

**The Impact of the Patient Protection and Affordable Care Act on Healthcare Coverage  
in the Houston-Galveston Area**

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## **Introduction**

Health insurance coverage is a primary enabler of access to health care in the United States but 50.7 million people nationwide (16.7% of the population) lacked health insurance in 2009, and more than 70% of the uninsured were in households with income less than 400% of the Federal Poverty Level (FPL).<sup>1</sup> The percentage uninsured in the 13-county region of the Houston-Galveston Area Council (H-GAC) (Harris, Austin, Brazoria, Fort Bend, Galveston, Chambers, Montgomery, Waller, Liberty, Colorado, Matagorda, San Jacinto, Waller, and Walker) was 27%, three percentage points higher than the Texas average, and more than twice the national rate. The uninsured with income below 400% of the FPL was approximately 90% of the total population of uninsured (American Community Survey, 2009).

If fully implemented, the coverage provisions of the Patient Protection and Affordable Care Act (ACA) are expected to extend public and private coverage to 32 million people nationwide, and almost 4 million in Texas.<sup>2</sup> The Texas uninsurance rate could be reduced by 60% compared to projected numbers without reform. A number of factors will result in the impact of the ACA varying at the community level including the age and income distribution of the population (which affects the number of eligibles for coverage), the response of the population to the coverage incentives and mandates, and implementation issues related to the design and marketing of new programs. It will take years for the impact of ACA to be known. The purpose of this report is to

project the likely number and characteristics of those who could be covered and remain uninsured assuming full implementation of all the ACA coverage provisions and reasonable estimates of the responses of businesses and individuals to those provisions.

Coverage projections are needed for communities interested in identifying the future need for health care services to serve the newly covered as well as those who will remain uninsured if ACA is implemented in part or in full. The major coverage provisions of the ACA are summarized in the next section followed by a description of the methods used to generate the projections and the aggregate results for the region. County-specific estimates are provided in tables in the appendix.

### **Coverage Provisions of the ACA**

Some of the major provisions of the ACA are already in effect but the provisions with the largest potential impact on coverage begin in 2014 and are not expected to be fully implemented until 2019-20. Table 1 lists these provisions and shows the potentially eligible populations targeted.

In general, the ACA coverage provisions are aimed at extending coverage to the low and middle-income uninsured by expanding Medicaid and providing premium subsidies for private insurance. They also impose tax penalties on those who don't obtain qualified coverage, incentives to state and local agencies to simplify and streamline enrollment, regulations of insurance industry practices, and tax credits and penalties for employers. Provisions are intended to create affordable public or private coverage opportunities to all citizens and legal resident immigrants in the U.S. to go

along with the mandates for obtaining coverage. The following sections provide brief summaries of the major coverage provisions. More detailed descriptions are available from a number of other sources.<sup>3-4</sup>

### Individual Mandates and Penalties

Perhaps the most controversial aspect of the ACA are the individual insurance coverage mandates and phased in tax penalties that require U.S. citizens and legal residents to have qualifying health coverage, effective January 1, 2014. Those without coverage will pay a minimum tax penalty of \$695 per year per person up to a maximum of three times that amount (\$2,085) per family or 2.5% of household income. The penalty will be phased in according to the following schedule: \$95 in 2014, \$325 in 2015, and \$695 in 2016 for the minimum or 1.0% of taxable income in 2014, 2.0% of taxable income in 2015, and 2.5% of taxable income in 2016. After 2016, the penalty will be increased annually by the cost-of-living adjustment. Exemptions will be applied to those with financial hardship, religious objection, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of income, and those with incomes below the tax filing threshold (in 2009 the threshold for taxpayers under age 65 was \$9,350 for singles and \$18,700 for couples).<sup>3</sup>

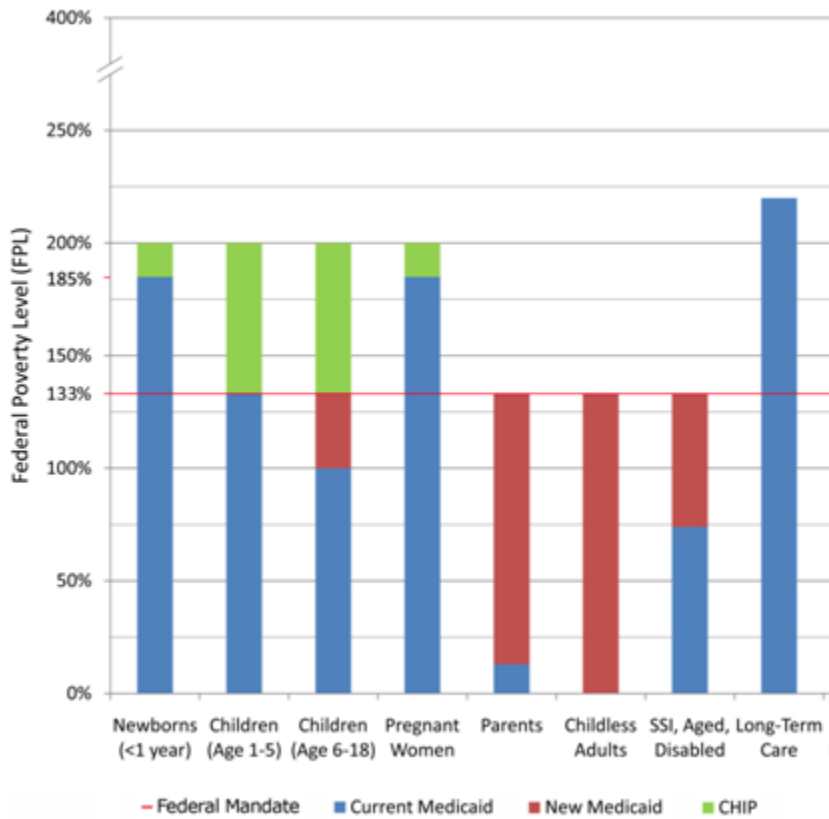
### Medicaid Expansion

The ACA extends Medicaid eligibility to all citizens and selected legal immigrants under age 65 years old with income up to 133% of the FPL (\$14,484 for a single person; \$29,726 for a family of four) (Table 1.). The ACA applies a 5% income disregard to

individuals which effectively makes the Medicaid income eligibility limit 138% of FPL.

Figure 1 compares the ACA threshold with the current current Medicaid and CHIP income eligibility thresholds in Texas. As seen in the figure, the two low-income populations likely to be most impacted are childless adults who currently do not qualify for Medicaid and low-income parents. There is little impact on children since the combined Medicaid and CHIP income thresholds go to 200% of FPL.<sup>11</sup>

**Figure 1. Public Insurance Eligibility Levels in Texas, with ACA**



Source: Adapted from Texas Medicaid and CHIP in Perspective, Eighth edition-January 2011 (The Pinkbook)

In addition to these income and category changes, the ACA eliminates asset and resource tests for Medicaid eligibility and requires that the eligibility process be

streamlined and simplified. Individuals applying for eligibility through Exchanges must be screened for and enrolled in Medicaid and CHIP, if they qualify. In addition, the Medicaid enrollment process must be simplified and coordinated with Exchanges. States must develop a single, streamlined form that can be used to apply for all health subsidy programs as well as a secure, electronic interface allowing an Exchange of data (including information contained in the application form) that allows a determination of eligibility for all such programs. State agencies and organizations that provide eligibility and enrollment services to prospective and current populations will have an opportunity to pursue grants and other resources to improve outreach of programs.

#### *Exchanges and Premium Subsidies*

The ACA will allow individuals without access to affordable employer-based coverage and small businesses to purchase health insurance directly from health Exchanges, defined as a managed market place that will offer a choice of affordable plans. According to federal proposed rules, at a minimum, an Exchange must<sup>9</sup>:

- Certify qualified health plans to offer coverage through the Exchange, classify each qualified health plan in terms of its coverage provisions, and develop a standardized format for presenting the plans to the public.
- Maintain an Internet website through which prospective enrollees may obtain standardized comparative information on the plans.
- Inform individuals of eligibility requirements for Medicaid, CHIP, and other applicable state or local public programs of coverage, and conduct eligibility screening and enrollment. Establish and make available information to

determine the actual cost of coverage for an individual after the application of any premium tax credit or cost sharing reduction.

- Screen for and grant coverage exemptions based on affordability or other criteria.
- Transfer certain information to the federal government and employers regarding individuals covered through the Exchange and those exempted from the coverage mandate.
- Establish a navigator program to conduct public education regarding the Exchange and to facilitate enrollment.

According to recently proposed federal rules and regulations for the Exchanges, ACA will encourage each state to establish a health insurance Exchange by 2014. States that decline, or that have not made sufficient progress towards creating an Exchange by January 2013, will be required to work with the federal government to set up a federally facilitated Exchange in their state or continue to work on a state Exchange until approved. The rules would allow states to receive conditional approval for an Exchange depending on its development. Additionally, states that fail to establish Exchanges by 2014, may apply in subsequent years.<sup>17</sup>

Exchanges will be required to offer four basic plans - bronze, silver, gold, platinum - and a separate catastrophic plan for individuals under 30 to individuals and small businesses. Before 2016, states will have the option to define small employers either as those with 100 or fewer employees, or 50 or fewer employees. Beginning in 2017, states may allow large employers to obtain coverage through an Exchange (but

will not be required to do so). Participating employers may limit their workers’ choice of Exchange plans; workers could then choose any available Exchange plan at that level (e.g., gold).<sup>10</sup>

Exchanges will offer subsidized premiums in the form of advanced refundable tax credits on a sliding scale to individuals and families with incomes between 133 and 400% of the FPL in 2014. The premium credits will be tied to the second lowest-cost silver plan in the area and will be provided on a sliding scale basis such that recipients in families with incomes up to 100% of FPL will pay a maximum of 2% of income for insurance, up to 12% of income for those between 300-400% of FPL.<sup>18</sup> The Texas Department of Insurance (TDI), Health and Human Services Commission (HHSC), and Texas Attorney General’s office are coordinating efforts to determine the type of state Exchange that will be developed if the decision is made to have one. The following table shows the income level of families in relation to FPL.

**Table 1. Federal Poverty Guideline for the state of Texas.**

<b>Family Size</b>	<b>100%</b>	<b>133%</b>	<b>185%</b>	<b>200%</b>	<b>400%</b>
<b>1</b>	\$10,890	\$14,484	\$20,147	\$21,780	\$43,560
<b>2</b>	\$14,710	\$19,564	\$27,214	\$29,420	\$58,840
<b>3</b>	\$18,530	\$24,645	\$34,281	\$37,060	\$74,120
<b>4</b>	\$22,350	\$29,726	\$41,348	\$44,700	\$89,400
<b>5</b>	\$26,170	\$34,806	\$48,415	\$52,340	\$104,680
<b>6</b>	\$29,990	\$39,887	\$55,482	\$59,980	\$119,960

Insurance Reforms

Dependant Coverage. Beginning in 2010, the ACA requires private insurers that offer dependant coverage to allow young adults up to age 26 to remain on their parent’s



insurance policy. The regulation specifies that even if the individual is no longer living with parents, is not listed as a dependent on a parent's tax returns, or is no longer a student, he/she qualifies for this coverage. Both married and unmarried young adults can qualify for the dependant coverage extension, although that coverage does not extend to the young adult's spouse or children. Children includes natural children, legally adopted children, stepchildren, and children who are dependent during the waiting period before adoption. Grandchildren are not eligible for this provision. This rule applies to all plans in the individual market and to new or significantly changed employer-based group plans.<sup>5</sup> At the present time, it does not apply if the adult child has another offer of employer-based coverage (such as through his or her own employer). Beginning in 2014, children up to age 26 can stay on their parent's plan even if they have another offer of coverage.<sup>6</sup>

Lifetime and Annual Limits. ACA prohibits group health plans and insurers offering group or individual health insurance coverage from imposing lifetime or annual limits on the dollar value of "essential health benefits."<sup>7</sup> With respect to lifetime limits, the prohibition applies to plan or policy years beginning on or after September 23, 2010, and with respect to annual limits, the prohibition applies to plan or policy years beginning on or after January 1, 2014, subject to a three-year phased implementation of "restricted annual limits." The ACA defines "essential health benefits" to include at least the following: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse disorder services, including behavioral health treatment; prescription drugs; rehabilitative services and

devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.<sup>7</sup>

The annual limits on the dollar value of “essential health benefits” may not be less than the following:<sup>7</sup>

- \$750,000 annual limit (per individual) for plan or policy years beginning on or after September 23, 2010, but before September 23, 2011;
- \$1,250,000 annual limit (per individual) for plan or policy years beginning on or after September 23, 2011, but before September 23, 2012; and
- \$2,000,000 annual limit (per individual) for plan or policy years beginning on or after September 23, 2012, but before January 1, 2014.

Pre-existing Medical Condition Exclusions. This regulation in ACA prevents plans from considering pre-existing conditions<sup>5</sup> in coverage decisions beginning on or after the effective date for new plans and some existing plans with major changes. The ACA requires that the Secretary of the Department of Health and Human Services establish, either directly or through contracts with states or nonprofit private entities, a temporary high risk health insurance pool program to provide affordable health insurance coverage to uninsured individuals with pre-existing conditions.<sup>8</sup> This program will continue until January 1, 2014, when Exchanges established under the ACA will be available for individuals to obtain health insurance coverage.

#### *Tax Credits and Penalties for Employer Coverage*

Under the ACA, small businesses who offer insurance are eligible to receive a tax credit for a portion of the premiums. Tax credits are available for businesses with 25 or

fewer full time employees, have workers with average annual income below \$50,000 and pay at least half the insurance premium. Employers with 50 or more full time employees who do not offer insurance will face a penalty of \$2,000 annually times the number of full-time employees minus 30. The penalty will be increased each year beginning in 2014 by the growth in insurance premiums. For employers offering coverage, the coverage must pay for at least 60% of covered healthcare expenses for a typical individual and require the employee to pay no more than 9.5% of family income for coverage. If the coverage fails to satisfy any of the conditions and the employee obtains coverage in an Exchange, the employer will be penalized \$3,000 annually for each fulltime employee covered by a subsidized plan, or \$2,000 times the number of fulltime employees minus 30, whichever is less. The penalty is increased each year by the growth in insurance premiums.<sup>3</sup>

**Table 2. Major Coverage Provisions of ACA and Targeted Populations**

<b>Age</b>	<b>Age 0-18</b>			<b>Age 19-25</b>			<b>Age 26-64</b>		
<b>FPL</b>	<b>&lt; 200 % FPL</b>	<b>200 – 400 % FPL</b>	<b>&gt;400 % FPL</b>	<b>&lt;138 % FPL</b>	<b>138 - 400% FPL</b>	<b>&gt;40 0% FPL</b>	<b>&lt;138% FPL</b>	<b>138- 400% FPL</b>	<b>&gt;400% FPL</b>
<b>Programs</b>									
<b>Coverage Mandates</b>	X	X	X	X	X	X	X	X	X
<b>Insurance Reform</b>									
<b>Adult dependent coverage to age 26</b>					X	X			
<b>Pre-existing condition exclusions</b>	X	X	X	X	X	X	X	X	X
<b>Exchanges with Subsidies for Private Coverage</b>		X			X			X	
<b>Tax Credits and Penalties for Employers</b>	X	X	X	X	X	X	X	X	X
<b>Medicaid Expansion and Streamlined Eligibility</b>	X			X			X		
				X			X		

**Coverage Projection Methods**

The projections of impact on coverage were completed in four steps. First, the current number and percent of insured and uninsured people in each county was determined. Second, the size of age-, income-, and citizenship status-specific

population sub-groups of insured and uninsured who are potentially eligible for coverage under the ACA were projected for the period 2014-2020 for each county. Third, the expected coverage of these populations without ACA was estimated by applying current coverage rates to the projected population sub-groups. Fourth, the expected coverage rates under ACA were estimated based on a number of assumptions from various national and state experts regarding the responses of eligible populations to the new eligibility thresholds, incentives, and mandates.

#### *Current Insured and Uninsured*

The number and percentage of publicly and privately insured and uninsured people in 2008 and 2009 in each of the 14 counties by income, age, and citizenship status were determined based on data from the American Community Survey (ACS) Public Use Microdata file (PUMS). The ACS data were weighted, based on age, income and citizenship to represent the county population. ACS data on health insurance coverage was obtained for three age groups (0 to 18, 19 to 25, and 26 to 64), three different income groups, and three groups defined by citizenship status. The groups included: citizen, non-citizen documented, and non-citizen undocumented children age 0-18 with incomes less than 200% FPL, 200 to 400% FPL, and 400% FPL and above; citizen, non-citizen documented, and non-citizen undocumented adults age 19-25 and 26-64 with incomes less than 138% FPL, 138 to 400% FPL and 400% FPL and above. These 27 subgroups were selected because they meet the broad eligibility characteristics of the populations targeted for coverage expansion under ACA.

### Projections of Coverage Without Reform

We projected the size of each sub-group population in each county for the 2014-2020 period based on the Texas State Demographer's 2000-2007 population projection scenario. This scenario takes into account post 2000 population trends and gives realistic projections considering recent migration trends. We then applied the ACS coverage rates for 2008 and 2009 to the projected populations of each age, income, and citizenship status group to estimate coverage without reform.

### Projections of Coverage With Reform

To project health insurance coverage under ACA, we applied coverage rates to the uninsured in the above subgroups based on state and national estimates of take-up rates and enrollment percentages in response to the various provisions of the ACA. The basis for the estimates are discussed below for each provision .

Increase in Medicaid/CHIP Coverage. In developing estimates of increased public coverage in Medicaid and CHIP, we initially considered the statewide enrollment rates developed by the Texas HHSC and presented in April testimony to the Texas House Select Committee on Federal Legislation.<sup>14</sup> The HHSC staff estimated that under ACA the take-up rate for existing eligibles currently not enrolled (primarily children) and new eligibles (primarily adults) would lead to 91% enrollment of all eligible persons in 2014, increasing to 93% in 2015 and 94% thereafter for Medicaid and CHIP. These percentages are based on assumptions about the behavioral response of individuals and providers to the insurance mandate and penalties.

Three different scenarios were used based on predictions of Medicaid and CHIP enrollment. Holahan and Headen have generated independent estimates of the impact of ACA on Medicaid and CHIP coverage in Texas based on two possible scenarios.<sup>12</sup> They assume that Texas, like other states, may be proactive in implementing reforms to achieve coverage levels above expectations (73.6% reduction in uninsured low-income adults and children) or may be slower and less active in implementing reforms to achieve enrollment similar to what currently exists (49.4% reduction in uninsured low-income adults and children). Scenario 1 is based on Holahan and Headon's slow reform prediction for the region, leading to 83.1% participation of new and existing Medicaid eligibles beginning in 2014. Under the Holahan and Headen enhanced outreach scenario, 96.7% of Medicaid eligibles would participate (Scenario 3).<sup>12</sup>

Scenario 2, which is between the two that are based on Holahan and Headen, involved balancing the participation predictions of the Texas HHSC staff with current participation rates (Scenario 2).<sup>12</sup> The HHSC predicted 93% participation of new eligibles (childless adults and parents) as well as current eligibles. The HHSC rates are high compared to current participation rates of children in Medicaid and CHIP in the 13-county region which was 65% in 2009 (Our estimates from American Community Survey, 2009). After consulting with the Texas Medicaid staff who developed the estimates, we selected participation rates of 81% in 2014; 83% in 2015, and 84% thereafter for Medicaid and CHIP, which are between the current penetration rate and the HHSC prediction.

Private insurance coverage changes and enrollment in Exchanges were assumed to be similar to national trends developed by analysts at CMS. The potential impact of the reform on coverage is estimated by comparing the projections of covered and uncovered populations at the county level by income, age, and citizenship status group with no change and under the various ACA scenarios and predictions.

Changes in Employee Coverage. Private insurance coverage changes were based on micro-simulation models of the behavioral response of individuals and businesses to ACA provisions developed by national researchers at the Center for Medicare and Medicaid Services (CMS). CMS estimated in their April 22, 2010 report from the chief actuary initial increases in employee coverage post reform of 2.31% in 2014 followed by slight declines by about 1 million people in 2019 at the national level. Table 2 summarizes the national level employee coverage changes projected by CMS.<sup>15</sup> We applied this same pattern to our regional projections to predict the changes in employee coverage with reform in each county.



**Table 3. CMS Annual Percentage Change in Employee Coverage by Year**

Year	No. insured under current law, in millions	Year	No. insured post reform, in millions	%age change
2014	166.1	2014	168.1	+ 1.2%
2015	166.6	2015	169.0	+ 2.4%
2016	166.4	2016	166.6	+ 0.12%
2017	166.2	2017	164.7	+ 0.9%
2018	166.0	2018	163.7	- 1.39%
2019	165.9	2019	164.5	- 0.84%
2020	165.9	2020	164.5	- 0.84%

Source: Richard S. Foster (Chief Actuary). *Estimated Financial Effect of the "Patient Protection and Affordable Care Act", as Amended*: Center for Medicare and Medicaid Services.

Changes in Individual Coverage and Enrollment in the Exchanges. Individual insurance coverage changes and estimates of enrollment in Exchanges were based on micro-simulation models developed by national researchers at the RAND Corporation. The RAND study predicted an additional enrollment of 4 million people in Exchanges in Texas by 2016. They also predicted that 14.34% (894,000) of currently uninsured people in Texas will be covered under an Exchange. These predictions result in total enrollees in the Exchange of 4.2 million people, which is approximately 18% of the state's insured non elderly population in 2016.<sup>2</sup> Table 3 shows the RAND Exchange enrollment estimates and effect on private health insurance coverage for Texas. We applied these enrollment percentages to eligible populations in the Houston-Galveston area counties.

**Table 4. RAND Estimates of the Change in Exchange Enrollment and Individual Coverage**

Year	No. insured under current law, in thousands (individual coverage)	No. insured post reform, in thousands (individual coverage)	No. insured post reform, in thousands (Exchange)	% change in enrollment (Exchange)	% change in enrollment (individual coverage)
2014	1680	690	3730	+122.02%	-56.31%
2015	1700	710	3910	+130.00%	-55.91%
2016	1700	710	4040	+137.64%	-55.91%
2017	1710	710	4110	+141.17%	-55.74%
2018	1720	720	4160	+141.86%	-55.80%
2019	1720	720	4210	+144.76%	-55.79%
2020	1720	730	4270	+148.25%	-55.22%

**Source:** Auerbach D, Nowak S, Ringel JS, et al. The Impact of the Coverage-Related Provisions of the Patient Protection and Affordable Care Act on Insurance Coverage and State Health Care Expenditures in Texas. In: RAND; 2011.

Coverage of Undocumented Immigrants. To estimate the percentage of non-citizens who would not be eligible for the ACA coverage provisions because they are undocumented, we relied on the Urban Institute national estimate of 41.5%.<sup>16</sup> In projecting the eligible population for Medicaid and CHIP coverage of non-citizens we removed the percent undocumented. We also removed adult non-citizens who had not resided in United States for at least five years because at the present time they are also ineligible for Medicaid in the state. We assumed that 60% of undocumented non-citizens would obtain private insurance coverage, based on current estimates from the Urban Institute.

## Results

Table 5 presents our projections of coverage in 2014 and 2020 for the 13-county region under the three scenarios for Medicaid/CHIP enrollment. The proportion of the population in the region with insurance coverage under ACA will increase from 74.2 to 85.95% under most conservative scenario. The number of non-elderly people in the region without health insurance in 2020 will be about half what it would have been in the absence of the law (942,754 uninsured instead of almost 1.8 million).

**Table 5. Impact by Scenarios**

Category	2010	2014			2020		
		Scenario 1	Scenario 2	Scenario 3	Scenario 1	Scenario 2	Scenario 3
# of Non-elderly without insurance	1,449,604	917,871	893,335	768,617	969,567	942,754	612,157
# of Non-elderly with insurance	4,170,862	5,208,163	5,232,699	5,357,417	5,933,069	5,959,882	6,099,345
% of Non-elderly without insurance	25.79	14.98	14.58	12.55	14.05	12.55	11.64
% of Non-elderly with insurance	74.21	85.02	85.42	87.45	85.95	87.45%	88.36
Total non-elderly population	5,620,466	6,126,034			6,902,636		

The largest source of coverage in the region will continue to be employer-sponsored insurance (Table 6). Some employers (mostly small businesses) will opt to offer coverage through the Exchange rather than on their own. By 2020, 7.85% of the insured, non elderly population in the region will get coverage through Exchanges. Enrollment in Medicaid will increase by 53% relative to what it would be in the absence

of ACA. Most of the increase in Medicaid enrollment will come from individuals who are newly eligible as a result of the ACA.

**Table 6. Projection of Health Insurance Coverage by Type**

Category	2010	2014		2020	
		No Change #(%)	Scenario 2 #(%)	No change #(%)	Scenario 2 #(%)
Employer coverage	3,106,186 (55.27%)	3,410,012 (55.66%)	3,332,242 (54.39%)	3,861,777 (55.94%)	3,693,054 (53.50%)
Individual Insurance	418,438 (7.44%)	464,561 (7.58%)	379,131 (6.19%)	526,020 (7.62%)	431,386 (6.25%)
Medicaid	743,774 (13.23%)	784,821 (12.81%)	1,142,079 (18.64%)	870,642 (12.61%)	1,331,860 (19.29%)
Exchanges	N/A (0.00%)	N/A (0.00%)	362,147 (5.91%)	N/A (0.00%)	467,301 (5.25%)
Other	212,828 (3.79%)	237,156 (3.87%)	237,156 (3.87%)	272,108 (3.94%)	272,108 (3.94%)
Non-elderly without insurance	1,449,604 (25.79%)	1,572,301 (25.66%)	893,335 (14.58%)	1,572,301 (22.77%)	942,754 (13.66%)
Non-elderly with insurance	4,170,862 (74.21%)	4,553,733 (74.33%)	5,232,699 (85.42%)	5,139,201 (74.45%)	5,959,882 (86.34%)
Total non-elderly population	5,620,466 (100.00%)	6,126,034 (100.00%)		6,902,636 (100.00%)	

Children and non elderly adults age 26 to 64 years will have the largest increases in coverage under ACA (Table 7). In 2020, only 5% of children in the region will remain uninsured, down 71% from the current rate of 16.96%. Under ACA, 45.22% additional non elderly adults age 26-64 years will receive coverage through the Exchange or Medicaid expansion, bringing the uninsurance rate in that age group down to 15.17% from 26.69%. The uninsurance rate in the 19-25 age group, currently almost 45%, will decrease by 37% to 28.5% in the region.

**Table 7. Projection of Health Insurance Coverage by Age**

Category	2010	2014			2020		
		No change # (%)	Scenario 2	% Change	No change # (%)	Scenario 2	% Change
Uninsured Non elderly	1,449,604 (25.79%)	1,572,301 (25.66%)	893,335 (14.58%)	-43.18%	1,763,435 (25.55%)	942,754 (13.62%)	-46.53%
Less than 18	285,900 (19.72%)	300,934 (19.13%)	119,624 (13.39%)	-60.24%	327,777 (18.58%)	110,203 (11.69%)	-66.37%
19 to 25	269,072 (18.56%)	284,334 (18.08%)	191,552 (21.44%)	-32.63%	286,679 (16.25%)	182,389 (19.35%)	-36.37%
26 to 64	892,526 (61.57%)	974,575 (61.98%)	575,267 (64.40%)	-40.97%	1,123,658 (63.71%)	615,553 (67.73%)	-45.21%

By 2020, the uninsured population in the region below 138% of FPL will decrease from 700,000 to 254,000, a 66% drop in uninsured in this income group (Table 6).

Access to Exchanges will bring the uninsurance rate down by 45.49% for the population with incomes in the 138 to 400% range of FPL. There will be a smaller impact on populations above 400% of the FPL.

**Table 8. Projection of Health Insurance Coverage by Income**

Category	2010	2014			2020		
		No change # (%)	Scenario 2	% Change	No change # (%)	Scenario 2	% Change
Uninsured Non elderly	1,449,604 (25.79%)	1,572,301 (25.66%)	893,335 (14.58%)	-43.18%	1,763,435 (25.55%)	942,754 (13.66%)	-46.53%
< 138/200%	652,612 (45.02%)	690,839 (43.93%)	219,314 (24.55%)	-68.25%	765,081 (43.38%)	244,739 (24.96%)	-68.01%
138/200% - 400%	621,880 (42.90%)	673,560 (42.89%)	475,522 (53.22%)	-29.44%	752,928 (42.69%)	475,337 (50.41%)	-36.86%
> 400%	175,257 (12.09%)	195,441 (12.43%)	198,499 (22.21%)	+1.56%	221,666 (12.57%)	222,584 (23.60%)	+0.41%

Low and middle income U.S. citizens will be the primary beneficiaries of the coverage provisions of the ACA. The coverage of undocumented immigrants will not change and that of recent legal immigrants will increase only for children. By 2020, 11.74% of citizens will remain uninsured in the region, down from 25% currently, a decrease of about 50%. However, 41.5% of all non-citizens will remain uninsured, a slight increase from the current rate of 40%.

**Table 9. Projection of Health Insurance Coverage by Citizenship Status**

Category	2010	2014			2020		
		No change	Scenario 2	% Change	No change	Scenario 2	% Change
Uninsured Non elderly	1,449,604 (25.79%)	1,572,301 (25.66%)	893,335 (14.58%)	-43.18%	1,763,435 (25.55%)	942,754 (13.66%)	-46.53%
Citizen	1,347,806 (92.97%)	1,428,904 (90.87%)	760,632 (85.14%)	-66.82%	1,590,767 (90.20%)	772,690 (81.96%)	-51.42%
Non citizen	110,340 (7.61%)	131,817 (8.38%)	125,803 (14.08%)	-4.56%	149,932 (8.50%)	143,692 (15.24%)	-4.16%

The appendices include a series of tables that present the results on a county-by-county basis.

### Discussion

Healthcare reform could substantially change both the number and composition of the uninsured in Southeast Texas. Less than 15% of the non elderly population in the region may remain uninsured after full implementation of ACA, down from nearly 28% without reform. National projections from the CMS estimate that 93.1% of the U.S. population will be insured under ACA<sup>19</sup>. The RAND Corporation predicts that insurance

coverage will increase to 94.2 % in 2020 in Texas.<sup>2</sup> HHSC's estimates predict the statewide coverage percentage to increase to 95%.<sup>14</sup> Our predictions of coverage for the region under ACA are somewhat lower, reflecting lower estimates of participation rates due to assumptions of less aggressive implementation and enrollment, and demographic characteristics in the region including higher unemployment rates, higher poverty, and larger numbers of undocumented residents.

A number of implementation issues create uncertainties about these predictions. The enrollment of new and existing eligibles will depend on yet to be defined efforts to expand and streamline eligibility processes. The impact of the mandates, penalties, regulatory requirements, premium subsidies, and Exchanges on behavior is difficult to predict. More information is needed to reduce these uncertainties so that communities in the region can assess the future need for safety net services among the newly covered as well as those who will remain uninsured if ACA is implemented. Safety net programs and providers that serve the low income and uninsured can use the projections provided in this report as initial estimates based on the best information available at the present time. As more information becomes available revised projections can be generated.

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**Appendix**

**Table A1. Uninsurnce With and Without ACA by County (Scenario 2)**

<b>Uninsured With/Without Reform in H-GAC</b>						
County	2010		2020			
	Without ACA		# Without ACA	# With ACA	% With ACA	% Change
	#	%				
Harris	1,048,057	27.68	1,042,092	645,111	14.40	-38.09
Austin	6,069	24.80	5,585	2,109	7.53	-62.25
Brazoria	66,134	22.90	65,324	47,860	13.11	-26.73
Fort Bend	102,589	19.12	117,207	82,548	10.58	-29.57
Colorado	5,424	29.81	4,270	1,528	8.06	-64.22
Galveston	57,837	22.15	52,658	30,140	10.12	-42.76
Montgomery	91,687	21.25	108,269	72,028	11.25	-33.47
Matagodra	9,944	29.51	7,164	2,666	8.23	-62.79
Wharton	11,188	29.55	8,579	3,133	8.21	-63.48
Liberty	17,389	23.93	14,895	10,054	12.59	-32.50
Waller	8,788	22.66	10,681	6,088	12.96	-43.00
Walker	15,059	25.57	14,010	4,691	8.50	-66.52
Chambers	7,896	22.03	7,891	5,593	13.60	-29.12
Total	1,448,062	25.80	1,458,626	913,548	13.66	-37.37

**Table A2. Types of Coverage With and Without ACA by County (Scenario 2)**

Impact on types of coverages with and without reform						
County	Coverage type	2010		2020		
		Without ACA		# Without ACA	# With ACA	% Change
		#	%			
Harris	Employer coverage	1,965,737	51.92	2,355,001	2,264,311	-3.85
	Private	265,017	7.00	323,301	260,932	-19.29
	Medicaid	568,884	15.03	644,750	989,040	53.40
	Other (VA, Tricare, IHS)	79,629	2.10	104,855	104,855	0.00
	Exchanges	N/A	N/A	0	299,916	100.00
	Any Health Insurance	2,737,338	72.31	3,253,293	3,847,677	18.27
Austin	Employer coverage	13,157	53.76	15,382	14,811	-3.71
	Private	2,521	10.30	2,951	2,365	-19.86
	Medicaid	3,504	14.32	3,968	6,422	61.83
	Other (VA, Tricare, IHS)	410	1.68	497	497	-0.05
	Exchanges	N/A	N/A	0	3,139	100.00
	Any Health Insurance	18,406	75.20	21,348	26,286	23.13
Brazoria	Employer coverage	181,412	62.81	231,666	224,526	-3.08
	Private	22,934	7.94	29,808	24,720	-17.07
	Medicaid	24,475	8.47	28,755	45,068	56.73
	Other (VA, Tricare, IHS)	6,850	2.37	9,027	9,027	0.00
	Exchanges	N/A	N/A	0	23,683	100.00
	Any Health Insurance	222,659	77.09	282,609	317,898	12.49
Fort Bend	Employer coverage	368,679	68.72	540,582	518,006	-4.18
	Private	42,722	7.96	62,666	53,078	-15.30
	Medicaid	31,315	5.84	42,832	74,411	73.73
	Other (VA, Tricare, IHS)	8,709	1.62	12,936	12,936	0.00
	Exchanges	N/A	N/A	0	47,565	100.00
	Any Health Insurance	433,876	80.87	632,701	700,848	10.77
Colorado	Employer coverage	8,272	45.46	8,853	8,721	-1.50
	Private	2,412	13.26	2,549	1,981	-22.28
	Medicaid	2,797	15.37	2,986	4,743	58.86
	Other (VA, Tricare, IHS)	178	0.98	189	189	0.21
	Exchanges	N/A	N/A	0	2,553	100.00
	Any Health Insurance	12,772	70.19	13,576	17,428	28.37

Impact on types of coverages with and without reform						
County	Coverage type	2010		2020		
		Without ACA		# Without ACA	# With ACA	% Change
		#	%			
Galveston	Employer coverage	155,070	59.39	179,704	174,503	-2.89
	Private	19,934	7.63	23,209	19,389	-16.46
	Medicaid	29,898	11.45	33,035	53,148	60.89
	Other (VA, Tricare, IHS)	9,795	3.75	11,423	11,423	0.00
	Exchanges	N/A	N/A	0	18,203	100.00
	Any Health Insurance	203,279	77.85	233,953	268,551	14.79
Montgomery	Employer coverage	264,117	61.22	394,970	384,886	-2.55
	Private	35,129	8.14	52,958	44,734	-15.53
	Medicaid	43,661	10.12	60,648	95,287	57.11
	Other (VA, Tricare, IHS)	10,642	2.47	16,003	16,003	0.00
	Exchanges	N/A	N/A	0	39,676	100.00
	Any Health Insurance	340,296	78.88	504,956	578,354	14.54
Matagorda	Employer coverage	15,212	45.15	15,037	14,814	-1.48
	Private	4,440	13.18	4,333	3,369	-22.24
	Medicaid	5,405	16.04	5,158	8,177	58.52
	Other (VA, Tricare, IHS)	318	0.94	316	316	0.00
	Exchanges	N/A	N/A	0	4,333	100.00
	Any Health Insurance	23,751	70.49	23,245	29,722	27.87
Wharton	Employer coverage	17,164	45.34	17,808	17,541	-1.50
	Private	5,008	13.23	5,125	3,984	-22.26
	Medicaid	5,969	15.77	5,951	9,497	59.60
	Other (VA, Tricare, IHS)	365	0.96	381	381	0.00
	Exchanges	N/A	N/A	0	5,128	100.00
	Any Health Insurance	26,669	70.45	27,368	35,006	27.91
Waller	Employer coverage	23,539	60.68	28,476	27,994	-1.69
	Private	3,095	7.98	3,842	3,256	-15.26
	Medicaid	3,597	9.27	4,249	6,685	57.34
	Other (VA, Tricare, IHS)	979	2.53	1,174	1,174	0.00
	Exchanges	N/A	N/A	0	2,635	100.00
	Any Health Insurance	30,002	77.34	36,292	40,883	12.65

Impact on types of coverages with and without reform						
County	Coverage type	2010		2020		
		Without ACA		# Without ACA	# With ACA	% Change
		#	%			
Liberty	Employer coverage	40,734	56.05	45,132	44,287	-1.87
	Private	5,293	7.28	5,845	4,778	-18.25
	Medicaid	9,672	13.31	10,256	15,094	47.17
	Other (VA, Tricare, IHS)	6,452	8.88	8,761	8,671	0.00
	Exchanges	N/A	N/A	0	4,973	100.00
	Any Health Insurance	55,281	76.07	60,962	69,930	14.71
Walker	Employer coverage	31,311	53.17	29,451	28,715	-2.50
	Private	7,436	12.63	7,209	5,778	-19.85
	Medicaid	9,537	16.20	8,829	12,957	46.75
	Other (VA, Tricare, IHS)	1,812	3.08	1,685	1,685	0.00
	Exchanges	N/A	N/A	0	6,619	100.00
	Any Health Insurance	43,825	74.43	41,201	50,660	22.96
Chambers	Employer coverage	18,159	56.22	23,305	22,865	-1.89
	Private	2,358	7.30	3,025	2,484	-17.87
	Medicaid	4,242	13.13	5,035	8,838	75.51
	Other (VA, Tricare, IHS)	907	2.81	1,183	1,183	0.00
	Exchanges	N/A	N/A	0	2,430	100.00
	Any Health Insurance	24,402	75.55	30,946	36,385	17.58
Total	Employer coverage	3,102,563	55.27	3,885,366	3,745,980	-3.59
	Private	418,299	7.44	526,822	430,848	-18.22
	Medicaid	742,957	13.23	856,453	1,329,367	55.22
	Other (VA, Tricare, IHS)	127,046	0.05	168,430	168,341	-0.05
	Exchanges	N/A	N/A	0	460,853	100.00
	Any Health Insurance	4,172,554	74.21	5,162,449	6,019,627	16.60

**Table A3. Uninsured With and Without ACA by Poverty Level and County (Scenario 2)**

<b>Composition of Uninsured by poverty level</b>									
County	FPL	2010			2020				
		Without ACA		% Within the group	# Without ACA	# With ACA	%	% Within the group	% Change
		#	%						
Harris	< 138/200%	491,825	46.93	42.36	569,987	190,151	30.76	14.20	-66.64
	138/200% - 400%	447,841	42.73	32.68	525,032	303,020	49.01	18.60	-42.29
	> 400%	108,390	10.34	10.34	129,790	125,056	20.23	8.28	-3.65
	Total	1,048,057	100.00	27.68	1,224,808	618,227	100.00	14.40	-49.52
Austin	< 138/200%	3,488	57.48	40.73	3,694	1,208	57.31	12.82	-67.30
	138/200% - 400%	1,919	31.62	20.77	2,222	166	7.87	4.97	-92.53
	> 400%	662	10.91	9.92	742	734	34.82	9.36	-1.04
	Total	6,069	100.00	24.80	6,657	2,108	100.00	7.53	-68.34
Brazoria	< 138/200%	20,305	30.70	41.43	25,430	8,767	18.32	14.52	-65.53
	138/200% - 400%	33,862	51.20	31.46	42,227	24,352	50.88	17.94	-42.33
	> 400%	11,967	18.10	9.06	14,907	14,741	30.80	8.72	-1.11
	Total	66,134	100.00	22.90	82,564	47,860	100.00	13.11	-42.03
Fort Bend	< 138/200%	33,360	32.52	41.10	47,752	14,377	19.00	12.70	-69.89
	138/200% - 400%	47,819	46.61	26.88	67,649	32,318	42.70	12.85	-52.23
	> 400%	21,410	20.87	7.72	31,963	28,990	38.30	7.06	-9.30
	Total	102,589	100.00	19.12	147,364	75,685	100.00	10.58	-48.64

Composition of Uninsured by poverty level									
County	FPL	2010			2020				
		Without ACA		% Within the group	# Without ACA	# With ACA	%	% Within the group	% Change
		#	%						
Colorado	< 138/200%	2,748	50.67	46.24	2,668	868	56.84	14.11	-67.47
	138/200% - 400%	2,299	42.37	33.93	2,246	256	16.76	10.35	-88.60
	> 400%	377	6.96	6.89	409	403	26.39	7.15	-1.35
	Total	5,424	100.00	29.81	5,322	1,527	100.00	8.06	-71.31
Galveston	< 138/200%	29,712	51.37	49.41	31,695	10,273	37.02	14.67	-67.59
	138/200% - 400%	18,970	32.80	23.89	21,776	7,996	28.82	8.70	-63.28
	> 400%	9,155	15.83	7.85	10,495	9,479	34.16	6.97	-9.68
	Total	57,837	100.00	22.15	63,966	27,748	100.00	10.12	-56.62
Montgomery	< 138/200%	36,171	39.69	39.52	52,620	18,856	26.18	13.83	-64.17
	138/200% - 400%	39,469	43.31	25.57	59,152	29,926	41.55	12.94	-49.41
	> 400%	15,483	16.99	8.71	23,551	23,246	32.27	8.53	-1.29
	Total	91,123	100.00	21.25	135,322	72,028	100.00	11.25	-46.77
Matagorda	< 138/200%	5,079	51.08	43.95	4,593	1,500	56.26	14.12	-67.34
	138/200% - 400%	4,187	42.11	32.26	3,860	483	18.12	10.86	-87.49
	> 400%	678	6.82	7.27	691	683	25.62	7.14	-1.20
	Total	9,944	100.00	29.51	9,144	2,666	100.00	8.23	-70.84
Wharton	< 138/200%	5,695	50.91	45.53	5,389	1,756	56.05	14.23	-67.42
	138/200% - 400%	4,720	42.19	33.62	4,555	560	17.87	10.54	-87.71
	> 400%	772	6.90	6.83	827	817	26.08	7.18	-1.17
	Total	11,188	100.00	29.55	10,771	3,133	100.00	8.21	-70.91



Composition of Uninsured by poverty level									
County	FPL	2010			2020				
		Without ACA		% Within the group	# Without ACA	# With ACA	%	% Within the group	% Change
		#	%						
Waller	< 138/200%	3,019	34.35	33.34	3,644	1,129	18.54	10.52	-69.02
	138/200% - 400%	3,487	39.68	25.78	4,302	2,241	36.81	13.15	-47.90
	> 400%	2,283	25.97	14.08	2,735	2,718	44.65	13.83	-0.63
	Total	8,788	100.00	22.66	10,681	6,088	100.00	12.96	-43.00
Liberty	< 138/200%	6,792	39.06	40.46	7,277	1,980	20.83	11.05	-72.79
	138/200% - 400%	8,211	47.22	27.09	8,952	5,067	53.31	16.65	-43.40
	> 400%	2,386	13.72	9.33	2,658	2,457	25.85	8.56	-7.58
	Total	17,389	100.00	23.93	18,888	9,504	100.00	12.59	-49.68
Walker	< 138/200%	6,718	44.61	31.98	6,287	1,788	39.91	9.01	-71.56
	138/200% - 400%	6,773	44.97	27.01	6,254	1,233	27.52	6.75	-80.28
	> 400%	1,569	10.42	12.43	1,469	1,459	32.57	12.46	-0.70
	Total	15,059	100.00	22.57	14,010	4,480	100.00	8.50	-68.02
Chambers	< 138/200%	3,179	40.26	42.67	4,045	1,375	24.58	15.13	-66.01
	138/200% - 400%	3,639	46.09	27.00	4,703	2,802	50.10	8.84	-40.42
	> 400%	1,078	13.65	9.48	1,430	1,416	25.32	9.52	-0.99
	Total	7,896	100.00	22.03	10,178	5,593	100.00	13.60	-45.05
Total	< 138/200%	648,093	45.02	42.05	765,081	254,028	28.98	11.59	-66.80
	138/200% - 400%	623,196	42.90	30.87	752,928	410,420	46.82	16.75	-45.49
	> 400%	176,210	12.08	8.53	221,666	212,199	24.21	7.57	-4.27
	Total	1,447,498	100.00	25.80	1,739,676	876,647	100.00	13.66	-49.61

**Table 4A. Uninsured With and Without ACA by Age and County (Scenario 2)**

<b>Composition of Uninsured with and without reform by age</b>									
County	Age group	2010			2020				
		Without ACA			With ACA				
		#	%	% within group	# Without ACA	# With ACA	%	% Within group	% Change
Harris	<18	216,240	20.63	18.67	242,932	83,775	9.77	6.43	-65.52
	19-25	176,480	16.84	45.35	182,720	112,953	18.25	27.82	-38.18
	26-64	655,336	62.53	29.28	799,156	448,383	71.98	16.00	-43.89
	Total	1,048,057	100.00	27.68	1,224,808	645,111	100.00	11.36	-47.33
Austin	<18	1,319	21.73	19.05	1,486	502	20.27	1.66	-66.23
	19-25	1,216	20.03	40.49	1,075	397	16.03	14.38	-63.08
	26-64	3,534	58.23	24.29	4,096	1,577	63.69	9.00	-61.50
	Total	6,069	100.00	24.80	6,657	2,476	100.00	4.60	-62.81
Brazoria	<18	13,027	19.70	15.51	15,743	5,697	11.90	5.62	-63.81
	19-25	15,372	23.24	48.88	17,244	13,248	27.68	37.50	-23.17
	26-64	37,735	57.06	21.70	49,577	28,915	60.42	12.66	-41.68
	Total	66,134	100.00	22.90	82,564	47,860	100.00	11.85	-42.03
Fort Bend	<18	16,551	16.13	11.28	22,024	6,220	7.54	3.28	-71.76
	19-25	24,919	24.29	35.50	30,160	21,678	26.26	25.23	-28.12
	26-64	61,119	59.58	19.13	95,179	54,650	66.20	10.83	-42.58
	Total	102,589	100.00	19.12	147,364	82,548	100.00	9.57	-43.98

Composition of Uninsured with and without reform by age									
County	Age group	2010			2020				
		Without ACA			With ACA				
		#	%	% within group	# Without ACA	# With ACA	%	% Within group	% Change
Colorado	<18	815	15.02	14.65	881	230	11.43	3.67	-73.89
	19-25	1,313	24.21	57.73	1,056	668	33.18	36.29	-36.77
	26-64	3,296	60.77	31.82	3,385	1,115	55.39	10.26	-67.06
	Total	5,424	100.00	29.81	5,322	2,013	100.00	4.82	-62.18
Galveston	<18	13,192	22.81	17.56	14,520	4,471	14.83	5.27	-69.21
	19-25	11,470	19.83	40.13	11,311	7,448	24.71	26.29	-34.15
	26-64	33,174	57.36	21.07	38,135	18,220	60.45	9.86	-52.22
	Total	57,837	100.00	22.15	63,966	30,139	100.00	7.82	-52.88
Montgomery	<18	13,901	15.25	11.27	18,845	5,962	9.43	3.77	-68.36
	19-25	20,192	22.16	41.30	27,297	16,859	26.66	28.33	-38.24
	26-64	57,031	62.59	22.00	89,180	40,427	63.92	12.91	-54.67
	Total	91,123	100.00	21.12	135,322	63,248	100.00	9.66	-53.26
Matagorda	<18	1,614	16.23	14.65	1,531	385	11.02	3.55	-74.86
	19-25	2,484	24.98	57.73	1,985	1,255	35.91	36.29	-36.77
	26-64	5,846	58.79	31.82	5,628	1,855	53.08	10.26	-67.04
	Total	9,944	100.00	29.51	9,144	3,495	100.00	4.95	-61.78
Wharton	<18	1,765	15.78	14.65	1,747	440	10.79	3.55	-74.81
	19-25	2,697	24.11	57.73	2,197	1,389	34.05	36.29	-36.78
	26-64	6,726	60.12	31.82	6,827	2,250	55.16	10.26	-67.04
	Total	11,188	100.00	29.55	10,771	4,079	100.00	4.95	-62.13

<b>Composition of Uninsured with and without reform by age</b>									
County	Age group	2010			2020				
		Without ACA			With ACA				
		#	%	% within group	# Without ACA	# With ACA	%	% Within group	% Change
Waller	<18	1,549	17.62	13.67	1,894	735	11.73	5.35	-61.18
	19-25	2,401	27.32	32.95	2,620	2,137	34.09	27.84	-18.45
	26-64	4,839	55.06	23.99	6,167	3,396	54.18	13.29	-44.94
	Total	8,788	100.00	22.66	10,681	6,268	100.00	11.56	-41.32
Walker	<18	2,265	15.04	16.77	2,113	631	12.52	4.95	-70.13
	19-25	4,602	30.56	33.35	4,374	967	19.19	7.37	-77.89
	26-64	8,192	54.40	25.94	7,523	3,442	68.29	11.74	-54.24
	Total	15,059	100.00	25.57	14,010	5,040	100.00	6.08	-64.02
Chambers	<18	1,273	16.12	13.39	1,550	451	7.87	4.00	-70.90
	19-25	1,806	22.88	46.56	2,203	1,333	23.27	28.31	-39.48
	26-64	4,816	61.00	25.47	6,426	3,945	68.86	15.69	-38.61
	Total	7,896	100.00	22.03	10,178	5,729	100.00	13.60	-43.71
Liberty	<18	2,389	13.74	11.09	2,512	704	6.94	3.01	-71.97
	19-25	4,118	23.68	47.70	2,436	2,057	29.34	24.78	-15.54
	26-64	10,882	62.58	25.61	12,379	7,378	72.77	15.33	-40.40
	Total	17,389	100.00	23.93	17,327	10,139	109.05	10.82	-41.48
Total	<18	285,900	19.75	16.96	327,777	110,203	12.13	5.21	-66.38
	19-25	269,072	18.59	44.52	286,679	182,389	20.08	28.50	-36.38
	26-64	892,526	61.66	26.79	1,123,658	615,553	67.78	15.17	-45.22
	Total	1,447,498	100.00	25.79	1,738,115	908,145	100.00	13.66	-47.75

**Table 5A. Uninsurd With and Without ACA by Citizenship and County (Scenario 2)**

<b>Composition of Uninsured with and without reform by citizenship status</b>									
County	Age group	2010			2020				
		Without ACA			With ACA				
		#	%	% within the group	# Without ACA	# With ACA	%	% Within the group	% Change
Harris	Citizen	971,346	92.68	26.96	1,110,004	535,088	82.95	12.67	-51.79
	Non-Citizen	76,711	7.32	41.92	114,804	110,023	17.05	43.03	-4.16
	Total	1,048,057	100.00	27.68	1,224,808	645,111	100.00	11.36	-47.33
Austin	Citizen	5,415	86.62	22.91	5,823	1,655	66.84	6.16	-71.57
	Non-Citizen	836	13.38	78.17	834	821	33.16	72.77	-1.58
	Total	6,251	100.00	24.80	6,657	2,476	100.00		-62.80
Brazoria	Citizen	62,570	94.61	22.38	77,001	42,548	88.90	12.10	-44.74
	Non-Citizen	3,565	5.39	38.82	5,563	5,313	11.10	39.06	-4.49
	Total	66,134	100.00	22.90	82,564	47,860	100.00		-42.03
Fort Bend	Citizen	95,946	93.52	18.75	135,173	70,820	85.79	9.61	-47.61
	Non-Citizen	6,644	6.48	26.81	12,191	11,728	14.21	27.18	-3.79
	Total	102,589	100.00	19.12	147,364	82,548	100.00		-43.98
Colorado	Citizen	5,229	96.40	29.29	5,149	1,844	91.60	9.90	-64.19
	Non-Citizen	195	3.60	56.75	173	169	8.40	50.17	-2.30
	Total	5,424	100.00	29.81	5,322	2,013	100.00		-62.18

<b>Composition of Uninsured with and without reform by citizenship status</b>									
County	Age group	2010			2020				
		Without ACA			With ACA				
		#	%	% within the group	# Without ACA	# With ACA	%	% Within the group	% Change
Galveston	Citizen	53,082	91.78	21.15	58,417	25,124	83.36	8.79	-56.99
	Non-Citizen	4,755	8.22	46.78	5,549	5,016	16.64	41.44	-9.61
	Total	57,837	100.00	22.15	63,966	30,140	100.00		-52.88
Montgomery	Citizen	85,958	84.61	20.67	127,728	63,522	88.19	10.31	-50.27
	Non-Citizen	15,632	15.39	33.05	8,617	8,506	11.81	35.37	-1.29
	Total	101,590	100.00	21.12	136,345	72,028	100.00		-47.17
Matagorda	Citizen	9,581	96.35	28.99	8,839	3,211	91.53	10.10	-63.67
	Non-Citizen	363	3.65	56.28	305	297	8.47	50.65	-2.59
	Total	9,944	100.00	29.51	9,144	3,508	100.00		-61.64
Wharton	Citizen	10,784	96.39	29.04	10,419	3,749	91.57	10.01	-64.02
	Non-Citizen	403	3.61	56.28	352	345	8.43	50.55	-2.10
	Total	11,188	100.00	29.55	10,771	4,094	100.00		-61.99
Waller	Citizen	8,384	95.40	22.25	10,230	5,822	92.90	12.75	-43.09
	Non-Citizen	404	4.60	36.75	451	445	7.10	34.49	-1.37
	Total	8,788	100.00	22.66	10,681	6,267	100.00		-41.33
Walker	Citizen	14,700	97.61	25.60	13,606	4,323	92.17	8.04	-68.23
	Non-Citizen	360	2.39	24.44	404	367	7.83	25.43	-9.19
	Total	15,059	100.00	25.57	14,010	4,690	100.00		-66.52

<b>Composition of Uninsured with and without reform by citizenship status</b>									
County	Age group	2010			2020				
		Without ACA			With ACA				
		#	%	% within the group	# Without ACA	# With ACA	%	% Within the group	% Change
Walker	Citizen	14,700	97.61	25.60	13,606	4,323	92.17	8.04	-68.23
	Non-Citizen	360	2.39	24.44	404	367	7.83	25.43	-9.19
	Total	15,059	100.00	25.57	14,010	4,690	100.00	8.50	-66.52
Chambers	Citizen	7,606	96.34	24.29	9,697	5,128	91.69	12.84	-47.12
	Non-Citizen	289	3.66	40.18	482	465	8.31	38.79	-3.53
	Total	7,895	100.00	22.03	10,179	5,593	100.00	13.60	-45.05
Liberty	Citizen	17,206	98.95	24.02	18,682	9,858	98.05	12.54	-47.23
	Non-Citizen	183	1.05	17.67	206	196	1.95	16.21	-4.94
	Total	17,389	100.00	23.93	18,888	10,054	100.00	12.59	-46.77
Total	Citizen	1,347,806	92.43	25.00	1,590,767	772,690	84.32	11.74	-51.43
	Non-Citizen	110,340	7.57	39.70	149,932	143,692	15.68	41.49	-4.16
	Total	1,458,147	100.00	25.80	1,740,699	916,382	100.00	13.66	-47.36