

What if More States Expanded Medicaid in 2017? Changes in Eligibility, Enrollment, and the Uninsured

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JULY 2016

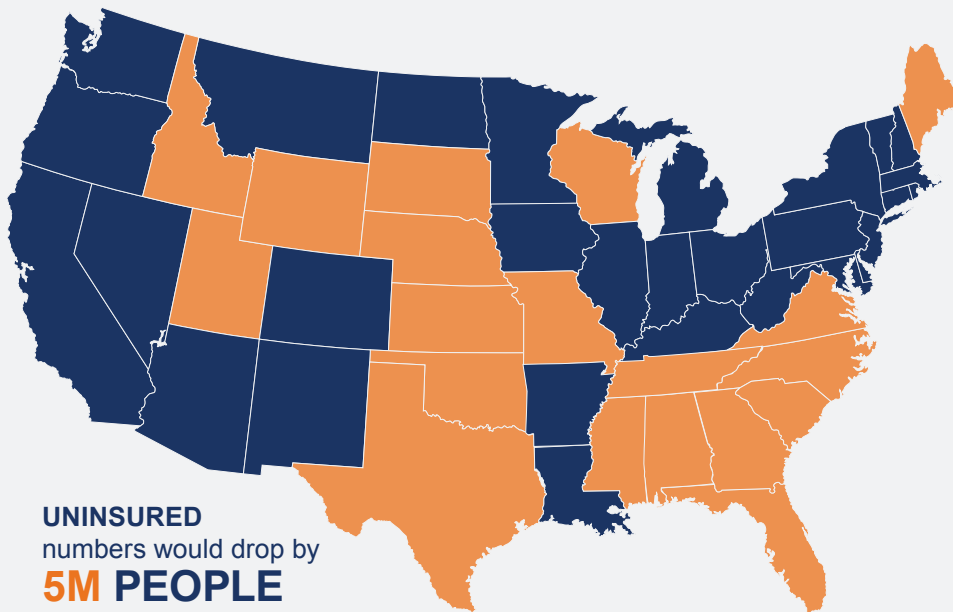
In-Brief

Under the Affordable Care Act (ACA), states can expand Medicaid eligibility for nonelderly adults with incomes up to 138 percent of the federal poverty level (FPL). As of May 2016, 19 states had not expanded Medicaid. Based on reported Medicaid and marketplace data, we estimate that in 2017, even without the Medicaid expansion, the major coverage provisions of the ACA will have reduced the number of uninsured people in these states by 6.9 million.

However, we estimate that another 4.8 million uninsured people would gain Medicaid eligibility if the remaining 19 states were to expand Medicaid. More than half of these people would be in three states: Texas (1.2 million), Florida (877,000), and Georgia (509,000). More than four fifths of the uninsured people gaining Medicaid eligibility would be adult nonparents. Almost half (48%) of the uninsured gaining eligibility would be white non-Hispanic and 52% are working either full or part time.

If all of the 19 remaining states were to expand Medicaid in 2017, we project that the number of uninsured would fall by an additional 4.1 to 5.0 million, depending on enrollment success. Groups who would see largest percent declines in the uninsured due to expansion (reductions of 34 percent to 45 percent) include non-Hispanic blacks, part-time workers, the unemployed, and American Indians/Alaska natives.

WHAT IF ACA holdout states expanded Medicaid?



UNINSURED numbers would drop by **5M PEOPLE** if the **19 HOLDOUT STATES** expand Medicaid

Largest declines in the uninsured:

- 3.6M Adults without kids
- 2.4M White non-Hispanics
- 2.2M People w/ only a high school education
- 1.3M Texans
- 1.3M Full-time workers
- 1.2M Black non-Hispanics
- 1.2M Hispanics

Introduction

Under the Affordable Care Act (ACA), states can expand Medicaid eligibility for all adults with incomes up to 138 percent of the federal poverty level (FPL) and by summer of 2014, 26 states and the District of Columbia had expanded Medicaid under the ACA. Since that time, five additional states have expanded Medicaid. The two most recent expanders are Montana, whose Medicaid waiver was approved in November 2015, and Louisiana, which expanded Medicaid by executive order in January 2016, with implementation set for summer of 2016. Currently, 19 states have not expanded Medicaid. In those states, Medicaid eligibility is very limited for nondisabled, non-pregnant adults, particularly for those who do not have dependent children. The uninsured with incomes between 100 percent and 138 percent of the FPL can qualify for tax credits to purchase coverage in the new marketplaces provided they do not have access to affordable employer sponsored coverage, but tax credits are available to very few uninsured with incomes below the federal poverty level. Therefore, the uninsured with incomes below 138 percent of the FPL in these states may be caught in an assistance gap, not qualifying for either Medicaid or tax credits to purchase marketplace coverage. This brief focuses on the uninsured in these states, estimating first how many are in the assistance gap and their characteristics. We then project Medicaid enrollees and the uninsured in 2017 under three policy scenarios:

1. The ACA continues unchanged and *these 19 states do not change their expansion decisions*. Medicaid and marketplace enrollment in these projections reflect data on actual enrollment in each non-expansion state from 2015 and the 2016 open enrollment period.
2. The ACA continues, *all states decide to expand Medicaid, and there is moderate new enrollment*. In this scenario, take-up rates similar to those we used in past reports. Actual enrollment in Medicaid was higher than our past projections in many Medicaid expansion states, but lower in others.

3. The ACA continues, *all states decide to expand Medicaid, and there is high new enrollment*. In this scenario, take-up rates are at similar to those in states that experienced exceptionally high enrollment increases under the ACA, such as California, Rhode Island, and Kentucky. Given the experience of current Medicaid expansion states, it would be difficult to achieve higher enrollment levels than under this scenario.

These results update a number of prior reports that we have released.¹ Our latest results incorporate recent data on the actual ACA enrollment experience in the remaining non-expansion states and provide more detail about those gaining eligibility and the sources of new Medicaid enrollment. A forthcoming companion report will present federal and state cost estimates for these Medicaid enrollment increases, along with a discussion of how Medicaid expansion has affected budgets in states that have already expanded eligibility and what that implies for the states that have not done so.²

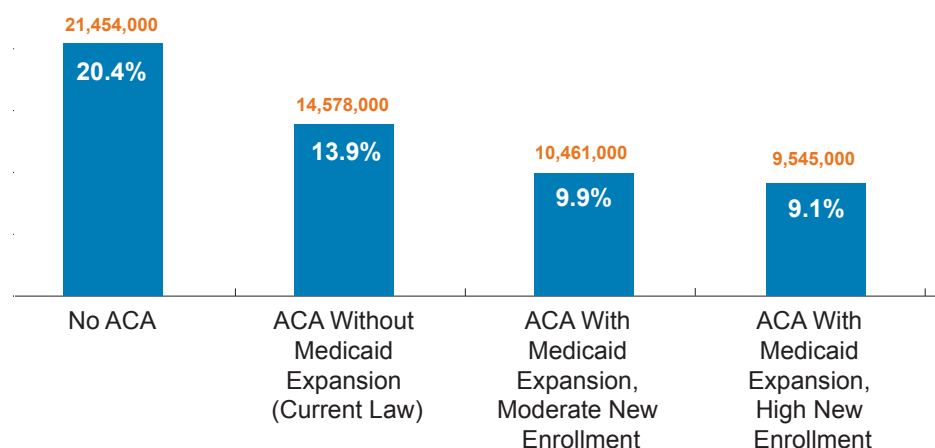
Methods

We used the Health Insurance Policy Simulation Model (HIPSM) to produce these projections. Our methodology is the same as that used in our report on the impact of repealing the ACA, except that we only present 2017 results.³

For this paper, we simulated the changes in enrollment that would result if the remaining states that have not expanded Medicaid were to do so. Based on enrollment data released by the U.S. Department of Health and Human Services, enrollment experiences appear to have been heterogenous among states that have expanded Medicaid.⁴ To capture this range in new enrollment rates, we simulated Medicaid enrollment under two assumptions. First, we followed our assumption from earlier estimates that about 70 percent of uninsured people gaining Medicaid eligibility would enroll. Many states that have already expanded Medicaid appear to have exceeded this rate by 2016, while others had lower participation. Thus, this represents moderate new enrollment. Second, we also computed the additional enrollment if all non-expansion states were to enroll new eligibles at the same rate as states such as California, Rhode Island, and Kentucky that, according to administrative data, saw exceptionally high increases in Medicaid enrollment under the ACA. Take-up rates for the uninsured newly eligible are approximately 88 percent under this scenario.

In addition to the uninsured gaining eligibility, Medicaid expansion leads to increased enrollment among three other groups in our model. First, those currently enrolled in marketplace

Figure 1. Projected Non-Elderly Uninsured Persons and Uninsured Rates in States that Have Not Expanded Medicaid, 2017



Source: The Urban Institute. HIPSM 2016

coverage who become eligible for Medicaid are automatically transferred to Medicaid. Second, some people enrolled in private coverage switch to Medicaid when they gain eligibility. Based on our review of the empirical literature, we project that between 10 percent and 20 percent of this group would obtain Medicaid coverage.⁵ Third, there would be new enrollment among those who were previously eligible for Medicaid, but not enrolled.⁶ A typical case in which this happens in our model is parents who gain eligibility and enroll both themselves and their children, who were already eligible.

Results

The ACA has already made a notable improvement in health coverage even in states that have not expanded Medicaid. If the ACA and state Medicaid expansion

decisions continue unchanged, we project that 14.6 million people in the 19 states that have not yet expanded Medicaid would be uninsured in 2017, 13.9 percent of the nonelderly population (Figure 1). As indicated above, our projections are based on recent administrative data on actual Medicaid and marketplace enrollment. We estimate that without the ACA, 21.5 million would have been uninsured in these states, 20.4 percent of the nonelderly.

If these 19 states were to expand Medicaid, the number of uninsured would fall to between 9.5 and 10.5 million, depending on success in enrolling the newly eligible. The corresponding uninsured rate would be between 9.1 percent and 9.9 percent compared to the 13.9 percent rate we project under the ACA without a Medicaid expansion. In

the remainder of this brief, we examine these coverage gains in more detail, giving state-by-state estimates.

Changes in Medicaid Eligibility and Enrollment

We estimate that 13.4 million people would gain Medicaid eligibility if the remaining 19 states were to expand the program (Table 1). Nearly all new enrollments would be among two groups. The first group is composed of the 4.8 million uninsured people we estimated would gain eligibility for Medicaid. Note that this group is not the same as the group in the “coverage gap” estimates that the Kaiser Family Foundation publishes⁷ because those estimates only count uninsured people with incomes below 100 percent of the FPL, while we also count the uninsured with incomes between 100 and 138 percent of the FPL. Many of

Table 1. Projected Impacts of Medicaid Expansion on Medicaid Eligibility and Enrollment, by State, 2017

	Gaining Medicaid Eligibility Under Expansion					Previously Medicaid Eligible, Not Enrolled		New Enrollment Under Expansion (Moderate Take-Up)		New Enrollment Under Expansion (High Take-Up)	
	Total	Uninsured	Share of total	Enrolled in Marketplace	Share of total	Total	Uninsured	Number	Rate	Number	Rate
AL	627,000	224,000	35.7%	83,000	13.3%	425,000	63,000	339,000	54.1%	377,000	60.1%
FL	2,305,000	877,000	38.0%	475,000	20.6%	952,000	244,000	1,432,000	62.1%	1,596,000	69.3%
GA	1,376,000	509,000	37.0%	202,000	14.7%	822,000	196,000	791,000	57.5%	885,000	64.3%
ID	199,000	70,000	35.0%	31,000	15.8%	120,000	20,000	115,000	58.0%	127,000	63.8%
KS	279,000	91,000	32.7%	37,000	13.2%	240,000	40,000	146,000	52.4%	165,000	59.1%
ME	91,000	31,000	34.1%	22,000	24.0%	59,000	10,000	51,000	55.9%	57,000	62.7%
MS	419,000	168,000	40.0%	45,000	10.8%	185,000	52,000	235,000	56.0%	266,000	63.5%
MO	687,000	242,000	35.2%	109,000	15.9%	540,000	88,000	390,000	56.8%	438,000	63.7%
NE	168,000	45,000	26.7%	30,000	17.7%	141,000	27,000	97,000	57.7%	106,000	63.2%
NC	1,084,000	390,000	36.0%	198,000	18.3%	485,000	95,000	624,000	57.6%	692,000	63.9%
OK	438,000	162,000	37.0%	60,000	13.7%	314,000	97,000	267,000	60.9%	299,000	68.2%
SC	582,000	207,000	35.5%	85,000	14.6%	387,000	122,000	332,000	57.0%	379,000	65.1%
SD	80,000	33,000	41.3%	7,000	8.2%	50,000	12,000	44,000	55.4%	50,000	62.7%
TN	683,000	238,000	34.8%	97,000	14.2%	393,000	70,000	345,000	50.5%	390,000	57.1%
TX	3,045,000	1,171,000	38.4%	440,000	14.5%	1,871,000	557,000	1,848,000	60.7%	2,070,000	68.0%
UT	298,000	82,000	27.7%	34,000	11.5%	366,000	66,000	165,000	55.3%	181,000	60.8%
VA	849,000	256,000	30.2%	129,000	15.1%	546,000	96,000	433,000	51.0%	482,000	56.8%
WI	119,000	13,000	10.8%	55,000	46.4%	825,000	124,000	151,000	127.1%	158,000	132.9%
WY	53,000	17,000	32.3%	9,000	17.6%	40,000	9,000	29,000	53.9%	32,000	60.1%
Total	13,381,000	4,825,000	36.1%	2,148,000	16.1%	8,762,000	1,988,000	7,834,000	58.5%	8,750,000	65.4%

Source: The Urban Institute. HIPSMS 2016

Table 2. Projected Impacts of Medicaid Expansion on the Uninsured, by State, 2017

	Uninsured with the ACA, but without Medicaid expansion (Current Law)		Uninsured with the ACA and Medicaid expansion and moderate new enrollment		Uninsured with the ACA and Medicaid expansion and high new enrollment	
	Total	Rate	Total	Rate	Total	Rate
AL	476,000	11.7%	294,000	7.2%	256,000	6.3%
FL	2,434,000	15.2%	1,722,000	10.8%	1,558,000	9.7%
GA	1,377,000	14.9%	942,000	10.2%	848,000	9.2%
ID	177,000	12.3%	119,000	8.3%	108,000	7.5%
KS	284,000	11.4%	205,000	8.2%	187,000	7.5%
ME	78,000	7.5%	56,000	5.3%	50,000	4.8%
MS	349,000	14.0%	213,000	8.5%	181,000	7.2%
MO	539,000	10.5%	338,000	6.6%	290,000	5.7%
NE	145,000	9.1%	101,000	6.4%	92,000	5.8%
NC	1,104,000	12.8%	793,000	9.2%	725,000	8.4%
OK	516,000	15.4%	368,000	11.0%	336,000	10.0%
SC	595,000	14.8%	417,000	10.4%	370,000	9.2%
SD	79,000	11.0%	52,000	7.2%	46,000	6.4%
TN	648,000	11.7%	468,000	8.4%	423,000	7.6%
TX	4,274,000	17.8%	3,234,000	13.5%	3,012,000	12.6%
UT	315,000	11.5%	232,000	8.4%	216,000	7.9%
VA	834,000	11.2%	619,000	8.3%	570,000	7.7%
WI	294,000	6.1%	242,000	5.0%	235,000	4.9%
WY	60,000	12.2%	46,000	9.2%	42,000	8.5%
Total	14,578,000	13.9%	10,461,000	9.9%	9,545,000	9.1%

Source: The Urban Institute. HIPSIM 2016

the uninsured in this income range are not currently eligible for marketplace tax credits due to offers of private coverage to themselves or other family members.⁸ Others are eligible for tax credits, but have not enrolled. Medicaid coverage would be less expensive for them than the premiums and cost sharing that they would pay for marketplace coverage, so some of those not enrolling in marketplace coverage now would enroll in Medicaid under expansion.

We estimate the second group as 2.1 million people with incomes between 100 percent and 138 percent of the FPL who are currently enrolled in the marketplaces, but who would become eligible for Medicaid instead with Medicaid expansion. This estimate is based on published marketplace enrollment data, which show disproportionately high

enrollment at low incomes, particularly among those with incomes below 150 percent of the FPL.⁹ These two groups account for 52.2 percent of those gaining Medicaid eligibility. The remainder of the new Medicaid eligibles already has health coverage outside the marketplaces, nearly all with employer-sponsored health insurance. Some will choose to enroll in Medicaid, but based on prior experience, we expect that the large majority will not.¹⁰

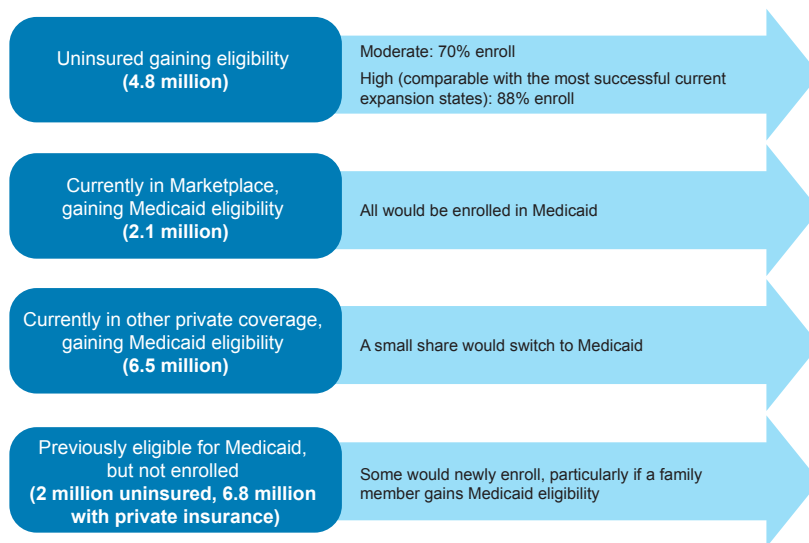
Wisconsin stands out from other non-expansion states in that almost half of those gaining eligibility would be in the marketplace, while only 11 percent would be uninsured. That is because, although the state did not accept the ACA Medicaid expansion, Wisconsin changed its eligibility rules in 2014, making all adults eligible for Medicaid who had incomes up to 100 percent of the FPL. There was

no income-based eligibility for adult non-parents before 2014.

In the other 18 states that have not expanded Medicaid, between 27 and 41 percent of those gaining eligibility under the Medicaid expansion would be uninsured. The highest shares are generally in states with low income distributions, such as Mississippi and South Dakota. The share of those gaining eligibility that are enrolled in the marketplace depends largely on the success of marketplace enrollment in each state. For example, Florida and North Carolina are notable for high marketplace enrollment.¹¹

If all 19 states were to expand Medicaid, we estimate that 2017 Medicaid enrollment would increase by 7.8 million with moderate new enrollment and by

Figure 2. Sources of New Medicaid Enrollment under Medicaid Expansion



Source: *The Urban Institute. HIPSIM 2016*

8.8 million with high new enrollment comparable to the most successful current Medicaid expansion states. Among the uninsured gaining eligibility, about 70 percent would enroll under the moderate enrollment scenario and about 88 percent would enroll in the high enrollment scenario (Figure 2). We assume that all of those currently enrolled in the marketplaces would be transferred to Medicaid once they become eligible. There would also be some new enrollment among people with employer coverage who gain Medicaid eligibility. Finally, we expect that Medicaid expansion would increase enrollment among adults and children who were already eligible, but not enrolled. In particular, if parents gain Medicaid eligibility and decide to enroll, their children, who were already eligible, would be enrolled as well.

Reductions in the Uninsured

Under current state expansion decisions, we project that 14.6 million people would be uninsured in the 19 non-expansion states (Table 2). Texas would have the highest uninsured rate (17.8 percent), followed closely by Oklahoma, Florida, and Georgia. Three states would have uninsured rates below 10 percent: Wisconsin, Maine, and Nebraska (6.1 percent, 7.5 percent, and 9.1 percent, respectively).

If all 19 non-expansion states were to expand Medicaid in 2017 and be moderately successful in enrolling the new eligibles and those who were already eligible but not enrolled, the number of uninsured would fall to 10.5 million people, constituting 9.9 percent of the nonelderly. Uninsured rates would fall below 10 percent for 14 of the 19 states. If enrollment in all 19 states equaled that of the states that have seen the highest Medicaid enrollment increases under the ACA, the number of uninsured would fall to 9.5 million, or 9.1 percent of the nonelderly. The only states projected to have an uninsured rate at or above 10 percent would be Texas (12.6 percent) and Oklahoma (10.0 percent).

Characteristics of Uninsured Adults Gaining Medicaid Eligibility

As indicated above, 4.8 million uninsured people would gain Medicaid eligibility if the remaining 19 states were to expand Medicaid. All of the uninsured gaining Medicaid eligibility would be adults because thresholds for children are already higher than 138 percent of the FPL.¹² More than four fifths would be non-parents (Table 3). Only one non-expansion state, Wisconsin, currently has any income-based eligibility for non-parents, so the vast majority of adult non-

parents with incomes below 138 percent of the FPL would gain eligibility.¹³ By contrast, every state has some income-based eligibility for parents, though the threshold is low in some states.

Just under half of the uninsured gaining Medicaid eligibility would be white, non-Hispanic, compared with about 60 percent of all non-elderly adults in non-expansion states. Non-Hispanic blacks would make up about a quarter of the uninsured gaining coverage, compared with 16.3 percent of all nonelderly adults in their states. Hispanics would make up 21.9 percent of those gaining eligibility, compared with 18.0 percent of the nonelderly adults in their states.

Among the uninsured gaining Medicaid eligibility, two thirds would have a high school education or less, and less than 10 percent would have a college degree. By contrast, 46.7 percent of nonelderly adults in non-expansion states have a high school education or less, and more than a quarter have a college degree.

Full-time workers are less common among the uninsured gaining eligibility than among all nonelderly adults, 29.3 percent versus 57.7 percent. However, part-time workers and the unemployed are notably more common.

Characteristics of the Nonelderly with the Largest Reductions in Uninsured Rates

Among the groups that we examined in the 19 non-expansion states, those with the highest uninsured rates under current law would be adults with less than a high school education (38.1 percent), the unemployed (32.5 percent), and Hispanics (26.8 percent) (Table 4). Other groups with notably high uninsured rates are part-time workers (22.6 percent), those with only a high school education (20.9 percent), and adult non-parents (18.9 percent). Groups with the lowest uninsured rates under current law are children (5.1 percent) and college graduates (7.4 percent).

If these states were to expand Medicaid, three groups would see reductions in the uninsured of between 39 percent to

Table 3. Characteristics of Uninsured Adults Projected to Gain Medicaid Eligibility Under Medicaid Expansion, 2017

	Total Nonelderly Adults (For Comparison)		Uninsured Gaining Medicaid Eligibility Under Expansion	
	Number	%	Number	%
Age Group				
Adult Nonparent	49,381,000	66.9%	3,954,000	82.0%
Adult Parent	24,421,000	33.1%	871,000	18.0%
Race				
White (non-Hispanic)	44,210,000	59.9%	2,324,000	48.2%
Black (non-Hispanic)	12,007,000	16.3%	1,181,000	24.5%
Hispanic	13,317,000	18.0%	1,055,000	21.9%
Asian/Pacific Islander (non-Hispanic)	2,455,000	3.3%	109,000	2.3%
American Indian/Alaskan Native	1,187,000	1.6%	114,000	2.4%
Other (non-Hispanic)	627,000	0.8%	42,000	0.9%
Educational attainment				
Less than High School	8,004,000	10.8%	883,000	18.3%
High School	26,481,000	35.9%	2,320,000	48.1%
Some college	19,998,000	27.1%	1,164,000	24.1%
College degree	19,320,000	26.2%	458,000	9.5%
Employment status				
Full-time	42,608,000	57.7%	1,414,000	29.3%
Part-time	9,530,000	12.9%	1,132,000	23.5%
Unemployed	4,627,000	6.3%	886,000	18.4%
Not in labor force	17,039,000	23.1%	1,394,000	28.9%

Source: *The Urban Institute. HIPSMS 2016*

45 percent with moderate take-up: non-Hispanic blacks, part-time workers, and the unemployed (Table 4). Six groups would see reductions of between 30 percent to 35 percent with moderate take-up: adult nonparents, non-Hispanic whites, American Indians/Alaska Natives, those with a high school education, those with some college, and those not in the work force. Children and parents in these states are projected to see reductions in uninsurance of between 25 percent and 29 percent with Medicaid expansion. Hispanics and full-time workers would have the smallest reductions, but the uninsured in those groups would still decline by 18 percent to 20 percent with moderate take-up.

With Medicaid expansion, we project that between 2.8 and 3.6 million fewer non-parents, between 900,000 and 1 million fewer parents, and between 400,000 and 500,000 fewer children would be uninsured. Among the different racial and ethnic groups we examined, non-Hispanic whites comprise the single largest group that would gain coverage, accounting for approximately 45 percent of those projected to gain coverage under Medicaid expansion in these states.

The major difference between the moderate and high take-up scenarios is additional enrollment among uninsured adults who gained Medicaid eligibility. Most of these adults are not parents (Table 3), so it is not surprising that

most of the increased coverage from the moderate to the high take-up scenario (760,000 people) would be among adult nonparents (Table 4). There would be additional coverage among parents who gained eligibility (120,000) and among their children, but the number children projected to gain coverage is much lower (34,000) given how high current child Medicaid and Children's Health Insurance Program participation rates are. With high take-up, the number of uninsured non-Hispanic blacks and the unemployed would be less than half what it is under current law in these states. Non-Hispanic whites, American Indians/Alaska natives, part-time workers, and those not in the labor force would see reductions in uninsured rates of between

Table 4. Projected Impacts of Medicaid Expansion on the Uninsured By Age group, Race/ethnicity, Educational Attainment, and Employment status, 2017

	ACA Without Expansion (Current Law)		ACA With Expansion, Moderate Take-Up			ACA With Expansion, High Take-Up		
	Number	Rate	Number	Rate	% difference	Number	Rate	% difference
Age Group								
Adult Nonparent	9,683,000	18.9%	6,821,000	13.3%	-29.6%	6,061,000	11.9%	-37.4%
Adult Parent	3,394,000	13.9%	2,536,000	10.4%	-25.3%	2,416,000	9.9%	-28.8%
Child	1,502,000	5.1%	1,103,000	3.7%	-26.5%	1,069,000	3.6%	-28.8%
Race								
White (non-Hispanic)	5,661,000	9.4%	3,777,000	6.3%	-33.3%	3,306,000	5.5%	-41.6%
Black (non-Hispanic)	2,364,000	13.4%	1,368,000	7.8%	-42.1%	1,164,000	6.6%	-50.8%
Hispanic	5,638,000	26.8%	4,645,000	22.1%	-17.6%	4,455,000	21.2%	-21.0%
Asian/Pacific Islander (non-Hispanic)	460,000	14.3%	363,000	11.3%	-21.0%	344,000	10.7%	-25.1%
American Indian/Alaskan Native	313,000	17.5%	206,000	11.5%	-34.2%	183,000	10.2%	-41.7%
Other (non-Hispanic)	144,000	10.2%	102,000	7.2%	-29.4%	94,000	6.7%	-34.6%
Educational attainment (Adults only)								
Less than High School	3,053,000	38.1%	2,355,000	29.4%	-22.9%	2,195,000	27.4%	-28.1%
High School	5,541,000	20.9%	3,760,000	14.2%	-32.1%	3,349,000	12.6%	-39.6%
Some college	2,873,000	14.4%	1,968,000	9.8%	-31.5%	1,767,000	8.8%	-38.5%
College degree	1,429,000	7.4%	1,123,000	5.8%	-21.4%	1,017,000	5.3%	-28.8%
Employment status (Adults Only)								
Full-time	6,366,000	14.9%	5,236,000	12.3%	-17.7%	5,047,000	11.8%	-20.7%
Part-time	2,149,000	22.6%	1,306,000	13.7%	-39.2%	1,105,000	11.6%	-48.6%
Unemployed	1,502,000	32.5%	828,000	17.9%	-44.8%	662,000	14.3%	-55.9%
Not in labor force	2,878,000	16.9%	1,835,000	10.8%	-36.3%	1,514,000	8.9%	-47.4%

Source: The Urban Institute. HIPSIM 2016

42 percent and 49 percent with high take-up, compared to between 33 percent and 39 percent with moderate take-up.

Conclusion

The 19 states that have not expanded Medicaid nevertheless experienced notable gains in health coverage under the ACA, with nearly 7 million people gaining coverage. Even without any change in current federal and state laws, the number of uninsured people in these 19 states could be further reduced by additional enrollment in Medicaid

or the marketplaces. Prior analysis of the remaining uninsured under the ACA suggested that effective targeted outreach and enrollment efforts could be conducted through public schools, the Earned Income Tax Credit, the Supplemental Nutrition Assistance Program, school lunch programs, employers, and those associated with child custody and support systems.¹⁴ However, there is evidence that the cost of marketplace coverage, even with tax credits, could be limiting enrollment for some groups.¹⁵

Even with highly successful outreach, without Medicaid expansion, there is still the issue of having nearly five million low-income, uninsured adults who are not eligible for Medicaid or for any subsidized health insurance coverage. If all 19 states were to expand Medicaid, we project that Medicaid enrollment would increase by between 7.8 and 8.8 million, and that the number of uninsured would decline by between 4.1 and 5.0 million, depending on success in enrolling new eligibles.

The views expressed are those of the authors and should not be attributed to the Robert Wood Johnson Foundation or the Urban Institute, its trustees, or its funders.

ABOUT THE AUTHORS & ACKNOWLEDGMENTS

Matthew Buettgens is a senior research associate and Genevieve M. Kenney is co-director in the Urban Institute's Health Policy Center. The authors appreciate the comments and suggestions of John Holahan and Linda Blumberg.

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- 5 Matthew Buettgens. "Health Insurance Policy Simulation Model (HIPSM) Methodology." Washington, DC: Urban Institute, 2011.
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- 7 <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>.
- 8 Under current regulations, if any family member is offered single coverage that costs up to 9.66 percent of income, the entire family is ineligible for marketplace tax credits.
- 9 Matthew Buettgens, Genevieve M. Kenney, and Clare Wang Pan. "Variation in Marketplace Enrollment Rates in 2015 by State and Income." Washington: Urban Institute, 2015. <http://www.urban.org/research/publication/variation-marketplace-enrollment-rates-2015-state-and-income>.
- 10 This anticipated outcome is based on our review of past research on Medicaid "crowd-out," as well as post-2014 survey data that show large increases in Medicaid, but little change in employer coverage.
- 11 Buettgens, Kenney, and Pan.
- 12 As described above, there would be some new Medicaid enrollment among children who were already eligible for Medicaid, but no children would gain eligibility.
- 13 <http://kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/>. Not shown on that table, Florida, Maine, and North Carolina also have some income-based eligibility for 19- and 20-year-olds. See note 6 of <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/medicaid-and-chip-eligibility-levels-table.pdf>
- 14 Linda J. Blumberg, Michael Karpman, Matthew Buettgens, and Patricia Solleveld. "Who Are the Remaining Uninsured, and What Do Their Characteristics Tell Us About How to Reach Them?" Washington: Urban Institute, 2016. <http://www.urban.org/research/publication/who-are-remaining-uninsured-and-what-do-their-characteristics-tell-us-about-how-reach-them>.
- 15 Buettgens, Kenney, and Pan. See also Linda J. Blumberg, John Holahan, and Matthew Buettgens. "How Much Do Marketplace and Other Nongroup Enrollees Spend on Health Care Relative to Their Incomes?" Washington: Urban Institute, 2015. <http://www.urban.org/research/publication/how-much-do-marketplace-and-other-nongroup-enrollees-spend-health-care-relative-their-incomes>.