implications for these populations. For uninsured children and to a lesser extent their parents, enrolling those already eligible for public programs will be important. Outreach efforts and eligibility systems will need to be improved and coordinated with efforts of the exchange to assure that families are not burdened by dual administrative processes and do not slip through the cracks. For uninsured childless adults, health care reform would constitute a major expansion in public health insurance coverage. In addition, the individual mandate will mean that some individuals will be required to purchase coverage that is available to them under the current system but that they have chosen not to purchase.

Discussion

The health care reform options currently being debated in Congress have the potential to provide millions of uninsured individuals with access to affordable health insurance coverage. Under the reform scenario modeled for this brief, which would expand Medicaid to 133 percent of the FPL and provide subsidies to individuals with incomes between 133 and 399 percent of the FPL, 17.0

Figure 3. Premiums as a Percent of Family Income Among Uninsured Nonelderly in Today's Market by Coverage Category Under Reform



Notes: Nonelderly individuals who would be ineligible for Medicaid or subsidies on the basis of immigration status or because they have resided in the United States for fewer than five years are not included in these estimates. Data may not sum to 100% due to rounding.

Source: Urban Institute Health Policy Center Eligibility Model, based on data from the 2008 ASEC to the CPS.

million uninsured would be eligible to receive coverage under the Medicaid program and 16.3 million would be eligible to receive subsidies to purchase private health insurance coverage. Another 4.3 million uninsured would not be eligible for subsidies because their income is too high to qualify, though they would be required to purchase coverage under the individual mandate. For some of these individuals, coverage in a reformed market would mean lower costs. In addition, for those who are currently uninsurable due to their health status, affordable coverage would become obtainable due to new insurance market reforms. Importantly, the number of uninsured is estimated to have grown from 43.9 million in 2007 to 49.1 million in 2009 as a result of the economic downturn.[6] As a result, the reform scenario modeled here understates the total number of uninsured who would be affected.

For the most part, individuals who are currently uninsured face few affordable options for coverage. The one exception to this is uninsured children, the majority of whom are eligible for public health insurance programs under the current system. A number of parents who would be eligible for a Medicaid expansion under the reform modeled here are also eligible for Medicaid. Understanding and removing the barriers to enrollment for families who are eligible Medicaid will be critical to covering the eligible but uninsured. Eligibility determination processes remain burdensome in many states, especially for parents.[7] Moreover, many uninsured parents do not understand that they or their children are eligible for public health insurance programs, but are eager to enroll when told that they are likely eligible.[8] Improved outreach strategies, application assistance, and simplified eligibility determination processes would help enroll this population, with or without reform. In addition, the individual mandate will likely encourage families to sign up for programs for which they are eligible. Coordination between Medicaid, CHIP and exchanges will be essential to ensuring that families do not have to navigate more than one system to obtain coverage.

A number of aspects of reform that were not modeled for this brief have implications for the affordability of coverage for the uninsured. First, the overall level of subsidies that would be

provided to those without an offer of coverage has not been determined nor is there agreement on what constitutes affordable coverage at various levels of income. Consequently, the extent of take up, even with an individual mandate, will depend on whether the subsidies render coverage in the exchange affordable when both premiums and cost sharing are considered. Moreover, the estimates presented in this brief regarding affordability of coverage are based on premiums in the non-group market which may be less costly because fewer benefits are covered and greater cost sharing is required than what is likely to be offered under reform. Second, it is unclear whether the same affordability protections would be extended to uninsured individuals who have an employer offer of coverage as those without an offer, the absence of which could potentially making coverage unaffordable for this, albeit small, share of the uninsured. Third, the proposals differ regarding whether children currently eligible for Medicaid and CHIP who would be eligible for subsidies under reform would be served by the public program or the exchange. The latter scenario would mean that some would lose the current cost sharing and benefit protections of these programs. Fourth, it is not clear whether childless adults will be served through the Medicaid program or the exchange. The latter could potentially afford them fewer cost sharing and benefit protections than parents and children with similar incomes. Fifth, the current reform proposals differ with regard to whether authorized immigrants who have been in the country for less than five years would be eligible for subsidies under reform. The reform modeled for this brief excludes this group of immigrants from eligibility for Medicaid and subsidies. However, both the Senate HELP and the House Tri-Committees' proposals would make them eligible for subsidies. If the final legislation includes such a provision, the estimates of individuals eligible for subsidies will be understated.

Finally, the uninsured are concentrated in the South and the West. Consequently, federal funds would disproportionately flow to states in these regions under the reform modeled here. At the same time, health care reform could potentially result in new financial requirements for states depending on how federal and state responsibilities evolve as proposals move through the legislative process. Such requirements would be especially difficult for states to absorb in the midst of this severe economic downturn, and in particular, for states in the South and West which tend to be poorer and have less fiscal capacity.

[1] D. Cohen Ross & C. Marks, "Challenges of Providing Health Coverage for Children and Parents in a Recession," Kaiser Commission on Medicaid and the Uninsured (January 2009); updated by the Center for Children and Families.
[2] D. Cohen Ross & C. Marks, "Challenges of Providing Health Coverage for Children and Parents in a Recession," Kaiser Commission on Medicaid and the Uninsured (January 2009); and S. Artiga & K. Schwartz, "Expanding Health Coverage for Low-Income Adults: Filling the Gaps in Medicaid Eligibility," Kaiser Commission on Medicaid and the Uninsured (May 2009); updated by the Center for Children and Families.
[3] "Health Care Reform Proposals." Kaiser Commission on Medicaid and the Uninsured, http://www.kff.org/healthreform/upload/healthreform_sbs_full.pdf July 2009.
[4] For individuals in families the cost of coverage for those with an offer is the employee share of the family level premium and for those without an offer as the sum of individual non-group premiums in the family.
[5] Family income is defined as the income of nuclear family unit composed of those eligible for a family health insurance policy. This family definition is used because it more closely aligns with the family unit used by states in determining income eligibility for Medicaid and CHIP than Census family or subfamily units.
[6] Holahan, J., B. Garrett, I. Headen, A. Lucas, "Health Reform: The Cost of Failure". The Robert Wood Johnson Foundation, May 2009; Garrett, B., J. Holahan, A. Cook, I. Headen, and A. Lucas, "The Coverage and Cost Impacts of Expanding Medicaid". The Henry J. Kaiser Family Foundation, May 2009.
[7] Ross, D. C. and C. Marks. "Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and SCHIP in 2009." Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, January 2009.
[8] Kenney, G., J. Haley and A. Tebay, "Familiarity with Medicaid and SCHIP Grows and Interest in Enrolling Children Is High," Snapshots of America's Families III, No. 2. Washington, DC: The Urban Institute. Kenney, G., J. Haley and J. Pelletier, "Health Care for the Uninsured: Low-Income Parents' Perceptions of Access and Quality," Robert Wood Johnson Foundation, *forthcoming*.

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