FOCUS on Health Reform

THE HENRY J. KAISER FAMILY FOUNDATION

March 2011

A Profile of Health Insurance Exchange Enrollees

The Patient Protection and Affordable Care Act (ACA) signed into law in March 2010 calls for the creation of Health Insurance Exchanges (HIEs) in all states by January 1, 2014. These HIEs are intended to facilitate the purchasing of health insurance by individuals and small employers. While all legal residents are eligible to purchase insurance through the Exchanges, the health reform legislation dictates that individuals with incomes between 138% and 400% of the Federal Poverty Level (FPL) will be eligible to receive sliding-scale Federal subsidies, in the form of tax credits, for the purchase of health insurance through these Exchanges. It is expected that these subsidies, increased purchasing flexibility via the creation of Exchanges, and the inclusion of an individual requirement to purchase health insurance in the legislation will lead to increased insurance coverage among Americans.

The legislation outlines the creation of both American Health Benefits (AHB) Exchanges and Small Business Health Options Program (SHOP) Exchanges, serving the individual and small group markets, respectively. States have considerable flexibility in designing these HIEs under ACA. States may decide whether to merge the AHB and SHOP Exchanges into one Exchange, whether to allow the continued operation of individual and small group "parallel markets" outside the Exchange, and whether to enter into regional multi-state Exchanges or create multiple subsidiary Exchanges within a state. Additionally, states have the option to decide not to operate an Exchange at all, in which case the Federal government will assume this role.

The Congressional Budget Office (CBO) has estimated that approximately 24 million people will purchase coverage through the AHB Exchanges by 2019. [1] This report highlights key characteristics of this population, based on CBO estimates of the effects of ACA on insurance coverage, to help Federal and state policymakers and other researchers make informed decisions regarding how to structure the Exchanges to meet the healthcare needs of individuals across the country. Since this analysis does not attempt to examine the expected SHOP Exchanges enrollee population, the term "Exchanges" hereafter refers to AHB Exchanges.

We used the 2007 Medical Expenditure Panel Survey (MEPS) to simulate a demographic, health status, and health utilization profile of the individuals across the nation expected to obtain health insurance coverage through the Exchanges in 2019. We first compare the simulated 2019 Exchange population to the population currently uninsured or covered by private insurance in order to help Exchange administrators understand the projected population with respect to another population that they might be familiar with. We then compare the simulated 2019 Exchange population to those who could enroll but either remain in the nongroup market outside the Exchanges or forgo coverage to illuminate the differences between these newly-forming insurance groups and a new insurance forgoing population. Our simulation projects who we expect to enroll in the Exchanges in 2019, and we then evaluate the current demographic and health status characteristics of these individuals as they are reported in the 2007

[1] The CBO estimates that 24 million people will purchase their own coverage through the Exchanges in 2019. An additional 5 million people are expected to receive health insurance through the Exchanges because they work for an employer who allows all of their workers to choose among health insurance plans offered from the Exchange (though these individuals are not eligible for subsidies). While this puts the projected total number of individuals receiving coverage through the Exchanges in 2019 at 29 million, the CBO estimates consider these 5 million individuals covered by employment-based insurance.

MEPS. Rather than repeating "the current characteristics of the projected 2019 Exchange population," we refer to this as the "Exchange population" throughout this report.

In the process of creating this profile, we made a series of assumptions – informed by CBO publications and existing research – that we have detailed in the Methodology section. Although these figures represent our best efforts to estimate the Exchange population in 2019, we acknowledge that any modeling effort that attempts to predict the state of a marketplace almost a decade into the future will be prone to some level of error. The 2019 Exchange population statistics presented in this report reflect the results of a simulation model, and should be interpreted as conditional on our assumptions remaining intact.

Who do we expect to enter the new Health Insurance Exchanges?

We estimate that, in 2019, the Exchanges will comprise approximately 16 million individuals who would otherwise be uninsured, 3.5 million individuals who lose their employer-based insurance, 1.5 million individuals who previously had employment-based coverage but whose financial contribution for such coverage exceeds 9.5% of their total family income, 1 million individuals who would otherwise purchase health insurance in the Nongroup market, and about 2 million adults above 138% FPL who lose their Medicaid coverage.

Federal sliding-scale subsidies will be available to individuals who purchase health insurance through Exchanges. These subsidies are available to citizens and legal US residents with incomes below 400% FPL, who are not eligible for any other source of minimum essential coverage (such as Medicaid or Medicare), and do not have an affordable offer of insurance from their employer. Health insurance products sold in the Exchanges will fall under one of four tiers – platinum, gold, silver, or bronze – depending on the coverage generosity of the plan. [2] The Federal premium subsidies are tied to the premiums of the second-lowest priced silver level plan offered in the Exchange. The amount of the subsidy decreases with increasing income, both as a specified amount and as a proportion of income. Individuals and households with incomes below 138% FPL are expected to enter into the expanding Medicaid program. These sliding-scale subsidies will result in Exchange enrollees spending from 4% to 9.5% of household income on health insurance premiums. Additionally, households earning less than 250% FPL will receive subsidies for the cost-sharing component of their health insurance packages. Enrollees with incomes greater than 400% FPL are not eligible for subsidies.[3]

CBO estimates that about 81% of individuals purchasing their own coverage through the Exchanges in 2019 will receive subsidies. These Federal subsidies present significant incentives for Americans with incomes between 138% and 400% FPL to purchase health insurance through the Exchanges (as the subsidies are not available unless coverage is purchased through the Exchange). Our estimates are heavily driven by CBO assumptions that these subsidies will incentivize eligible individuals to purchase health insurance coverage through the Exchanges.

[2] There is actually a fifth tier as well – catastrophic coverage – available only for individuals up to age 30 and those without access to coverage costing less than 8% of income.

[3] Detailed estimates of the Federal subsidies can be found in Congressional Budget Office. Letter to The Honorable Evan Bayh. "An Analysis of Health Insurance Premiums Under the Patient Protection and Affordable Care Act". November 30, 2009. http://www.cbo.gov/ftpdocs/107xx/doc10781/11-30-Premiums.pdf.

The projected 2019 Exchange population is relatively older, less educated, lower income, and more racially diverse than current privately-insured populations.

Adults aged 19-64 account for more than four out of five individuals in our projected 2019 Exchange population (84%), a higher proportion than those currently insured by an employer or a Nongroup policy (75% and 70%, respectively). The average age of all individuals in the Exchange population is 35, while the average age among adults in the Exchange is 40. About half (52%) of the adults are married, and, on average, a family entering the Exchange contains 2.6 individuals. Median income among Exchange enrollees is 235% of the Federal Poverty Level (FPL) (i.e., $23,994 individual/$48,528 family of four in 2007). Exchange enrollees are wealthier than the current uninsured population (median income 175% FPL) but poorer than those currently covered by an employer (423%) or a Nongroup plan (337%).

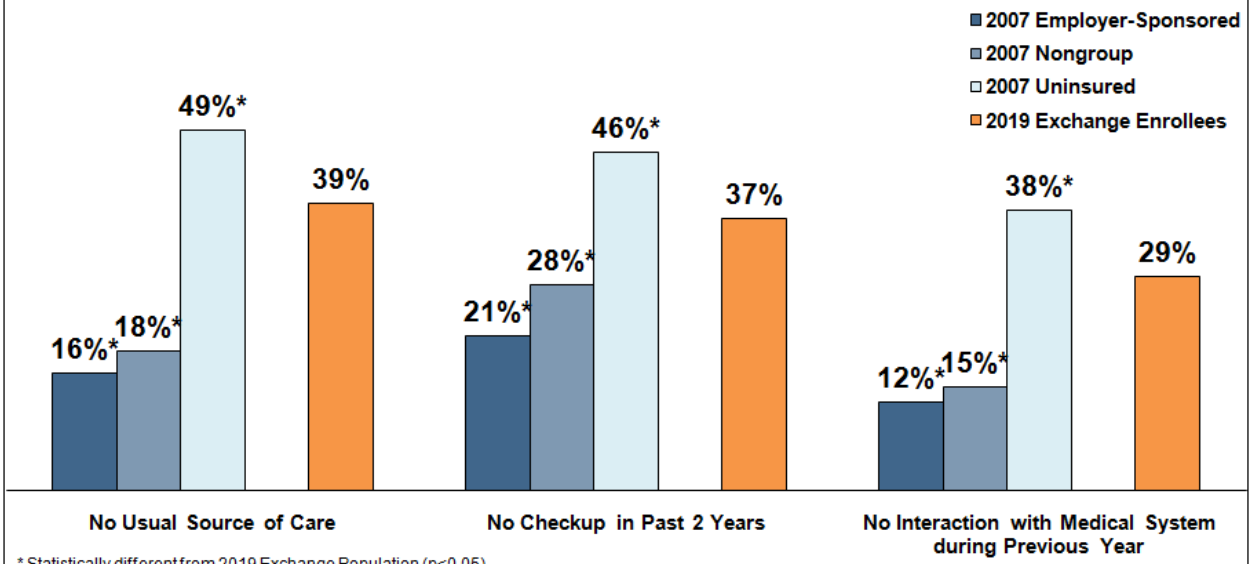
Males make up a slight majority (52%) of the Exchange population, and the population is more racially and ethnically diverse (58% white, 11% black, 25% Hispanic) than other privately-insured populations. Overall, about one in four Exchange enrollees speaks a language other than English in the home (23%). Adults who enroll in the Exchange tend to have lower levels of education than adults with coverage through their employer (77% High School diploma or less vs. 55% of those covered by an employer); however, four out of five adult Exchange enrollees are employed (80%), and nine out of ten enrollees have at least one employed person in the household (93%).

The majority of projected Exchange enrollees transition from being previously uninsured. Many people expected to enroll in the Exchanges by 2019 currently experience access barriers.

We estimate that sixty-five percent of individuals expected to purchase health insurance through the Exchange transition from being uninsured. Over one third of individuals expected to enroll in the Exchange have gone more than two years without a check-up (37%), nearly two in five did not have a usual source of care (39%), and more than a quarter had no interaction with the health care delivery system during the year at all (29%) (Figure 1). The findings on access barriers indicate that these Exchange enrollees may have a large pent-up need for medical care once they gain insurance. It will be important to monitor whether individuals who gain insurance coverage through the Exchanges continue to have difficulty accessing care and whether there are adequate primary care providers to address their health care needs.

Figure 1

Access to Care and Utilization by Insurance Status



* Statistically different from 2019 Exchange Population (p<0.05)
Note: All insurance groups defined as of December 2007, except for the simulated 2019 Exchange Population. The 2019 Exchange Enrollees bars show that population's access and utilization measures based on their 2007 access and utilization. This simulation does not project those measures once fully covered by the Exchange.
Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

The current utilization rates of different kinds of health services among the Exchange population generally fall between utilization rates among the uninsured and those of other privately-insured populations. This pattern results because our simulated Exchange population draws from both the currently uninsured and currently privately-insured populations. For example, the utilization rates of outpatient services, office visits, dental visits and prescription drugs among Exchange adults are lower than those among privately-insured adults but higher than those of the uninsured. The rate of Emergency Room (ER) visits among adults in the Exchange population is higher than that of adults in the current Nongroup market, but not statistically different from ER use among adults who currently have employer-sponsored insurance or those who are currently uninsured. However, it is difficult to predict how the utilization rates of different kinds of services will differentially change as individuals gain and maintain insurance coverage, and our projections do not reflect these potential changes.[4]

The adults projected to enroll in the Exchanges report that they are in worse health but have fewer diagnosed chronic conditions than currently privately-insured populations.

Among the adults that we expect to enroll in the Exchanges, 13% report that they are in fair or poor physical health, a significantly greater share than currently privately-insured individuals (6-7%) but not statistically different from the current uninsured population (12%) (Table 1). Additionally, 8% report that they are in fair or poor mental health, again a significantly greater share than currently privately-insured individuals (4%) but not statistically different from the current uninsured

[4] Our projections also do not model other possible effects of health reform on utilization of different kinds of care. For example, we do not model whether individuals will have difficulty finding a Primary Care Physician due to the significant increase in number of insured individuals and potential shortage of PCPs.

population (7%). Despite more individuals reporting fair or poor health status, the adult Exchange population, on average, has fewer diagnosed chronic conditions than adults with employer coverage. Out of the 23 chronic condition categories we included in this analysis, 12% of new adult Exchange enrollees have three or more conditions compared to 15% of adults currently insured through an employer. However, since most individuals entering the 2019 Exchange population were previously uninsured, they may be less likely to have been diagnosed with a chronic condition. Similar to the currently privately-insured, the most commonly diagnosed chronic conditions among adults in the Exchange are hypertension (15%), high cholesterol (9%) and depression (9%).

Table 1

Self-Reported Health Status and Utilization-based Chronic Conditions Among Adults by Insurance Status

	2019 Exchange Enrollees	2007 Employer-Sponsored Insurance	vs. Exchange	2007 Nongroup	vs. Exchange	2007 Uninsured	vs. Exchange
% Reporting Fair/Poor Physical Health	**13%**	7%	-	6%	-	12%	
% Reporting Fair/Poor Mental Health	**8%**	4%	-	4%	-	7%	
% with Three or More Chronic Conditions	**12%**	15%	+	11%		8%	-
Cancers, Leukemias, and other Malignancies	**2%**	3%		2%	-	1%	
Diabetes Mellitus	**6%**	6%		2%		4%	-
Hyperlipidemias	**9%**	15%	+	10%		6%	-
Depression	**9%**	8%		5%		8%	
Hypertension	**15%**	18%	+	13%		10%	-
Heart Condition	**3%**	4%		3%		2%	
Chronic Pulmonary Conditions	**5%**	5%		3%		4%	

+ / - Statistically different from 2019 Exchange Population ($p<0.05$)

Note: All insurance groups defined as of December 2007, except for the simulated 2019 Exchange Population. The 2019 Exchange Enrollees values show that population's health status and chronic condition measures based on their 2007 characteristics. This simulation does not project those measures once fully covered by the Exchange.

Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Exchange enrollee per capita health spending might look similar to health spending among Americans currently insured through an employer.

The estimated current average annual medical expenditures for an Exchange adult is $2,546.[5] This is less than that of the adult population with employer-sponsored insurance ($3,887) but far greater than that of the uninsured adult population ($1,476) and not statistically different from that of the adult population purchasing health insurance in the Nongroup market ($2,848). However, other research suggests that the annual medical expenditures of uninsured individuals increase once they

[5] All cost estimates are reported in 2007 dollars.

gain insurance coverage, by as much as 25-60%.[6] To account for this expected expenditure increase among the individuals in the Exchange population who transition from being uninsured, we inflated their medical expenditures, with the inflation factor ranging from 25-60%. Further, we imputed annual medical expenditures for those individuals gaining coverage in the Exchange who had $0 in current annual expenditures (see Methodology for more detail). After these inflations, the estimated average annual medical expenditures for an adult in the Exchange ranges between $3,139 and $3,568 (for the low and high ends of the inflation factor range, respectively). At the higher end of this range, the average annual medical expenditures for adults in the Exchange is not significantly different than that of the current adult population with employer-sponsored insurance or the current population purchasing health insurance in the Nongroup market.

How does the Exchange population compare to the projected 2019 non-Exchange Nongroup population?[7]

The Exchange population is much lower income than the projected non-Exchange Nongroup population.

Under ACA, States may allow the continued operation of a "parallel market" – i.e., the selling and purchasing of health insurance coverage in the individual and small group markets outside of the State's Exchange. Though these plans would be subject to the same rating restrictions as plans sold in the Exchange, individuals purchasing them would not be eligible for Federal subsidies. Additionally, health insurance coverage already in existence as of January 1, 2014 will be "grandfathered," meaning that they can continue to be renewed not subject to the new rating restrictions included in ACA.

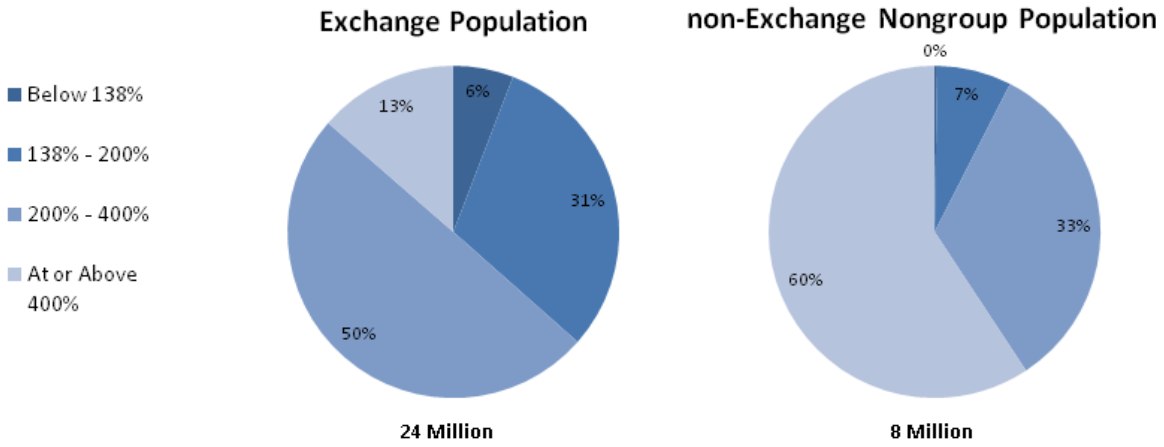
Our projected population of adults purchasing coverage in the non-Exchange Nongroup market consists of predominately white enrollees (85%), with significantly higher income and education levels compared to the projected Exchange population. The difference in income results from our reliance on CBO estimates that subsidy-eligible individuals will be much more likely to leave the Nongroup market and purchase health insurance through the Exchanges than those not eligible for subsidies. Although non-Exchange Nongroup enrollees have a significantly higher average income than Exchange enrollees, the two groups have nearly identical levels of employment among adults (78% Nongroup vs. 80% Exchange). In addition to the incentives for individuals below 400% FPL to move from the Nongroup market to the Exchanges, this difference in income levels may also reflect the fact that higher income individuals were more likely to purchase Nongroup health insurance in the first place.

[6] For a review of studies analyzing the effects of gaining insurance coverage on health care use and spending, see Congressional Budget Office Key Issues in Analyzing Major Health Insurance Proposals. December 2008. pps 71-76. http://www.cbo.gov/ftpdocs/99xx/doc9924/12-18-KeyIssues.pdf.

[7] Under ACA states have the option to disallow the continued operation of this "parallel" non-Exchange Nongroup market – should states opt to do so, this estimated population will be inaccurate.

Figure 2

Federal Poverty Level Distributions for Projected 2019 Health Insurance Exchange and non-Exchange Nongroup Populations



Note: The 6% of the Exchange Population Below 138% FPL is composed entirely of non-citizens deemed ineligible for Medicaid. Since documentation status could not be determined and all residents were assumed to be legal, this percentage might represent a slight overcount.
Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Who is eligible to purchase insurance in the Exchange but remains uninsured in 2019?

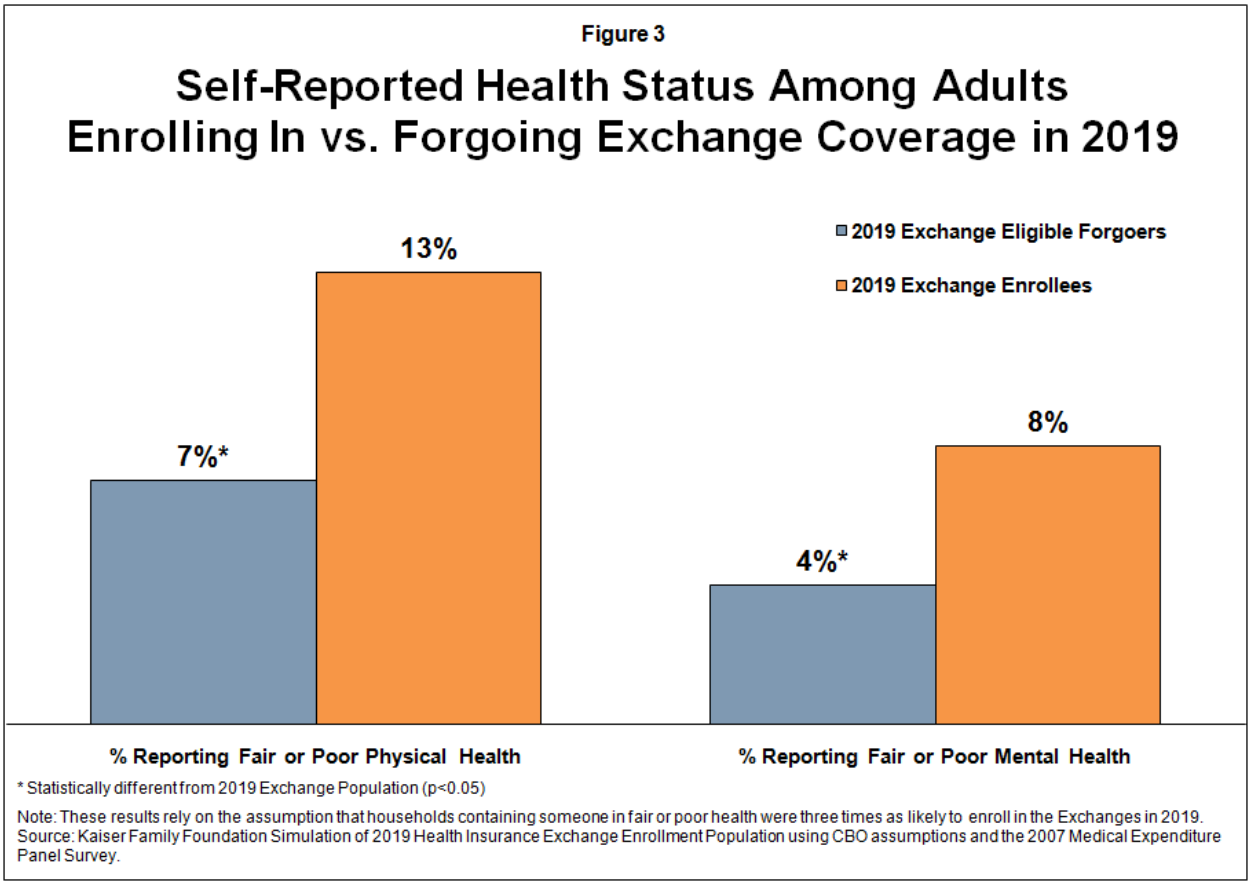
The projected population forgoing purchasing health insurance in the Exchange is middle to upper-middle income and reports better health than the Exchange population.

Despite the creation of Health Insurance Exchanges as well as the presence of Federal subsidies and an individual requirement purchase health insurance, CBO and other policy analysts expect that there will still be a population in 2019 who are eligible to purchase health insurance via the Exchanges but choose not to do so. Compared to the adult Exchange population, we estimate that the Exchange-eligible adult population forgoing the purchase of insurance has fewer minorities, higher income and education levels, and higher rates of employment.[8] There is a significantly larger share of adults with incomes greater than 300% FPL in the non-purchasing, uninsured group than in the Exchange population, again demonstrating the assumption that the Federal subsidies provide a strong incentive for lower income individuals to purchase health insurance through the Exchanges. This may also suggest that the less generous subsidies for households earning 300% to 400% FPL might provide weaker incentives for these individuals to purchase insurance. Additionally, individuals forgoing insurance have significantly lower incomes than those in the projected non-Exchange Nongroup market. This finding that lower income individuals are projected to purchase insurance through the Exchanges, while high income individuals are projected to purchase insurance in the non-Exchange Nongroup market, suggests that there may be a cohort of middle to upper-middle income individuals, particularly around the phase-out threshold of Federal subsidies, who find purchasing health insurance under the ACA provisions unaffordable or undesirable.

[8] The Exchange Eligible forgoing population only includes those not Medicaid eligible and predicted to remain uninsured in 2019.

Both the chronic condition profile and average annual health expenditure profile of adults expected to forgo purchasing insurance are statistically indistinguishable from that of the adult Exchange population. However, forgoers have better self-reported health than the adult Exchange population, with fewer individuals reporting fair or poor physical health (7% vs. 13%) and mental health (4% vs. 8%) (Figure 3). These results rely on our assumption that households containing someone in fair or poor health were three times as likely as healthier households to enroll in the Exchanges in 2019.

Figure 3



* Statistically different from 2019 Exchange Population (p<0.05)

Note: These results rely on the assumption that households containing someone in fair or poor health were three times as likely to enroll in the Exchanges in 2019.
Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

The continued presence of a large number of uninsured individuals after the implementation of health reform creates concerns surrounding the health of these individuals and their access to care. More market-focused concerns arise if healthier individuals are the ones opting not to purchase health insurance, because this may result in a sicker risk pool and more expensive health insurance premiums for those that do enroll. Further, in the presence of pricing and issue regulations - such as those contained in ACA – concerns arise over whether individuals will forgo purchasing health insurance while they are healthy if they know that they will be able to enroll in health insurance at an affordable rate once they become sick.

Policy Implications

The ACA legislation provides the most significant changes to the health insurance marketplace that the industry has ever seen. In addition to significant regulations to the health insurance industry, the presence of Federal subsidies and an individual requirement to obtain coverage will significantly expand the population of individuals purchasing health insurance in the private marketplace.

The high prevalence of individuals with fair or poor self-reported physical and mental health in the Exchanges reflects the predominance of this fair or poor health status among the currently uninsured. We do not speculate on a possible direction of causality here – i.e., whether individuals in fair or poor health have been unable to purchase health insurance because it has been unaffordable given their health status, whether their lack of health insurance has in turn led to their fair or poor health status, or whether some other related factor (or factors) has resulted in both fair or poor health status and being uninsured. The pricing and issue regulations in ACA address concerns with the former, while the general expansion of coverage inherent to ACA aims to alleviate the degree to which being uninsured results in fair or poor health. If indeed a separate factor is at play, the extent to which ACA provisions will address this external factor are unknown. Regardless of the causality, the high prevalence of previously uninsured individuals gaining insurance coverage in the Exchanges who report not having a usual source of care suggests a high degree of unmet need among this population. Thus, it will be important for policymakers to monitor access to primary care physicians and other health services for this population and work to ensure that they have sufficient access to address their healthcare needs after gaining insurance coverage.

State policymakers will need to consider the health profiles of their respective states when considering how best to achieve high functioning of the health insurance markets in their states. Considerable financial incentives exist for individuals who qualify for Federal subsidies to purchase health insurance through the Exchanges. It will be important for policymakers to ensure that inappropriate incentives do not arise for small employers, Nongroup policyholders, and uninsured individuals as they consider whether they or their employees should purchase health insurance through the Exchanges. For example, should State policymakers decide to allow the continued operation of parallel Nongroup markets, it will be important to ensure that risk adjustment schemes operate across both markets (as dictated by ACA), rather than creating incentives for the "dumping" of unhealthy individuals into the Exchange. The presence of subsidies may also provide an incentive for employers of eligible individuals to drop coverage and push their employees into purchasing health insurance through the Exchanges, particularly if those employees are less healthy. Further, as decisions about how to interpret the "grandfathering" clause are made, it will be important to ensure that incentives are not created for the continued selling of less expensive policies (not subject to the ACA regulations) to employers with healthy individuals while employers with sicker individuals turn to the Exchanges for the health insurance needs of their employees. Finally, it will be important for policymakers to consider the profile of those who will remain uninsured and revisit whether the penalties for remaining uninsured provide adequate incentives for individuals to purchase insurance (or whether increased subsidies are warranted), particularly among upper middle-income individuals.

ACA embarks on a landmark attempt to revolutionize the individual and small group health insurance marketplace. By 2019, Health Insurance Exchanges are expected to have a prominent role in increasing health insurance coverage of Americans nationwide. We have estimated the demographic and health profiles of the population expected to purchase health insurance through the Exchanges and have highlighted the key issues for policymakers to consider as they implement the ACA provisions in their respective States.

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Methodology

This simulation of the 2019 Nongroup and Health Insurance Exchange Risk Pool relied mainly on the Congressional Budget Office (CBO) assessment of the effects of the Patient Protection and Affordable Care Act (ACA) on the American health insurance coverage market as of 2019.[i] Nationwide changes in health insurance coverage were modeled using the Agency for Healthcare Research and Quality's 2007 Medical Expenditure Panel Survey (MEPS) data set. Since our computational model does not simulate employers at the firm-level, it is not a pure microsimulation model. All statistical analyses and data manipulation were conducted using the 64-bit version of R 2.11.1. Estimates were calculated by running a Monte Carlo simulation on each of the 128 MEPS replicate weights. Standard Errors for bivariate comparisons were determined by the variance between each iteration, using the general balanced repeated replication formula. Estimates with Relative Standard Errors above 30% were considered unstable and therefore not valid for statistical testing. All comparisons noted in the text are statistically significant at the 95% confidence level. All spending values are presented as 2007 dollars.

In order to re-create the 2019 health insurance coverage distribution projected by CBO, each nonelderly respondent in the MEPS consolidated file was assigned to a baseline insurance coverage category based on their type of health insurance in December of 2007. We modeled changes in coverage such that they result in an overall population insurance distribution that matches the CBO estimates for 2019. The likelihood of an individual or family changing coverage is modeled on the following set of CBO-guided assumptions and facets of the new ACA law:

- Medicaid-eligible individuals would not purchase coverage through the Exchanges. The Medicaid-eligible group includes uninsured and Nongroup-covered adults in families at or below 138% FPL, reflecting the new income-based Medicaid eligibility threshold of 133% plus the 5% income disregard. It also includes children in families at or below 205% FPL. Non-citizens residing in the United States for less than five years are not eligible for Medicaid and thus were allowed to enroll in the Exchanges in our model. We assume that Medicaid eligibility thresholds in all states are lowered to 138% FPL for adults and thus identify all adults over 138% FPL as not Medicaid eligible.
- Workers in firms with 50 employees or less were twice as likely as others to lose their ESI. Further, workers in families below 200% FPL were three times as likely as workers in families above 400% FPL to lose their ESI.
- Workers in families above 400% FPL were three times as likely as workers in families below 200% FPL to receive and accept a new offer of ESI.
- 95% of families with an offer of ESI industry-imputed to be less than 8% of family income were assumed to take up that offer, due to new penalties for failure to accept an affordable offer.[ii] Additionally, half of families with industry-imputed offer ESI premiums between 8 – 9.5% of income were simulated to take up that offer.
- Individuals and families who were eligible for a subsidy and purchase Nongroup coverage purchased that coverage in the Exchanges rather than outside the Exchanges.
- The probability of an eligible individual or family enrolling in the Exchanges is a function of the percentage of the insurance premium subsidized. We interpolated these probabilities from a CBO chart documenting the rate of enrollment as a function of the percentage of the insurance premium subsidized.[iii] Subsidy percents were determined for both single- and family-coverage based on the age of the head of household and the family FPL, in accordance with the Kaiser Family Foundation's health reform subsidy calculator.[iv]
- Individuals and families dropping non-Exchange Nongroup coverage were twice as likely as other families (e.g., currently uninsured or losing ESI) to enroll in the Exchanges.

- Individuals and families with an uninsured individual in self-reported fair or poor physical or mental health were up to three times as likely as other families to join the Exchanges.

We developed a number of our coverage movement assumptions based on conversations with experts. We tested a range of probabilities for gaining or losing insurance coverage based on income, work, and health status characteristics, and found that our final population projections were robust to variations in these insurance coverage movement probabilities.

The resultant 2019 Health Insurance Exchange population consists of five groups –

- 16 million previously uninsured.
- 1 million who transition from non-Exchange Nongroup coverage.
- 2 million adults above 138% FPL who lose their Medicaid coverage.
- 3.5 million who lose their employer-based insurance.
- Between 1 and 2 million previously receiving ESI but paying a family premium above 9.5% of total family income.

Note that our estimate of the Exchange population does not examine an additional 5 million unsubsidized Exchange enrollees projected to join through their employer (CBO includes this population as employer-sponsored coverage).

To more accurately account for the health spending inflation among individuals who transitioned from being uninsured into the Exchanges, newly-covered individuals' spending was increased by 25% - 60%. However, since more than one quarter of new Exchange enrollees had zero dollar expenditures during their year without insurance (which could not be properly inflated), the spending of these new health insurance enrollees was imputed with an age-based hot deck method using the nonelderly MEPS population of nonspending uninsured individuals in 2006 who transitioned into some form of insurance coverage in 2007.

MEPS generalizes to the civilian non-institutionalized population and therefore may not include a small but potentially costly and vulnerable population. Since the legal status of non-citizens could not be determined, all respondents who reported that they were non-citizens were assumed to be documented aliens. Chronic conditions were based on ICD-9 utilization codes in the MEPS conditions file; therefore, conditions not diagnosed by a medical professional during the 2007 data year were not captured in this analysis.

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[i] Congressional Budget Office, "H.R. 4872, Reconciliation Act of 2010 (Final Health Care Legislation)," March 20, 2010, available at http://www.cbo.gov/ftpdocs/113xx/doc11379/AmendReconProp.pdf.

[ii] Patient Protection and Affordable Care Act of 2010, (P.L. 111-148; PPACA), as amended by the Health Care Education and Reconciliation Act of 2010 (P.L. 111-152; HCERA), Section 5000A. "Requirement to Maintain Minimum Essential Coverage," available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf.

[iii] Congressional Budget Office, "Key Issues in Analyzing Major Health Insurance Proposals," December 2008, available at http://www.cbo.gov/ftpdocs/99xx/doc9924/12-18-KeyIssues.pdf.

[iv] See http://healthreform.kff.org/SubsidyCalculator.aspx.

Health Insurance **Exchange Enrollees** versus Other Insurance Coverage Groups

All Nonelderly (Aged 0 - 64)

		Surveyed December 2007 Population								**Estimated 2019 Population**							
		Medicaid	vs. Exchange	Employer-Sponsored Insurance	vs. Exchange	Nongroup	vs. Exchange	Uninsured	vs. Exchange	**Exchange Enrollees**	Nongroup	vs. Exchange	Exchange + Nongroup (Risk Pool)	Exchange Eligible	vs. Exchange	Ex. Eligible minus Risk Pool	vs. Exchange
Race / Ethnicity	White	41%	-	72%	+	82%	+	51%	-	**58%**	84%	+	65%	66%	+	67%	+
	Black	23%	+	10%		5%	-	14%		**11%**	5%	-	9%	10%		10%	
	Hispanic	29%		10%	-	6%	-	29%		**25%**	5%	-	20%	18%	-	17%	-
	Other	8%		7%		7%		6%		**6%**	6%		6%	6%		6%	
	% Male	45%	-	49%	-	49%		55%		**52%**	52%		52%	53%		53%	
Citizen-ship	% Citizens	87%	+	92%	+	89%	+	76%		**78%**	88%	+	80%	83%	+	85%	+
	% Living in the US Less Than Five Years	1%	-	1%	-	‡		4%	-	**7%**	‡		5%	4%	-	3%	-
	% Married	31%	-	61%	+	38%	-	40%	-	**50%**	44%		49%	52%		55%	
Age Distribution	Average Age	19	-	34		30	-	32	-	**35**	32	-	34	34		33	
	0 - 9	38%	+	13%	+	14%	+	8%		**7%**	13%	+	9%	10%		11%	+
	10 - 18	27%	+	13%	+	16%	+	11%		**9%**	14%	+	10%	11%		12%	+
	19 - 34	16%	-	22%	-	31%		40%	+	**34%**	28%		32%	31%		29%	-
	35 - 49	10%	-	28%		16%	-	24%	-	**27%**	18%	-	25%	26%		26%	
	50 - 64	8%	-	25%		22%		17%	-	**23%**	27%		24%	23%		22%	
Poverty Level	Median Poverty Level	101%	-	423%	+	337%	+	175%	-	**235%**	462%	+	267%	279%	+	295%	+
	Below 50%	23%	+	1%		6%	+	14%	+	**2%**	‡		1%	1%		‡	
	50% - Below 100%	26%	+	2%		6%	+	14%	+	**2%**	‡		2%	2%		2%	
	100% - 138%	13%		3%		4%		12%		**‡**	0%		‡	2%		3%	
	Above 138% - Below 200%	15%	-	7%	-	11%	-	17%	-	**31%**	7%	-	25%	21%	-	16%	-
	200% - Below 300%	13%	-	17%	-	17%	-	21%	-	**35%**	16%	-	30%	32%		33%	
	300% - Below 400%	3%	-	17%		15%		8%	-	**15%**	17%		15%	17%		18%	
	400% and Above	6%	-	54%	+	42%	+	14%		**14%**	59%	+	25%	26%	+	27%	+
Education	Less than High School	40%	+	10%	-	10%	-	29%	+	**23%**	7%	-	20%	18%	-	16%	-
	High School Graduate	46%	-	45%	-	54%		53%		**54%**	53%		54%	53%		53%	
	Other Degree	6%		10%	+	6%		6%		**7%**	5%		6%	7%		8%	
	Bachelor's or Higher	8%	-	35%	+	30%	+	12%	-	**16%**	35%	+	20%	22%	+	23%	+
Lang. Spoken at Home	English	77%		93%	+	94%	+	74%		**77%**	95%	+	81%	83%	+	85%	+
	Spanish	17%		4%	-	2%	-	21%		**17%**	‡		13%	12%	-	10%	-
	Other Language	5%		3%	-	4%		5%		**6%**	4%		5%	5%		5%	
Work	Employed	47%	-	85%	+	73%	-	73%	-	**78%**	75%		77%	79%		81%	
	Any Worker in Family	74%	-	97%	+	89%	-	86%	-	**93%**	93%		93%	94%		95%	+
Health Status	% Reporting Fair/Poor Physical Health	11%		6%	-	5%	-	10%		**12%**	4%	-	10%	8%	-	6%	-
	% Reporting Fair/Poor Mental Health	8%		3%	-	3%	-	6%		**7%**	‡		6%	4%	-	3%	-
Annual Utilization	Any Hospitalizations	9%	+	5%		4%		4%		**5%**	4%		5%	5%		4%	
	Any Outpatient	11%		14%	+	13%		7%	-	**10%**	14%		11%	11%		11%	
	Any ER visits	18%	+	10%		8%	-	12%		**12%**	8%	-	11%	11%		11%	
	Any Office Visits	71%	+	76%	+	72%	+	47%	-	**58%**	72%	+	62%	63%	+	64%	+
	Any Prescription Drugs	55%	+	64%	+	54%		40%	-	**50%**	54%		51%	52%		54%	
	Any Dental Visits	35%		53%	+	50%	+	23%	-	**31%**	51%	+	36%	37%	+	39%	+
	Any Home Health	2%		1%		‡		0%		**‡**	‡		1%	1%		‡	
Expense	Total Annual Health Expenses	$ 2,717		$ 3,268	+	$ 2,296		$ 1,386	-	**$ 2,359**	$ 2,217		$ 2,322	$ 2,339		$ 2,357	
	Expenses (newly insured spending inflated by 25%)	$ 2,717		$ 3,268		$ 2,296		$ 1,386	-	**$ 2,904**	$ 2,217		$ 2,728	$ 2,551		$ 2,358	
	Expenses (newly insured spending inflated by 60%)	$ 2,717		$ 3,268		$ 2,296	-	$ 1,386	-	**$ 3,314**	$ 2,217	-	$ 3,033	$ 2,710		$ 2,359	-

‡ indicates an unreliable statistic, due to a RSE above 30%.

Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Health Insurance **Exchange Enrollees** versus Other Insurance Coverage Groups

All Nonelderly (Aged 0 - 64)

		Surveyed December 2007 Population								**Estimated 2019 Population**							
		Medicaid	vs. Exchange	Employer-Sponsored Insurance	vs. Exchange	Nongroup	vs. Exchange	Uninsured	vs. Exchange	**Exchange Enrollees**	Nongroup	vs. Exchange	Exchange + Nongroup (Risk Pool)	Exchange Eligible	vs. Exchange	Ex. Eligible minus Risk Pool	vs. Exchange
Access to Care	% with Usual Source of Care	86%	+	84%	+	81%	+	51%	-	**61%**	79%	+	66%	68%	+	71%	+
	% Unable to See a Doctor	3%	-	1%	-	‡		7%		**5%**	‡		5%	4%		3%	-
	% Unable to Purchase an Rx	2%		1%	-	2%		4%		**2%**	‡		2%	2%		1%	
	% Unable to See a Dentist	4%	-	2%	-	‡		10%		**8%**	‡		7%	6%		5%	
	% Delayed Seeing a Doctor	4%		3%	-	4%		6%		**6%**	4%		5%	4%		3%	-
	% Delayed Purchasing an Rx	2%		2%		2%		3%		**3%**	‡		2%	2%		2%	
	% Delayed Seeing a Dentist	4%	-	3%	-	3%	-	7%		**6%**	‡		5%	5%		4%	
Utilization-based Chronic Conditions	Cancers, Leukemias, and other Malignancies	1%		2%		1%		1%		**2%**	‡		2%	2%		2%	
	HIV	0%		‡		0%		‡		‡	0%		‡	‡		‡	
	Thyroid Disease	1%		3%	+	‡		1%	-	**2%**	‡		2%	2%		2%	
	Diabetes Mellitus	4%	-	5%		1%	-	4%	-	**5%**	‡		4%	4%		5%	
	Hyperlipidemias	5%	-	11%	+	7%		5%	-	**8%**	8%		8%	9%		9%	
	Psychoses	3%	+	1%		1%		1%		**1%**	‡		1%	1%		‡	
	Depression	7%		6%	-	4%	-	7%		**8%**	4%	-	7%	7%		6%	
	Other Mental Health Conditions	5%		6%		6%		5%		**6%**	6%		6%	5%		5%	
	Cognitive Disorders	4%		2%		‡		1%		‡	‡		2%	2%		2%	
	Brain and Central Nervous System Conditions	2%		1%		‡		1%		**1%**	‡		1%	1%		1%	
	Migrane Headaches	2%		3%		‡		2%		**2%**	‡		2%	2%		2%	
	Eye / Vision Problems	2%		3%		3%		2%		**2%**	3%		2%	3%		3%	
	Hearing Loss	0%		1%		‡		‡		‡	‡		‡	0%		‡	
	Hypertension	7%	-	14%		9%		8%	-	**12%**	10%		12%	12%		12%	
	Heart Condition	2%		3%		2%		2%		**3%**	‡		3%	3%		3%	
	Cerebrovascular Problems	1%		0%		‡		0%		‡	‡		‡	0%		‡	
	Other Vascular Problems	0%		0%		‡		‡		‡	‡		‡	0%		‡	
	Chronic Pulmonary Conditions	9%	+	5%		4%		4%		**5%**	‡		5%	5%		5%	
	Liver Conditions	0%		0%		0%		‡		‡	0%		‡	‡		‡	
	Kidney Conditions	0%		0%		‡		‡		‡	‡		‡	‡		‡	
	Osteoarthritis/Arthro	3%	-	5%		4%		4%	-	**5%**	5%		5%	5%		5%	
	Vertebral Disc Condition	1%		2%		2%		1%		**2%**	‡		2%	2%		2%	
	Other Chronic Conditions	14%		21%	+	16%		10%	-	**14%**	17%		15%	16%		17%	+
	Average # of Chronic Conditions (from this list)	0.8		0.9	+	0.7		0.6	-	**0.8**	0.7		0.8	0.8		0.8	
	% with Three or More Chronic Conditions	10%		12%		8%		6%	-	**10%**	8%		10%	10%		10%	
Preventive Care	Checkup in Past 2 Years	78%	+	79%	+	72%	+	54%	-	**63%**	73%	+	65%	66%		68%	+
	BP Check in Past 2 Years	92%	+	93%	+	89%	+	74%	-	**80%**	89%	+	82%	83%		84%	
	Chol. Check in Past 2 Years (35+ M / 45+ F)	81%	+	83%	+	77%	+	58%	-	**68%**	76%		70%	71%		73%	
	Pap Smear in Past 3 Years (18+ Females Only)	85%	+	89%	+	84%		72%	-	**78%**	84%		80%	81%		82%	
	Mammogram Past 2 Years (50+ Females Only)	68%		85%	+	80%	+	55%	-	**66%**	85%	+	72%	74%		76%	
Non-Users	No Health Expenses in 2007	17%	-	11%	-	14%	-	37%	+	**27%**	14%	-	24%	23%	-	21%	-
	No Health Charges in 2007 (excludes Rx)	18%	-	12%	-	14%	-	38%	+	**29%**	14%	-	25%	24%	-	23%	-

‡ indicates an unreliable statistic, due to a RSE above 30%.

Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Health Insurance **Exchange Enrollees** versus Other Insurance Coverage Groups

Nonelderly Adults (Aged 19 - 64)

		Surveyed December 2007 Population								**Estimated 2019 Population**							
		Medicaid	vs. Exchange	Employer-Sponsored Insurance	vs. Exchange	Nongroup	vs. Exchange	Uninsured	vs. Exchange	**Exchange Enrollees**	Nongroup	vs. Exchange	Exchange + Nongroup (Risk Pool)	Exchange Eligible	vs. Exchange	Ex. Eligible minus Risk Pool	vs. Exchange
Race / Ethnicity	White	46%	-	73%	+	83%	+	52%	-	**57%**	85%	+	64%	65%	+	66%	+
	Black	22%	+	10%		4%	-	14%		**11%**	5%	-	10%	10%		10%	
	Hispanic	22%		10%	-	4%	-	29%		**25%**	4%	-	20%	19%	-	18%	-
	Other	9%		7%		8%		6%		**6%**	6%		6%	6%		6%	
	% Male	34%	-	49%	-	46%	-	56%	+	**52%**	49%		51%	53%		54%	
Citizen-ship	% Citizens	83%	+	91%	+	87%	+	74%		**76%**	86%	+	78%	81%	+	83%	+
	% Living in the US Less Than Five Years	3%	-	1%	-	‡		4%	-	**7%**	‡		5%	4%	-	3%	-
	% Married	39%	-	65%	+	42%	-	42%	-	**52%**	47%		51%	54%		58%	+
Age Distribution	Average Age	38	-	43	+	39		37	-	**40**	40		40	40		40	
	0 - 9	0%		0%		0%		0%		**0%**	0%		0%	0%		0%	
	10 - 18	0%		0%		0%		0%		**0%**	0%		0%	0%		0%	
	19 - 34	46%	+	29%	-	45%		49%	+	**40%**	39%		40%	39%		38%	
	35 - 49	30%		38%	+	23%	-	30%		**33%**	25%	-	31%	32%		34%	
	50 - 64	24%		33%	+	32%		21%	-	**28%**	37%	+	30%	29%		28%	
Poverty Level	Median Poverty Level	93%	-	438%	+	350%	+	169%	-	**223%**	499%	+	252%	269%	+	290%	+
	Below 50%	26%	+	2%		6%	+	15%	+	**2%**	‡		1%	1%		‡	
	50% - Below 100%	28%	+	2%		6%	+	14%	+	**2%**	‡		1%	2%		2%	
	100% - 138%	11%	+	2%		5%	+	12%	+	**2%**	0%	-	1%	2%		2%	
	Above 138% - Below 200%	13%	-	7%	-	11%	-	17%	-	**36%**	10%	-	30%	25%	-	18%	-
	200% - Below 300%	10%	-	16%	-	15%	-	21%	-	**33%**	14%	-	29%	30%		32%	
	300% - Below 400%	4%	-	16%		13%		8%	-	**14%**	14%		14%	16%		18%	
	400% and Above	8%	-	55%	+	44%	+	13%		**13%**	61%	+	24%	25%	+	26%	+
Education	Less than High School	33%	+	7%	-	7%	-	26%	+	**21%**	5%	-	18%	16%	-	13%	-
	High School Graduate	52%		46%	-	55%		55%		**55%**	53%		55%	55%		55%	
	Other Degree	7%		10%	+	6%		6%		**7%**	5%		7%	7%		8%	
	Bachelor's or Higher	9%	-	36%	+	32%	+	13%	-	**16%**	36%	+	21%	22%	+	24%	+
Lang. Spoken at Home	English	83%	+	92%	+	93%	+	74%		**76%**	94%	+	80%	82%	+	84%	+
	Spanish	12%	-	4%	-	2%	-	21%		**18%**	‡		14%	13%	-	11%	-
	Other Language	5%		3%	-	5%		5%		**6%**	5%		6%	6%		6%	
Work	Employed	50%	-	89%	+	76%		75%	-	**80%**	78%		79%	81%		83%	+
	Any Worker in Family	62%	-	97%	+	87%	-	84%	-	**92%**	91%		92%	93%		94%	
Health Status	% Reporting Fair/Poor Physical Health	24%	+	7.42%	-	6.00%	-	12%		**13%**	6%	-	12%	9%	-	7%	-
	% Reporting Fair/Poor Mental Health	17%	+	4%	-	4%	-	7%		**8%**	‡		7%	5%	-	4%	-
Annual Utilization	Any Hospitalizations	18%	+	6%		5%		5%		**5%**	5%		5%	5%		5%	
	Any Outpatient	20%	+	17%	+	14%		8%	-	**11%**	16%	+	12%	13%		13%	
	Any ER visits	24%	+	10%		8%	-	13%		**13%**	7%	-	11%	11%		12%	
	Any Office Visits	75%	+	75%	+	72%	+	46%	-	**57%**	73%	+	61%	61%	+	62%	+
	Any Prescription Drugs	72%	+	68%	+	59%	+	42%	-	**52%**	58%		53%	55%		57%	
	Any Dental Visits	30%		51%	+	49%	+	21%	-	**29%**	51%	+	34%	35%	+	36%	+
	Any Home Health	5%		1%		‡		1%		**‡**	‡		1%	1%		‡	
Expense	Total Annual Health Expenses	$ 5,071	+	$ 3,887	+	$ 2,848		$ 1,476	-	**$ 2,546**	$ 2,680		$ 2,577	$ 2,617		$ 2,664	
	Expenses (newly insured spending inflated by 25%)	$ 5,071	+	$ 3,887	+	$ 2,848		$ 1,476	-	**$ 3,139**	$ 2,680		$ 3,035	$ 2,862		$ 2,666	
	Expenses (newly insured spending inflated by 60%)	$ 5,071	+	$ 3,887		$ 2,848		$ 1,476	-	**$ 3,568**	$ 2,680		$ 3,365	$ 3,039		$ 2,666	-

‡ indicates an unreliable statistic, due to a RSE above 30%.

Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Health Insurance **Exchange Enrollees** versus Other Insurance Coverage Groups

Nonelderly Adults (Aged 19 - 64)

		Surveyed December 2007 Population								**Estimated 2019 Population**							
		Medicaid	vs. Exchange	Employer-Sponsored Insurance	vs. Exchange	Nongroup	vs. Exchange	Uninsured	vs. Exchange	**Exchange Enrollees**	Nongroup	vs. Exchange	Exchange + Nongroup (Risk Pool)	Exchange Eligible	vs. Exchange	Ex. Eligible minus Risk Pool	vs. Exchange
Access to Care	% with Usual Source of Care	78%	+	80%	+	76%	+	46%	-	**57%**	73%	+	61%	63%	+	66%	+
	% Unable to See a Doctor	5%		1%	-	‡		8%	+	**6%**	‡		5%	4%		3%	-
	% Unable to Purchase an Rx	4%		1%	-	‡		4%		**3%**	‡		3%	2%		2%	
	% Unable to See a Dentist	8%		2%	-	4%	-	11%	+	**9%**	‡		8%	7%		6%	-
	% Delayed Seeing a Doctor	7%		3%	-	5%		7%		**6%**	‡		6%	5%		4%	
	% Delayed Purchasing an Rx	5%		2%		2%		4%		**3%**	‡		3%	3%		2%	
	% Delayed Seeing a Dentist	7%		3%	-	3%	-	7%		**6%**	‡		6%	5%		5%	
Utilization-based Chronic Conditions	Cancers, Leukemias, and other Malignancies	3%		3%		2%		1%		**2%**	‡		2%	2%		2%	
	HIV	1%		‡		0%		‡		**‡**	0%		‡	‡		‡	
	Thyroid Disease	4%	+	4%	+	‡		1%	-	**2%**	‡		2%	2%		3%	
	Diabetes Mellitus	10%	+	6%		2%	-	4%	-	**6%**	‡		5%	6%		6%	
	Hyperlipidemias	13%	+	15%	+	10%		6%	-	**9%**	11%		10%	11%		12%	
	Psychoses	6%	+	1%		‡		1%		**1%**	‡		1%	1%		‡	
	Depression	17%	+	8%		5%	-	8%		**9%**	5%		8%	8%		8%	
	Other Mental Health Conditions	12%	+	7%		8%		5%		**6%**	7%		7%	6%		6%	
	Cognitive Disorders	2%		1%		‡		1%		**‡**	‡		‡	1%		‡	
	Brain and Central Nervous System Conditions	3%	+	1%		‡		1%		**1%**	‡		1%	1%		1%	
	Migrane Headaches	4%	+	4%		‡		2%		**3%**	‡		2%	3%		3%	
	Eye / Vision Problems	3%		3%		3%		1%		**2%**	‡		3%	3%		3%	
	Hearing Loss	‡		1%		‡		‡		**‡**	‡		‡	0%		‡	
	Hypertension	19%	+	18%	+	13%		10%	-	**15%**	14%		14%	15%		15%	
	Heart Condition	6%	+	4%		3%		2%		**3%**	‡		3%	4%		4%	
	Cerebrovascular Problems	2%		1%		‡		1%		**‡**	‡		‡	1%		‡	
	Other Vascular Problems	1%		1%		‡		‡		**‡**	‡		‡	0%		‡	
	Chronic Pulmonary Conditions	10%	+	5%		3%		4%		**5%**	‡		4%	5%		5%	
	Liver Conditions	1%		0%		0%		‡		**‡**	0%		‡	‡		‡	
	Kidney Conditions	1%		0%		‡		‡		**‡**	‡		‡	‡		‡	
	Osteoarthritis/Arthro	10%	+	7%		6%		4%	-	**6%**	7%		6%	6%		6%	
	Vertebral Disc Condition	3%		3%		3%		2%		**2%**	‡		2%	2%		2%	
	Other Chronic Conditions	21%	+	23%	+	17%		10%	-	**14%**	18%		15%	16%		18%	+
	Average # of Chronic Conditions (from this list)	1.5	+	1.1	+	0.9		0.7	-	**0.9**	0.9		0.9	0.9		1.0	
	% with Three or More Chronic Conditions	25%	+	15%	+	11%		8%	-	**12%**	11%		12%	12%		13%	
Preventive Care	Checkup in Past 2 Years	78%	+	79%	+	72%	+	54%	-	**62%**	73%	+	65%	66%		68%	+
	BP Check in Past 2 Years	93%	+	93%	+	90%	+	74%	-	**80%**	89%	+	82%	83%		84%	
	Chol. Check in Past 2 Years (35+ M / 45+ F)	81%	+	83%	+	77%	+	58%	-	**68%**	76%		70%	71%		73%	
	Pap Smear in Past 3 Years (18+ Females Only)	87%	+	89%	+	84%		73%	-	**79%**	84%		80%	82%		83%	
	Mammogram Past 2 Years (50+ Females Only)	68%		85%	+	80%	+	55%	-	**66%**	85%	+	72%	74%		76%	
Non-Users	No Health Expenses in 2007	13%	-	11%	-	15%	-	38%	+	**28%**	15%	-	25%	24%	-	23%	-
	No Health Charges in 2007 (excludes Rx)	15%	-	13%	-	15%	-	39%	+	**30%**	15%	-	27%	26%	-	25%	-

‡ indicates an unreliable statistic, due to a RSE above 30%.

Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Health Insurance **Exchange Enrollees** versus Other Insurance Coverage Groups

Children (Aged 0 - 18)

		Surveyed December 2007 Population								**Estimated 2019 Population**							
		Medicaid	vs. Exchange	Employer-Sponsored Insurance	vs. Exchange	Nongroup	vs. Exchange	Uninsured	vs. Exchange	**Exchange Enrollees**	Nongroup	vs. Exchange	Exchange + Nongroup (Risk Pool)	Exchange Eligible	vs. Exchange	Ex. Eligible minus Risk Pool	vs. Exchange
Race / Ethnicity	White	37%	-	69%		78%	+	49%	-	**62%**	82%	+	70%	70%		71%	
	Black	23%	+	10%		7%		12%		**9%**	‡		8%	8%		8%	
	Hispanic	32%	+	12%	-	9%	-	33%		**23%**	‡		17%	16%		15%	
	Other	7%		8%		‡		7%		**‡**	‡		‡	6%		6%	
	% Male	51%		50%		56%		51%		**53%**	58%		55%	54%		52%	
Citizen-ship	% Citizens	89%		94%	+	93%		83%		**86%**	94%		89%	90%		92%	
	% Living in the US Less Than Five Years	1%	-	0%	-	0%	-	3%		**7%**	0%	-	5%	3%	-	‡	
	% Married	‡		‡		0%		‡		**‡**	0%		‡	‡		‡	
Age Distribution	Average Age	8	-	9		10		10		**10**	10		10	10		10	
	0 - 9	58%	+	50%		46%		44%		**46%**	48%		47%	47%		47%	
	10 - 18	42%	-	50%		54%		56%		**54%**	52%		53%	53%		53%	
	19 - 34	0%		0%		0%		0%		**0%**	0%		0%	0%		0%	
	35 - 49	0%		0%		0%		0%		**0%**	0%		0%	0%		0%	
	50 - 64	0%		0%		0%		0%		**0%**	0%		0%	0%		0%	
Poverty Level	Median Poverty Level	107%	-	392%	+	319%		197%	-	**276%**	413%	+	313%	318%	+	332%	+
	Below 50%	22%		1%		‡		10%		**‡**	0%		‡	‡		‡	
	50% - Below 100%	25%		2%		‡		13%		**‡**	0%		‡	3%		‡	
	100% - 138%	15%		3%		4%		11%		**‡**	0%		‡	4%		‡	
	Above 138% - Below 200%	16%		7%		12%		18%		**‡**	0%		‡	5%		8%	
	200% - Below 300%	14%	-	19%	-	21%	-	24%	-	**47%**	22%	-	38%	36%		35%	
	300% - Below 400%	3%	-	19%		19%		7%	-	**21%**	25%		22%	21%		19%	
	400% and Above	4%	-	49%	+	36%	+	17%		**19%**	54%	+	32%	30%		27%	
Education	Less than High School	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
	High School Graduate	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
	Other Degree	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
	Bachelor's or Higher	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
Lang. Spoken at Home	English	74%		93%	+	96%	+	71%	-	**80%**	97%	+	87%	88%		89%	
	Spanish	21%		4%	-	‡		23%	+	**14%**	‡		9%	8%		6%	-
	Other Language	5%		3%		‡		6%		**‡**	‡		‡	5%		‡	
Work	Employed	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
	Any Worker in Family	80%	-	99%		94%		92%	-	**97%**	99%		97%	98%		99%	
Health Status	% Reporting Fair/Poor Physical Health	4%		2%		‡		2%		**‡**	‡		‡	‡		‡	
	% Reporting Fair/Poor Mental Health	3%		1%		‡		‡		**‡**	0%		‡	‡		‡	
Annual Utilization	Any Hospitalizations	4%		2%		‡		3%		**‡**	‡		‡	2%		‡	
	Any Outpatient	6%		7%		10%		3%		**‡**	‡		7%	7%		7%	
	Any ER visits	15%	+	11%		8%		11%		**9%**	‡		9%	9%		9%	
	Any Office Visits	69%		77%	+	72%		54%	-	**65%**	71%		67%	69%		70%	
	Any Prescription Drugs	46%		51%	+	42%		34%		**41%**	41%		41%	43%		45%	
	Any Dental Visits	38%		56%	+	53%		31%	-	**43%**	50%		46%	48%		50%	
	Any Home Health	1%		‡		‡		‡		**‡**	‡		‡	‡		‡	
Expense	Total Annual Health Expenses	$ 1,470		$ 1,454		$ 1,033		$ 1,004		**‡**	$ 992		‡	$ 1,284		$ 1,330	
	Expenses (newly insured spending inflated by 25%)	$ 1,470		$ 1,454		$ 1,033		$ 1,004		**‡**	$ 992		‡	$ 1,371		$ 1,330	
	Expenses (newly insured spending inflated by 60%)	$ 1,470		$ 1,454		$ 1,033		$ 1,004		**‡**	$ 992		‡	$ 1,464		$ 1,330	

‡ indicates an unreliable statistic, due to a RSE above 30%.

Source: Kaiser Family Foundation Simulation of 2019 Health Insurance Exchange Enrollment Population using CBO assumptions and the 2007 Medical Expenditure Panel Survey.

Health Insurance **Exchange Enrollees** versus Other Insurance Coverage Groups

Children (Aged 0 - 18)

		Surveyed December 2007 Population								**Estimated 2019 Population**							
		Medicaid	vs. Exchange	Employer-Sponsored Insurance	vs. Exchange	Nongroup	vs. Exchange	Uninsured	vs. Exchange	**Exchange Enrollees**	Nongroup	vs. Exchange	Exchange + Nongroup (Risk Pool)	Exchange Eligible	vs. Exchange	Ex. Eligible minus Risk Pool	vs. Exchange
Access to Care	% with Usual Source of Care	90%		93%	+	94%	+	72%	-	**82%**	95%	+	87%	87%		88%	
	% Unable to See a Doctor	1%		‡		‡		2%		**‡**	‡		‡	‡		‡	
	% Unable to Purchase an Rx	‡		‡		‡		‡		**‡**	‡		‡	‡		‡	
	% Unable to See a Dentist	2%		1%		‡		‡		**‡**	‡		‡	‡		‡	
	% Delayed Seeing a Doctor	2%		2%		‡		3%		**‡**	‡		‡	‡		‡	
	% Delayed Purchasing an Rx	‡		1%		‡		‡		**‡**	‡		‡	‡		‡	
	% Delayed Seeing a Dentist	2%		1%		‡		4%		**‡**	‡		‡	3%		‡	
Utilization-based Chronic Conditions	Cancers, Leukemias, and other Malignancies	‡		‡		0%		0%		**‡**	0%		‡	‡		‡	
	HIV	‡		0%		0%		0%		**0%**	0%		0%	0%		0%	
	Thyroid Disease	‡		‡		0%		‡		**‡**	0%		‡	‡		‡	
	Diabetes Mellitus	0%		‡		0%		0%		**‡**	0%		‡	‡		‡	
	Hyperlipidemias	‡		‡		0%		‡		**‡**	0%		‡	‡		‡	
	Psychoses	2%		1%		‡		‡		**‡**	‡		‡	‡		‡	
	Depression	2%		1%		‡		2%		**‡**	‡		‡	‡		‡	
	Other Mental Health Conditions	2%		2%		‡		‡		**‡**	‡		‡	‡		‡	
	Cognitive Disorders	6%		4%		‡		4%		**‡**	‡		‡	4%		‡	
	Brain and Central Nervous System Conditions	1%		1%		‡		‡		**‡**	‡		‡	‡		‡	
	Migrane Headaches	1%		1%		‡		‡		**‡**	‡		‡	‡		‡	
	Eye / Vision Problems	1%		2%		‡		‡		**‡**	‡		‡	‡		‡	
	Hearing Loss	‡		‡		0%		0%		**‡**	0%		‡	‡		‡	
	Hypertension	‡		‡		‡		‡		**‡**	0%		‡	‡		‡	
	Heart Condition	‡		‡		‡		‡		**‡**	0%		‡	‡		‡	
	Cerebrovascular Problems	0%		0%		‡		0%		**0%**	‡		‡	‡		0%	
	Other Vascular Problems	‡		‡		0%		0%		**‡**	0%		‡	‡		0%	
	Chronic Pulmonary Conditions	9%		8%		5%		5%		**‡**	‡		6%	7%		8%	
	Liver Conditions	‡		0%		0%		‡		**0%**	0%		0%	0%		0%	
	Kidney Conditions	‡		0%		0%		0%		**0%**	0%		0%	0%		0%	
	Osteoarthritis/Arthro	‡		‡		‡		0%		**‡**	‡		‡	‡		‡	
	Vertebral Disc Condition	0%		‡		0%		‡		**‡**	0%		‡	‡		‡	
	Other Chronic Conditions	11%		16%		15%		9%		**11%**	14%		12%	13%		14%	
	Average # of Chronic Conditions (from this list)	0.3		0.4		0.3		0.2		**0.3**	0.3		0.3	0.3		0.3	
	% with Three or More Chronic Conditions	2%		1%		‡		‡		**‡**	‡		‡	‡		‡	
Preventive Care	Checkup in Past 2 Years	75%		84%		64%		64%		**67%**	‡		68%	70%		71%	
	BP Check in Past 2 Years	85%		91%		81%		74%		**79%**	86%		80%	81%		82%	
	Chol. Check in Past 2 Years (35+ M / 45+ F)	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
	Pap Smear in Past 3 Years (18+ Females Only)	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
	Mammogram Past 2 Years (50+ Females Only)	N/A		N/A		N/A		N/A		N/A	N/A		N/A	N/A		N/A	
Non-Users	No Health Expenses in 2007	19%		9%	-	12%		31%	+	**20%**	‡		17%	16%		15%	
	No Health Charges in 2007 (excludes Rx)	19%		9%	-	13%		30%	+	**21%**	13%		18%	17%		15%	

‡ indicates an unreliable statistic, due to a RSE above 30%.

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This publication (#8147) is available on the Kaiser Family Foundation's website at www.kff.org

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