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Health Panel
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Impact of the Patient Protection and Affordable Care Act on Covered Persons

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The approach to covering the uninsured presented in the Patient Protection and Affordable Coverage Act, when fully implemented, would reduce the number of uninsured to 3.2 million persons in non-metropolitan areas, leading to a coverage rate of 93% (Table 1). This legislation would lead to a slightly higher coverage rate for rural than for urban persons (93.4% compared to 92.7%), largely because a lower proportion of rural persons are non-citizens who would not be covered under any of the proposed reform approaches but also because the reform proposal reaches more low-income persons who are more represented among the rural uninsured.

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

The subsidies, tax credits, and public program expansions are particularly important to rural persons (Table 1). A higher proportion of rural adults (35.1% as compared to 32%) would obtain coverage through Medicaid (largely because their income falls below 133% of the federal poverty line), while a smaller proportion (24.8% as compared to 26.4%) would be children that obtain coverage either through public programs (Medicaid or CHIP) or through private insurance obtained by their parents (through the exchange). A slightly lower proportion of the previously uninsured in rural areas (40.1%, compared to 41.5% in urban areas) would obtain insurance through the Health Insurance Exchange.

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Table 1. Coverage under reform proposals in rural and urban areas				
			Rural	Urban	Total
Number of uninsured persons (in millions):					
	Before reform		8.1	41.9	50.0
	After reform		3.2	18.3	21.5
Insurance coverage rate:					
	Before reform		83.0%	83.1%	83.1%
	After reform		93.4%	92.7%	92.8%
Proportion of persons obtaining coverage through:					
	Health Insurance Exchange (adults)		40.1%	41.5%	41.3%
		With subsidies or tax credits	30.0%	29.0%	29.2%
		Employer or individual responsibility	10.1%	12.5%	12.1%
	Medicaid expansion (adults)		35.1%	32.0%	32.6%
	Children		24.8%	26.4%	26.1%

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

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

	Insurance rate		Percent newly covered by:			
				Health Insurance Exchange (adults)		
STATE	Before Reform	After Reform	Adults: Medicaid	Subsidies	Mandates	Children
TOTAL	**83%**	**93%**	**33%**	**29%**	**12%**	**26%**
AK	81%	93%	24%	33%	20%	23%
AL	85%	94%	42%	30%	13%	15%
AR	82%	93%	41%	33%	9%	17%
AZ	79%	92%	32%	27%	10%	31%
CA	80%	91%	32%	31%	12%	25%
CO	82%	93%	28%	28%	15%	29%
CT	89%	95%	27%	33%	18%	23%
DC	87%	93%	36%	29%	13%	22%
DE	87%	94%	25%	31%	13%	32%
FL	78%	91%	29%	29%	11%	30%
GA	80%	92%	37%	27%	12%	25%
HI	91%	96%	27%	31%	20%	22%
IA	90%	95%	37%	27%	14%	22%
ID	83%	94%	30%	32%	11%	27%
IL	85%	93%	37%	27%	10%	25%
IN	86%	93%	37%	25%	14%	24%
KS	88%	94%	38%	24%	11%	27%
KY	84%	94%	42%	27%	9%	21%
LA	80%	92%	38%	27%	12%	23%
MA	91%	96%	27%	30%	21%	22%
MD	86%	93%	28%	31%	15%	26%
ME	89%	95%	26%	35%	18%	21%
MI	87%	94%	39%	26%	16%	19%
MN	90%	95%	28%	27%	14%	31%
MO	86%	94%	37%	27%	10%	26%
MS	81%	93%	42%	23%	9%	27%
MT	83%	93%	34%	30%	10%	25%
NC	82%	92%	36%	30%	8%	27%
ND	88%	95%	34%	25%	12%	28%
NE	88%	95%	32%	27%	12%	28%
NH	89%	95%	24%	33%	25%	18%
NJ	84%	93%	24%	29%	17%	30%
NM	77%	91%	34%	30%	9%	27%
NV	80%	92%	26%	27%	12%	34%
NY	85%	93%	30%	32%	16%	22%
OH	87%	94%	38%	26%	11%	24%
OK	82%	93%	36%	29%	12%	23%
OR	81%	92%	34%	30%	13%	23%
PA	89%	95%	28%	32%	15%	25%
RI	87%	94%	27%	31%	18%	23%
SC	82%	93%	34%	30%	11%	25%
SD	88%	95%	37%	23%	11%	29%
TN	84%	93%	39%	29%	10%	22%
TX	75%	90%	32%	28%	8%	32%
UT	84%	94%	22%	32%	13%	33%
VA	85%	94%	28%	29%	17%	25%
VT	88%	95%	19%	38%	23%	20%
WA	86%	94%	27%	36%	15%	22%
WI	89%	95%	37%	20%	17%	26%
WV	84%	94%	37%	36%	13%	13%
WY	85%	94%	26%	37%	15%	22%

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

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

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

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

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

NOTE: n.a.=estimates not available due to sample size in state.

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

	Insurance rate		Percent newly covered by:			
				Health Insurance Exchange (adults)		
STATE	Before Reform	After Reform	Adults: Medicaid	Subsidies	Mandates	Children
TOTAL	**83%**	**93%**	**32%**	**29%**	**13%**	**26%**
AK	82%	93%	23%	32%	21%	24%
AL	86%	94%	42%	30%	14%	13%
AR	83%	93%	38%	36%	9%	18%
AZ	79%	92%	31%	27%	11%	32%
CA	80%	91%	32%	31%	12%	25%
CO	83%	93%	29%	28%	15%	28%
CT	89%	95%	26%	33%	18%	23%
DC	87%	93%	36%	29%	13%	22%
DE	88%	95%	26%	29%	12%	34%
FL	78%	91%	29%	29%	12%	30%
GA	81%	91%	36%	27%	12%	25%
HI	92%	97%	24%	32%	23%	22%
IA	89%	95%	35%	29%	15%	21%
ID	84%	94%	30%	33%	11%	26%
IL	85%	93%	37%	27%	10%	26%
IN	86%	93%	37%	24%	17%	23%
KS	87%	94%	39%	24%	9%	28%
KY	86%	94%	43%	27%	9%	20%
LA	80%	92%	37%	25%	13%	25%
MA	91%	96%	27%	30%	21%	22%
MD	86%	93%	28%	32%	14%	26%
ME	90%	95%	23%	36%	19%	22%
MI	87%	93%	38%	25%	17%	20%
MN	90%	95%	31%	26%	16%	28%
MO	87%	94%	37%	26%	10%	26%
MS	82%	94%	39%	23%	14%	24%
MT	84%	93%	41%	31%	12%	16%
NC	82%	92%	36%	29%	7%	28%
ND	91%	95%	29%	26%	22%	23%
NE	88%	95%	34%	28%	13%	25%
NH	89%	95%	25%	30%	28%	18%
NJ	84%	93%	24%	29%	17%	30%
NM	79%	92%	36%	28%	9%	27%
NV	80%	92%	27%	27%	12%	34%
NY	85%	93%	31%	32%	16%	21%
OH	87%	94%	39%	25%	11%	25%
OK	85%	94%	35%	31%	14%	21%
OR	82%	92%	34%	29%	13%	24%
PA	89%	95%	29%	31%	16%	24%
RI	87%	94%	27%	31%	18%	23%
SC	82%	93%	31%	32%	12%	25%
SD	88%	95%	39%	25%	10%	27%
TN	85%	93%	37%	28%	12%	24%
TX	75%	90%	32%	28%	8%	32%
UT	85%	94%	23%	30%	13%	34%
VA	86%	94%	27%	30%	18%	24%
VT	89%	95%	14%	42%	28%	16%
WA	86%	94%	28%	37%	14%	22%
WI	89%	95%	38%	19%	16%	26%
WV	85%	94%	34%	36%	16%	14%
WY	87%	95%	32%	31%	13%	25%

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

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

Appendix. Number of persons in sample, RUPRI Health Reform Simulation Model

	All persons			Uninsured persons		
STATE	TOTAL	Rural	Urban	TOTAL	Rural	Urban
TOTAL	**829,526**	**174,029**	**655,497**	**119,472**	**25,298**	**94,174**
AK	11,307	3,518	7,789	1,902	662	1,240
AL	8,636	2,366	6,270	1,090	328	762
AR	8,917	3,352	5,565	1,535	658	877
AZ	11,566	1,516	10,050	2,310	268	2,042
CA	78,763	1,284	77,479	14,735	208	14,527
CO	17,325	2,251	15,074	2,865	466	2,399
CT	17,837	865	16,972	1,661	74	1,587
DC	10,235	--	10,235	1,114	--	1,114
DE	12,542	2,492	10,050	1,485	427	1,058
FL	33,615	1,397	32,218	6,960	273	6,687
GA	18,096	2,789	15,307	3,240	564	2,676
HI	14,547	4,082	10,465	1,099	402	697
IA	14,921	6,270	8,651	1,345	527	818
ID	10,005	3,819	6,186	1,484	646	838
IL	25,676	2,782	22,894	3,399	319	3,080
IN	12,634	3,501	9,133	1,482	469	1,013
KS	11,744	4,028	7,716	1,400	455	945
KY	11,399	5,675	5,724	1,547	829	718
LA	7,502	1,235	6,267	1,398	246	1,152
MA	12,334	303	12,031	828	4	824
MD	19,260	777	18,483	2,444	108	2,336
ME	14,152	7,241	6,911	1,282	716	566
MI	19,963	3,070	16,893	2,031	300	1,731
MN	18,603	5,026	13,577	1,621	493	1,128
MO	13,356	2,962	10,394	1,614	459	1,155
MS	7,766	4,468	3,298	1,409	868	541
MT	7,538	4,985	2,553	1,226	869	357
NC	16,226	5,590	10,636	2,648	990	1,658
ND	9,705	5,211	4,494	1,107	745	362
NE	11,795	4,647	7,148	1,416	620	796
NH	16,505	6,306	10,199	1,599	660	939
NJ	18,095	--	18,095	2,694	--	2,694
NM	8,791	3,288	5,503	1,949	857	1,092
NV	13,080	1,597	11,483	2,416	336	2,080
NY	35,934	3,078	32,856	4,655	410	4,245
OH	21,971	5,087	16,884	2,315	514	1,801
OK	10,257	3,246	7,011	1,753	703	1,050
OR	11,226	2,675	8,551	1,793	522	1,271
PA	23,992	4,603	19,389	2,267	519	1,748
RI	13,140	--	13,140	1,325	--	1,325
SC	10,933	3,735	7,198	1,762	645	1,117
SD	11,989	6,480	5,509	1,384	801	583
TN	10,937	2,779	8,158	1,475	431	1,044
TX	46,857	5,492	41,365	11,805	1,229	10,576
UT	11,241	2,518	8,723	1,668	394	1,274
VA	17,464	2,508	14,956	2,318	405	1,913
VT	10,806	7,658	3,148	1,069	791	278
WA	14,078	1,155	12,923	1,659	130	1,529
WI	15,271	3,636	11,635	1,293	317	976
WV	8,885	3,729	5,156	1,259	578	681
WY	10,109	6,957	3,152	1,337	963	374

SOURCE: Rural Policy Research Institute (RUPRI) Health Reform Simulation Model. The RUPRI health simulation model is built on samples drawn from the March 2006-2009 Current Population Surveys. Further details about the results and the RUPRI health insurance model are available from the RUPRI Center for Rural Health Policy Analysis (www.unmc.edu/ruprihealth).