How will Texas’ Affordable Care Act Implementation Decisions Affect the Population? A Closer Look

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Geiger Gibson Program in Community Health Policy
Milken Institute School of Public Health at the George Washington University

Supported by:
RCHN Community Health Foundation

TACHC
Texas Association of Community Health Centers

TEXAS ACADEMY OF FAMILY PHYSICIANS
Foreword

The Supreme Court will soon settle the legal question as to whether the federal government can subsidize premiums offered by a federally-run health insurance exchange such as the one operating in Texas. It is only one of a battery of artillery rounds aimed at policies intended to reverse the tide of uninsured. Texas sued to block the roll out of this coverage, stubbornly rejected a minimum 9 to 1 cost share to expand Medicaid, continues to starve down reimbursements to Medicaid providers, and would appear to be set on a collision course, like Florida, with the federal government over, ironically, federal subsidies for hospitals' low income uninsured patients.

The consequences to local communities and their citizens are very real, tragic, preventable, and not limited to the outer reaches of rural or south Texas.

We commissioned the attached report and analysis by the health law and policy experts at George Washington University to project the disruptive consequences should the court effectively confiscate the coverage now in force for upwards of 1 million working Texans and provide some insights into the economic burden a growing pool of uninsured patients imposes on a community not to mention the consequences to those individuals and families. The report also breaks down the distribution of those Texans, and the 1.5 million other working Texans who but for the stubborn resistance of Texas’s political leadership could be covered by Medicaid. You will note this is a Texas wide exposure--many of the recently insured are represented by the very legislators who support the confiscation of their coverage.

About TACHC

The Texas Association of Community Health Centers is a private, non-profit membership association that represents Texas safety-net health care providers. Texas community health centers, also called Federally Qualified Health Centers, serve more than 1.1 million people at over 350 sites in 118 counties. www.tachc.org

About TAFP

The Texas Academy of Family Physicians is a private, not for profit membership organization dedicated to uniting the family doctors of Texas through advocacy, education, and member services. Representing over 8,000 family physicians, residents and medical student throughout Texas, TAFP empowers their members to provide a medical home for patients of all ages. www.tafp.org

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Executive Summary

The Affordable Care Act (ACA) gives states two key choices: Whether to expand Medicaid to cover poor uninsured adults; and whether to establish a state Exchange. No population stands to gain more from these choices than residents of Texas, who experience the nation’s highest uninsured rate. National estimates show that by not expanding Medicaid, the state has foregone coverage for 1.5 million people. County-level estimates show that in 249 out of 254 counties, the proportion of uninsured adults exceeds 20 percent of the total adult county population. In 31 counties, the proportion of low income uninsured adults exceeds 60 percent of all low income adult county residents.

Because Texas has chosen not to establish a state Exchange, its residents are vulnerable to a decision by the United States Supreme Court in King v Burwell that strikes down premium subsidies in states such as Texas, whose elected leaders have decided to rely on the federal Exchange. Should the Court eliminate subsidies in federal Exchange states, an estimated 1 million residents could face the immediate loss of affordable health insurance. County-level estimates show that in 56 counties, 1 in 25 residents or more could be left without access to affordable coverage.

The combined effects of not expanding Medicaid and the potential impact of King v Burwell will hit Texas’ health care system hard. County-level estimates show that prior to implementation of the ACA, 38 counties experienced hospital annual uncompensated care levels of $50 million or greater, and 4 counties showed losses greater than $200 million. Texas’ failure to adopt the Medicaid expansion, coupled with the loss of premium subsidies as a result of a decision against the government in King would reverse the progress that has been made in reducing the number of uninsured Texans. Furthermore, hospitals could find that the demand for charity care actually rises, as thousands of previously-insured people with serious health conditions turn to their hospitals for help.

A landmark research study presented to the United States Supreme Court in King by public health Deans and the American Public Health Association documents the relationship between increased health insurance and reduced adult mortality. This research shows that for every 830 adults who gains health insurance, one fewer adult will die annually from preventable causes. This means that of the more than 2 million people potentially adversely affected by Texas’ decisions not to expand Medicaid and to rely on the federal Exchange, approximately 2400 Texans could die annually from preventable causes, with thousands more unable to manage serious health conditions.
Introduction

With a higher proportion of nonelderly uninsured adults than any other state,¹ the people of Texas stand to gain enormously under the Affordable Care Act (ACA). However, Texas has rejected the ACA’s Medicaid expansion, leaving over one million eligible adults without any coverage. Moreover, because Texas has chosen not to establish its own state health insurance Exchange, its residents are vulnerable to a decision in King v Burwell, now pending in the United States Supreme Court, holding that the Affordable Care Act does not give the IRS the authority to extend premium tax subsidies to residents of states that use the federal Exchange. Because Texas’ elected leaders have chosen to rely on the federal Exchange, a decision against the government could cause over one million Texans to lose their private insurance subsidies.

It is possible that the Supreme Court will decide against the government. If it does so, the ripple effects flowing from the Court’s decision will be felt especially acutely in Texas. Given the direct link between health insurance and affordable health care, as well as the impact of health care on health (especially for populations with serious health conditions), an adverse ruling would destabilize the commercial insurance market by eliminating health insurance coverage in a matter of months if not weeks for over a million patients. An adverse ruling would further elevate the strain on an already overburdened health care system, shifting heavy costs onto health care providers and local government tax bases. As uncompensated care begins to rise, the effects will be felt by all insured Texans. Finally, as insurance coverage is lost, continuity of care will be disrupted, leading to poorer outcomes and substantially higher costs.

Texas’ Options Under the Affordable Care Act

The Affordable Care Act (ACA) has the potential to cut the number of uninsured Americans by more than half, as a result of two basic reforms: (1) reforms that ensure access to private health insurance for all Americans coupled with tax subsidies to make coverage affordable; and (2) an expansion of Medicaid to cover poor nonelderly adults, including adults without minor dependent children who historically have been excluded as well as parents of minor children, whose incomes, although well below poverty, exceed Texas’ eligibility standards. According to the Kaiser Family Foundation, in 2015 the income limit for parents in Texas equals 18% of the federal poverty level, virtually eliminating access to coverage for parents who work.²

Health Insurance Market Reforms, Insurance Subsidies, and the Exchange

The ACA restructured the health insurance market in order to ensure that no person will be turned away or charged more because of a pre-existing condition, or have a policy cancelled because of illness. The ACA also improved insurance by limiting out-of-pocket payments for covered services, guaranteeing coverage of preventive benefits with zero cost-sharing, and guaranteeing that all health

¹ http://kff.org/other/state-indicator/nonelderly-0-64/
insurance policies sold in the individual and small group markets cover certain “essential health benefits” covering both physical and mental health conditions.

To make coverage more affordable, the ACA offers premium tax subsidies and cost sharing assistance. People who buy private insurance through an Exchange qualify for premium subsidies if their household incomes are between 139 percent and 400 percent of the federal poverty level. (In states that do not expand Medicaid, subsidy eligibility begins at 100 percent of poverty). Cost sharing assistance is available to people who receive premium tax subsidies and have incomes up to 250 percent of poverty. Subsidies are available through health insurance Exchanges, online marketplaces in which people without public or employer-sponsored health insurance can purchase affordable health plans.

Together these reforms have significantly expanded coverage. As of March 2015, 10.2 million Americans had obtained Exchange coverage. Of these, 7.3 million lived in one of the 34 states that, like Texas, has elected not to establish a state Exchange and whose residents therefore use the federal Exchange. Exchange enrollment alone has had a major impact on access to affordable coverage; subsidized coverage alone has reduced the uninsured by 37% nationwide. Nationally, 86% of all persons with Exchange coverage receive premium subsidies.

Expanding Medicaid

The Medicaid expansion is designed to cover nonelderly low income adults with household incomes at or below 138 percent of the federal poverty level. In National Federation of Independent Businesses v Sebelius, the United States Supreme Court ruled that states could opt out of the adult expansion. As of June 2015, 29 states and the District of Columbia have implemented the expansion; Texas is not one of those states. (Figure 1) Coupled with streamlined enrollment procedures – required of all states including those that do not expand coverage for adults – the ACA’s Medicaid reforms have increased adult coverage by 4.8 million Medicaid beneficiaries. Not surprisingly, those who have gained coverage reside in the expansion states.

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5 Medicaid figures include data for all individuals at or below 138% of the Federal Poverty Level, not all of whom may meet eligibility requirements.
6 132 S. Ct. 2566 (2012)
The Picture in Texas

Had Texas’ leaders chosen to expand Medicaid, approximately 1.5 million additional working-age adults -- about one-quarter of the state’s uninsured population – would have qualified for coverage. Furthermore, over the 2015-2024 time period, the state would have realized an estimated $128 billion in additional federal funding (a 42% increase in federal Medicaid financing). In order to qualify for this additional federal funding, the state would have had to increase its own Medicaid outlays.

8 Matthew Buettgens, John Holahan, and Hannah Recht, Medicaid Expansion, Health Coverage, and Spending: An Update for the 21 States that have not Expanded Eligibility; Table 3 (Kaiser Family Foundation, April 2015) http://kff.org/medicaid/issue-brief/medicaid-expansion-health-coverage-and-spending-an-update-for-the-21-states-that-have-not-expanded-eligibility/ Note: A 2013 presentation by the Texas Health and Human Services Commission estimated the same number of newly eligible Medicaid beneficiaries, approximately 23 percent of the state’s uninsured. Kyle Janek, Presentation to the House Appropriations Committee (March 2013)
by only 6% over the same time period ($13.5 billion). This additional outlay would be partially offset by reduced uncompensated care costs borne by state and local funds.9

Because Texas has opted not to expand Medicaid, its estimated uninsured population continues to exceed 4 million. With the expansion, its uninsured rate would have dipped below 3 million.10

In addition, Texas elected, along with 33 other states,11 not to establish a state Exchange. Instead the state chose to rely on the federal Exchange, an option afforded states under the ACA.12 Furthermore, unlike 7 other states using the federal Exchange, Texas has not entered into a State Partnership relationship with the federal Exchange, in order to carry out consumer assistance and/or plan management activities. In short, Texas has chosen to maintain no formal relationship with the Exchange, either by establishing its own Exchange or by partnering with the federal government.

As of February 2015, over 1.2 million Texas residents had selected an Exchange plan, with a selection rate of nearly 40% of the qualified population, placing the state close to the U.S. average of 42%.13 The vast majority of enrollees (86%) receive financial assistance in the form of premium subsidies.14

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**Texas and the Affordable Care Act: Key Facts**

- 1.5 million people would qualify for Medicaid were Texas to expand coverage to working-age low income adults. With the Medicaid expansion, the uninsured rate in Texas would be cut by half.
- Texas would realize an additional $128.1 billion in federal funding over the 2015-2024 time period (a 42% growth) were it to expand Medicaid, with additional state outlays of only $13.5 billion (a 6% growth) over the same time period.
- 1.2 million people selected an Exchange plan by February 2015, nearly 40 percent of those who are eligible.
- The vast majority (86%) of Exchange plan enrollees qualify for premium tax subsidies.
- Texas relies completely on the federal Exchange and has established neither a partnership arrangement nor a plan management arrangement with the federal government.

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9 Id.

10 Id.


12 Patient Protection and Affordable Care Act, §1321

13 [Kaiser State Health Facts Online](http://kff.org/health-reform/state-indicator/current-marketplace-enrollment/)

14 [Kaiser State Health Facts Online](http://kff.org/other/state-indicator/marketplace-enrollees-by-financial-assistance-status-2015/)
The Size and Characteristics of Texas’ Uninsured Population Underscores the Significance of the State’s Decisions on Its Residents

The characteristics of Texas’ uninsured population underscore why the ACA reforms have such a great potential to change the lives of its residents, while infusing enormous resources into the state’s economy.

Compared to residents with insurance, uninsured residents are much more likely to have low incomes. Two in five uninsured Texans (40%) have incomes below the federal poverty level. Because such a high proportion of the uninsured Texas population has poverty-level income, they fall into the coverage gap created by the state’s decision not to expand Medicaid because their household incomes are below the 100 percent threshold ($24,250 for a family of four) needed to qualify for premium subsidies.

Most uninsured Texans live in working families. Nearly seven in ten (69%) is a member of a family in which they or a spouse work full-time or part time. Many are parents whose income from work would disqualify them from Texas’ extremely low eligibility standard for parents (18% of the federal poverty level). And yet their poverty-level wages are too low to enable them to qualify for premium tax subsidies in the Exchange.

Most of Texas’ uninsured residents are uninsured on a long term basis. In a survey of state residents, conducted as part of a nationwide survey of the uninsured, 53% reported going without health insurance for 5 years or longer. Thirty-one percent reported never having had insurance in their lives.

For a variety of reasons, the overwhelming majority of uninsured Texans (84%) have no access to employer-sponsored coverage. When only poor Texans are considered, this figure rises to 90%. Forty four percent of poor uninsured Texans without access to employer coverage report that their employers offer no coverage. Eighty percent of poor Texans whose employers do offer coverage report that they are unable to afford premiums.

Certain important conclusions can be drawn from these estimates. First, the great majority of poor uninsured adults who would be helped by a Medicaid expansion live in working families. Second, poor workers are almost never likely to have access to employer-sponsored coverage; even when it is offered poor workers are overwhelmingly unable to afford it.

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16 Id. Figure 2.
17 Id. Figure 3
18 Id. Table 2
19 Id.
Uninsured Texans Who are Poor

- 69% live in working families
- 90% have no access to employer health insurance coverage.

A County-Level View of the Impact of Texas’ Decision Not to Expand Medicaid

In order to better understand the impact on state residents of Texas’ decision not to expand Medicaid, we examined county-level data on uninsured residents by age and income level. Appendix A-1 and A-2 provide county-level tabular data on uninsured adults and uninsured low income adults. In Figure 2 we present county-level data which show the percent of uninsured adult residents. Figure 2 shows that in 131 counties, the proportion of uninsured adults stands at 30 percent of the total adult population or higher; in 249 counties, the number of uninsured Texans as a proportion of all adults stands at 20% or higher.
Figure 2. Uninsured Texas Adults as a Percent of the Total Adult 18-64 Population, By County

Figure 3 shows the proportion of uninsured adults by county who have family incomes at or below 138 percent of the federal poverty level. In no county is less than 24% of the uninsured adult population Medicaid-eligible. In 150 counties, 40% or more of the uninsured adult population are Medicaid-eligible.

Because Texas is a non-Medicaid-expansion state, those with family incomes between 100 percent and 138 percent of poverty can qualify for premium subsidies through the Exchange. But Medicaid coverage would offer even greater financial protection for the state’s poorest residents, because cost sharing is more modest and premiums would not be imposed. To be sure, some number of uninsured poor adults would not qualify for Medicaid under an expansion because they would not satisfy Medicaid’s legal residency requirements; at the same time, the statewide Medicaid impact estimate of 1.5 million eligible adults underscores that expanding Medicaid would aid the vast majority of poor uninsured adults.
Figure 3. Uninsured Texas Adults 18-64 with Incomes Below 138 percent of the Federal Poverty Level, as a Percent of All Uninsured Adults, by County

Note: When considering Texans eligible for Medicaid expansion coverage, in no county is less than 24% of the adult population eligible.

Source:
A County-Level View of How King v Burwell Might Affect Texas Residents and Health Care Providers

By the end of its 2014-2015 term, the United States Supreme Court is expected to issue a ruling in King v Burwell. The issue in King concerns whether the Internal Revenue Service can lawfully give premium tax subsidies available to everyone who qualifies, regardless of whether they live in a state that has established its own Exchange. The outcome of the case will affect the future of access to tax subsidies for residents of the 34 states that have not established their own Exchange, including 86% of the 1.2 million Texas residents who selected Exchange health plans and are eligible to receive premium subsidies.

States have the option not to establish their own Exchange, as noted. The plaintiffs in King do not want insurance, live in a federal Exchange state, and oppose subsidies because were coverage affordable, they would be subject to tax penalties if they did not enroll. For this reason, they have sued, arguing that states that exercise their option to use the federal Exchange effectively disqualify their eligible residents for premium subsidies, because the ACA conditions those subsidies on the presence of a state Exchange.

If the Court sides with the government and determines that the law extends subsidies to all eligible people regardless of whether their state establishes its own Exchange, this would be the end of the matter. But were the Court to side with the plaintiffs and read the ACA to bar subsidies in federal Exchange states, over 1 million Texas residents stand to lose their subsidies unless Congress steps in to ensure that premium subsidies are available in all states, regardless of whether the state uses the federal Exchange. But as of June 2015, there is no Congressional plan to do so. Indeed, the proposal that appears to have garnered the most support among Senate Republicans at this point, one offered by Senator Ron Johnson of Wisconsin, would continue subsidies for those who have them only through Summer 2017. Furthermore, his proposal would bar the government from offering any new subsidies – in all states -- starting with the 2016 open enrollment period, which begins November 2015.

What would be the likely effects of this crisis for Texas?

- A huge jump in premium costs for everyone with individual insurance coverage. The loss of subsidies would affect the 86% of all persons insured through the Exchange, the proportion of health plan enrollees who rely on subsidies. Virtually all could be expected to drop their insurance for financial reasons. But those who lose their subsidies but somehow manage to hold onto their coverage can be expected to have serious health problems. As a result, as healthy people exit their plans and only the sickest remain, premiums will skyrocket for everyone, including the 14 percent of plan enrollees who do not receive subsidies. The Rand Corporation estimates that premiums can be expected to jump for remaining policy holders by 47%, as the healthiest subsidized policyholders leave.\(^\text{20}\)

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\(^\text{20}\) Evan Saltzman and Christine Eibner, The Effect of Eliminating the Affordable Care Act’s Tax Credits in Federally-Facilitated Marketplaces (Rand Corporation)

http://www.rand.org/content/dam/rand/pubs/research_reports/RR900/RR980/RAND_RR980.pdf
• **A collapsing insurance market.** A loss of the premium subsidies in federal Exchange states does not mean that the market reforms will not continue to apply. Insurers will be required by law to keep selling to anyone regardless of health status, even in states whose residents lose access to subsidies because they use the federal Exchange. As the healthy subsidized policyholders exit because they can no longer afford coverage, insurers would find themselves with “a risk pool filled with high-need, high-cost people, after having priced their 2015 premiums based on a balanced pool containing both healthy and sick people. Claims would quickly outpace premium revenue as insurers lose most of their low-cost, healthy customers but retain customers whose medical costs exceed their premiums.”21 At this point, experts assume, insurers begin to exit federal Exchange states, leaving residents who depend on the individual insurance market – no matter what their health status or their eligibility for subsidies – without a viable insurance option. Indeed, under their contracts with the federal government, insurers would be permitted to leave midyear in the event that subsidies in the federal Exchange states are declared illegal.22 While larger insurers might attempt to remain and await a legislative fix (insurers that leave the Exchange are barred from re-entering it for 5 years),23 the prospect of this death spiral could be expected to force a widespread exodus.

• **Spiraling uncompensated care costs.** Health care providers that experienced financial relief from the creation of the Exchange market would immediately lose the gains they have made against the problem of uncompensated care. Particularly hard hit would be nonprofit hospitals whose community benefit obligations under the Affordable Care Act now require that they maintain a financial assistance policy to make care available to those who cannot pay.24 The number of people seeking charity care could be expected to rise significantly as previously insured people, diagnosed with serious health conditions, turn to their hospitals for help.

• **The loss of coverage by most who have gained it through the Exchange.** Because such a high proportion of Texans (86 percent or over 1 million people) insured through the Exchange qualify for subsidies as a result of low or moderate family income, most could be expected to give up their coverage, since nearly 4 in 10 people with Exchange coverage report experiencing difficulties paying their monthly premiums, even with the subsidies.25 Hundreds of thousands of newly insured people (nearly 60 percent of Exchange enrollees nationally were uninsured at the time they purchased coverage) stand to lose access to preventive benefits and primary health care.26 Thousands of people receiving treatment for serious health conditions would be left isolated and uninsured.

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22 Id.
23 Id.
24 Section 9007, Patient Protection and Affordable Care Act.
26 Id.
without financial access to care; a significant concern since at least the first generation of Exchange enrollees (those enrolled during the first open enrollment period (2013-2014)) are more likely to report being in poorer health. By 2016, should the Court strike down subsidies for states that use a federal Exchange, an estimated 1.44 million Texans will be uninsured again because they will have lost access to subsidies.

Appendix A-3 and Figure 4 present county level data on Exchange enrollment by county. Figure 4 depicts the proportion of Texans enrolled in Exchange plans as of spring 2015, by county. As Appendix A-3 shows, in 56 counties, 1 in 25 county residents or higher is now enrolled in an Exchange plan, and in 3 counties this figure stands at 6% of all county residents or greater.

Appendix A-4 and Figure 5 depict hospitals’ uncompensated care burden by county, focusing only on that portion of uncompensated care attributable to uninsured residents. In 2013, the year before the ACA took effect, hospital uncompensated care burdens for uninsured patients exceeded $50 million in 38 counties and $200 million in 4 counties. Across the country, hospitals’ uncompensated care burdens have begun to come down as a result of the insurance expansions. With the loss of insurance coverage for approximately one million residents and the future denial of subsidized coverage for millions more if the federal government loses King, the uncompensated care burden borne by hospitals across the state could be expected to return to pre-reform levels. Furthermore, the uncompensated care burden could be expected to climb still higher, as thousands of previously insured adults with serious health conditions, who were receiving treatment on an insured basis, now turn to their community hospitals (as well as their community health centers) for financial help in managing their care.

27 Id.
Figure 4. County Residents Enrolled in Exchange Health Plans

Source:
Figure 5. Hospital Uncompensated Care Shortfalls by County (Uninsured Patients)


The Human Impact of Texas’ High Uninsured Rate

The impact of Texas’ decision not to expand Medicaid, coupled with the loss of health insurance if the United States Supreme Court strikes down health insurance subsidies in the federal Exchange, can be measured not only in health care access and cost terms, but in population health terms as well. In an amicus brief to the Court in King, Deans of schools of public health as well as the American Public Health Association presented evidence regarding the impact of being uninsured on mortality among adults.29

29 Amicus Brief of Deans of Schools of Public Health and the American Public Health Association to the United States Supreme Court, King v Burwell. The brief reviews a landmark study by Benjamin Sommers and colleagues
Because having health insurance is so closely associated with access to health care, gains in coverage reduce preventable adult deaths, with 1 death prevented for every 830 adults insured. Extrapolating from these figures, we estimated that the more than two million Texans who are uninsured -- either because the state has not expanded Medicaid or because of the potential impact of King on affordable insurance -- which translates into more than 2400 preventable adult deaths annually.

Discussion

The Affordable Care Act gives Texas basic choices about how to help its uninsured residents. First, the state can expand Medicaid for poor uninsured working-age adults, with costs almost entirely borne by the federal government and with a return of nearly $10.00 for every $1.00 the state lays out in new expenditures over the 2015-2024 time period. By factoring in the savings the state could realize from reduced uncompensated care costs, the savings grow still further. One-and-a-half million Texans, most residing in working families, and nearly all without access to employer coverage for one reason or another, would benefit, bringing enormous additional resources to the state’s health care system. Texas can implement the Medicaid expansion at any time.

The second choice is to establish a state Exchange, which Texas has not taken. As a result, it is one of the 34 states caught in the potential crisis created by a decision in King v Burwell striking down premium subsidies in the federal Exchange. Among the federal Exchange states, some have developed formal Partnerships with the federal government, and these Partnership states may be able to qualify as state-established Exchanges. Texas is not one of these 7 states, however.

It is likely that there will be no speedy resolution of the crisis in Congress should the United States Supreme Court strike down tax subsidies for residents of federal Exchange states in King v Burwell. If Texas is to avoid the rapid loss of tax subsidies for residents, the exodus of insurers from their markets, an intensifying strain on its health care system, and an increase in uncompensated care, then policymakers must be ready to rapidly move to establish an Exchange in the event of a loss in King. Observers expect that in the wake of such a loss, the Administration may issue guidance on steps that federal Exchange states can take to move toward state establishment. With a potentially long delay in Congress, immediate action on the part of Texas’ elected officials must be an absolute priority if the demise of coverage for over a million people is to be avoided. The subsequent unraveling of the insurance market and the rise in uninsured, coupled with an increase in uncompensated care costs would impact every Texan.

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Appendices

A-1 Uninsured Texas Residents, By County
A-2 Uninsured Low Income Texas Residents, by County
A-3 Texas Exchange Enrollees, By County
A-4 Hospital Uncompensated Care Costs for Uninsured Patients, by County
### A-1 Uninsured Texas Residents, By County

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<th>County</th>
<th>Total County Population</th>
<th>County Population aged 18 - 64</th>
<th>Uninsured aged 18-64</th>
<th>% Uninsured aged 18 - 64 of total population</th>
<th>% Uninsured aged 18-64 of adult population</th>
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<tr>
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## GW Affordable Care Act Texas Impact Analysis

<table>
<thead>
<tr>
<th>County</th>
<th>Total County Population</th>
<th>County Population aged 18 - 64</th>
<th>Uninsured aged 18-64</th>
<th>% Uninsured aged 18 - 64 of total population</th>
<th>% Uninsured aged 18-64 of adult population</th>
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<tbody>
<tr>
<td>Cherokee</td>
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<td>County Population aged 18 - 64</td>
<td>Uninsured aged 18-64</td>
<td>% Uninsured aged 18 - 64 of total population</td>
<td>% Uninsured aged 18-64 of adult population</td>
</tr>
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</tr>
<tr>
<td>County</td>
<td>Total County Population</td>
<td>County Population aged 18 - 64</td>
<td>Uninsured aged 18-64</td>
<td>% Uninsured aged 18 - 64 of total population</td>
<td>% Uninsured aged 18-64 of adult population</td>
</tr>
<tr>
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<td>221</td>
<td>13.7%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Jack</td>
<td>8,957</td>
<td>4,488</td>
<td>1,405</td>
<td>15.7%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Jackson</td>
<td>14,591</td>
<td>8,245</td>
<td>2,157</td>
<td>14.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Jasper</td>
<td>35,649</td>
<td>19,947</td>
<td>5,375</td>
<td>15.1%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Jeff Davis</td>
<td>2,253</td>
<td>1,279</td>
<td>444</td>
<td>19.7%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>252,358</td>
<td>145,360</td>
<td>42,149</td>
<td>16.7%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Jim Hogg</td>
<td>5,245</td>
<td>2,849</td>
<td>973</td>
<td>18.6%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Jim Wells</td>
<td>41,680</td>
<td>23,951</td>
<td>6,660</td>
<td>16.0%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Johnson</td>
<td>154,707</td>
<td>91,802</td>
<td>26,056</td>
<td>16.8%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Jones</td>
<td>19,859</td>
<td>8,571</td>
<td>2,644</td>
<td>13.3%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Karnes</td>
<td>15,081</td>
<td>7,015</td>
<td>1,599</td>
<td>10.6%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Kaufman</td>
<td>108,568</td>
<td>64,941</td>
<td>17,928</td>
<td>16.5%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Kendall</td>
<td>37,766</td>
<td>21,575</td>
<td>4,949</td>
<td>13.1%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Kenedy</td>
<td>412</td>
<td>255</td>
<td>62</td>
<td>15.0%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Kent</td>
<td>807</td>
<td>391</td>
<td>114</td>
<td>14.1%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Kerr</td>
<td>49,953</td>
<td>25,926</td>
<td>7,656</td>
<td>15.3%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Kimble</td>
<td>4,481</td>
<td>2,465</td>
<td>878</td>
<td>19.6%</td>
<td>35.6%</td>
</tr>
<tr>
<td>King</td>
<td>285</td>
<td>175</td>
<td>35</td>
<td>12.3%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Kinney</td>
<td>3,586</td>
<td>1,650</td>
<td>503</td>
<td>14.0%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Kleberg</td>
<td>32,101</td>
<td>18,420</td>
<td>5,615</td>
<td>17.5%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Knox</td>
<td>3,767</td>
<td>1,978</td>
<td>711</td>
<td>18.9%</td>
<td>35.9%</td>
</tr>
<tr>
<td>La Salle</td>
<td>7,369</td>
<td>3,323</td>
<td>1,053</td>
<td>14.3%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Lamar</td>
<td>49,426</td>
<td>28,562</td>
<td>8,561</td>
<td>17.3%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Lamb</td>
<td>13,775</td>
<td>7,525</td>
<td>2,757</td>
<td>20.0%</td>
<td>36.6%</td>
</tr>
<tr>
<td>Lampasas</td>
<td>20,222</td>
<td>11,892</td>
<td>3,615</td>
<td>17.9%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Lavaca</td>
<td>19,581</td>
<td>10,623</td>
<td>2,880</td>
<td>14.7%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Lee</td>
<td>16,628</td>
<td>9,715</td>
<td>2,862</td>
<td>17.2%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Leon</td>
<td>16,742</td>
<td>9,138</td>
<td>2,969</td>
<td>17.7%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Liberty</td>
<td>76,907</td>
<td>43,602</td>
<td>13,686</td>
<td>17.8%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Limestone</td>
<td>23,326</td>
<td>12,665</td>
<td>3,587</td>
<td>15.4%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Lipscomb</td>
<td>3,485</td>
<td>2,027</td>
<td>665</td>
<td>19.1%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Live Oak</td>
<td>11,867</td>
<td>6,201</td>
<td>1,566</td>
<td>13.2%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Llano</td>
<td>19,444</td>
<td>9,905</td>
<td>2,793</td>
<td>14.4%</td>
<td>28.2%</td>
</tr>
<tr>
<td>County</td>
<td>Total County Population</td>
<td>County Population aged 18 - 64</td>
<td>Uninsured aged 18-64</td>
<td>% Uninsured aged 18 - 64 of total population</td>
<td>% Uninsured aged 18-64 of adult population</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Loving</td>
<td>95</td>
<td>60</td>
<td>12</td>
<td>12.6%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Lubbock</td>
<td>289,324</td>
<td>177,372</td>
<td>48,151</td>
<td>16.6%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Lynn</td>
<td>5,723</td>
<td>3,224</td>
<td>1,023</td>
<td>17.9%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Madison</td>
<td>13,781</td>
<td>6,439</td>
<td>2,177</td>
<td>15.8%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Marion</td>
<td>10,235</td>
<td>5,965</td>
<td>1,695</td>
<td>16.6%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Martin</td>
<td>5,312</td>
<td>3,064</td>
<td>881</td>
<td>16.6%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Mason</td>
<td>4,128</td>
<td>2,138</td>
<td>915</td>
<td>22.2%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Matagorda</td>
<td>36,592</td>
<td>21,496</td>
<td>6,668</td>
<td>18.2%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Maverick</td>
<td>55,932</td>
<td>30,813</td>
<td>13,553</td>
<td>24.2%</td>
<td>44.0%</td>
</tr>
<tr>
<td>McCulloch</td>
<td>8,330</td>
<td>4,548</td>
<td>1,470</td>
<td>17.6%</td>
<td>32.3%</td>
</tr>
<tr>
<td>McLennan</td>
<td>241,481</td>
<td>143,329</td>
<td>40,465</td>
<td>16.8%</td>
<td>28.2%</td>
</tr>
<tr>
<td>McMullen</td>
<td>764</td>
<td>433</td>
<td>82</td>
<td>10.7%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Medina</td>
<td>47,399</td>
<td>26,712</td>
<td>7,465</td>
<td>15.7%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Menard</td>
<td>2,148</td>
<td>1,124</td>
<td>441</td>
<td>20.5%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Midland</td>
<td>151,468</td>
<td>92,998</td>
<td>23,271</td>
<td>15.4%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Milam</td>
<td>24,167</td>
<td>13,399</td>
<td>3,915</td>
<td>16.2%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Mills</td>
<td>4,907</td>
<td>2,601</td>
<td>1,006</td>
<td>20.5%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Mitchell</td>
<td>9,402</td>
<td>4,007</td>
<td>1,133</td>
<td>12.1%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Montague</td>
<td>19,503</td>
<td>10,903</td>
<td>3,107</td>
<td>15.9%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>499,137</td>
<td>302,085</td>
<td>75,255</td>
<td>15.1%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Moore</td>
<td>22,141</td>
<td>12,910</td>
<td>4,629</td>
<td>20.9%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Morris</td>
<td>12,834</td>
<td>7,236</td>
<td>2,150</td>
<td>16.8%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Motley</td>
<td>1,196</td>
<td>625</td>
<td>216</td>
<td>18.1%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Nacogdoches</td>
<td>65,330</td>
<td>37,205</td>
<td>12,159</td>
<td>18.6%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Navarro</td>
<td>48,038</td>
<td>27,564</td>
<td>9,209</td>
<td>19.2%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Newton</td>
<td>14,140</td>
<td>7,911</td>
<td>2,073</td>
<td>14.7%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Nolan</td>
<td>15,037</td>
<td>8,445</td>
<td>2,360</td>
<td>15.7%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Nueces</td>
<td>352,107</td>
<td>214,355</td>
<td>62,144</td>
<td>17.6%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Ochiltree</td>
<td>10,806</td>
<td>6,229</td>
<td>2,187</td>
<td>20.2%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Oldham</td>
<td>2,102</td>
<td>1,173</td>
<td>272</td>
<td>12.9%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Orange</td>
<td>82,957</td>
<td>50,054</td>
<td>10,966</td>
<td>13.2%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Palo Pinto</td>
<td>27,889</td>
<td>16,014</td>
<td>5,554</td>
<td>19.9%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Panola</td>
<td>23,870</td>
<td>13,883</td>
<td>3,536</td>
<td>14.8%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Parker</td>
<td>121,418</td>
<td>71,493</td>
<td>16,754</td>
<td>13.8%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Parmer</td>
<td>9,965</td>
<td>5,772</td>
<td>2,191</td>
<td>22.0%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Pecos</td>
<td>15,697</td>
<td>7,978</td>
<td>2,503</td>
<td>15.9%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Polk</td>
<td>45,790</td>
<td>23,336</td>
<td>7,314</td>
<td>16.0%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Potter</td>
<td>121,661</td>
<td>69,002</td>
<td>23,748</td>
<td>19.5%</td>
<td>34.4%</td>
</tr>
<tr>
<td>County</td>
<td>Total County Population</td>
<td>County Population aged 18 - 64</td>
<td>Uninsured aged 18-64</td>
<td>% Uninsured aged 18 - 64 of total population</td>
<td>% Uninsured aged 18-64 of adult population</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Presidio</td>
<td>7,201</td>
<td>3,864</td>
<td>1,619</td>
<td>22.5%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Rains</td>
<td>11,065</td>
<td>6,218</td>
<td>1,990</td>
<td>18.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Randall</td>
<td>126,474</td>
<td>76,805</td>
<td>15,543</td>
<td>12.3%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Reagan</td>
<td>3,601</td>
<td>2,132</td>
<td>729</td>
<td>20.2%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Real</td>
<td>3,350</td>
<td>1,818</td>
<td>631</td>
<td>18.8%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Red River</td>
<td>12,470</td>
<td>7,091</td>
<td>2,262</td>
<td>18.1%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Reeves</td>
<td>13,965</td>
<td>6,110</td>
<td>1,903</td>
<td>13.6%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Refugio</td>
<td>7,305</td>
<td>4,026</td>
<td>1,045</td>
<td>14.3%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Roberts</td>
<td>831</td>
<td>461</td>
<td>78</td>
<td>9.4%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Robertson</td>
<td>16,486</td>
<td>9,458</td>
<td>3,117</td>
<td>18.9%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Rockwall</td>
<td>85,245</td>
<td>50,846</td>
<td>10,826</td>
<td>12.7%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Rusk</td>
<td>10,309</td>
<td>5,619</td>
<td>1,763</td>
<td>17.1%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Sabine</td>
<td>10,361</td>
<td>5,493</td>
<td>1,518</td>
<td>14.7%</td>
<td>27.6%</td>
</tr>
<tr>
<td>San Augustine</td>
<td>8,769</td>
<td>4,774</td>
<td>1,464</td>
<td>16.7%</td>
<td>30.7%</td>
</tr>
<tr>
<td>San Patricio</td>
<td>26,856</td>
<td>15,586</td>
<td>4,912</td>
<td>18.3%</td>
<td>31.5%</td>
</tr>
<tr>
<td>San Saba</td>
<td>6,012</td>
<td>2,953</td>
<td>1,121</td>
<td>18.6%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Schleicher</td>
<td>3,206</td>
<td>1,826</td>
<td>550</td>
<td>17.2%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Scurry</td>
<td>17,302</td>
<td>8,984</td>
<td>2,453</td>
<td>14.2%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Shackelford</td>
<td>3,375</td>
<td>1,959</td>
<td>546</td>
<td>16.2%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Shelby</td>
<td>25,792</td>
<td>14,858</td>
<td>5,110</td>
<td>19.8%</td>
<td>34.4%</td>
</tr>
<tr>
<td>Sherman</td>
<td>3,093</td>
<td>1,781</td>
<td>654</td>
<td>21.1%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Smith</td>
<td>216,080</td>
<td>126,347</td>
<td>37,752</td>
<td>17.5%</td>
<td>29.9%</td>
</tr>
<tr>
<td>Somervell</td>
<td>8,658</td>
<td>5,047</td>
<td>1,283</td>
<td>14.8%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Starr</td>
<td>61,963</td>
<td>34,066</td>
<td>15,957</td>
<td>25.8%</td>
<td>46.8%</td>
</tr>
<tr>
<td>Stephens</td>
<td>9,247</td>
<td>4,955</td>
<td>1,651</td>
<td>17.9%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Sterling</td>
<td>1,219</td>
<td>698</td>
<td>146</td>
<td>12.0%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Stonewall</td>
<td>1,432</td>
<td>762</td>
<td>235</td>
<td>16.4%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Sutton</td>
<td>4,006</td>
<td>2,326</td>
<td>705</td>
<td>17.6%</td>
<td>30.3%</td>
</tr>
<tr>
<td>Swisher</td>
<td>7,763</td>
<td>3,806</td>
<td>1,295</td>
<td>16.7%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>1,911,541</td>
<td>1,183,267</td>
<td>335,815</td>
<td>17.6%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Taylor</td>
<td>134,117</td>
<td>79,380</td>
<td>21,321</td>
<td>15.9%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Terrell</td>
<td>903</td>
<td>518</td>
<td>194</td>
<td>21.5%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Terry</td>
<td>12,743</td>
<td>6,469</td>
<td>2,342</td>
<td>18.4%</td>
<td>36.2%</td>
</tr>
<tr>
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<td>854</td>
<td>299</td>
<td>18.7%</td>
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</tr>
<tr>
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<td>18,580</td>
<td>7,145</td>
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<td>38.5%</td>
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<td>67,225</td>
<td>18,160</td>
<td>15.8%</td>
<td>27.0%</td>
</tr>
<tr>
<td>County</td>
<td>Total County Population</td>
<td>County Population aged 18 - 64</td>
<td>Uninsured aged 18-64</td>
<td>% Uninsured aged 18 - 64 of total population</td>
<td>% Uninsured aged 18-64 of adult population</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
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<td>-----------------------------------------------</td>
<td>--------------------------------------------</td>
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<td>184,925</td>
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<td>24.7%</td>
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<tr>
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<td>2,484</td>
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<td>30.9%</td>
</tr>
<tr>
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<td>27.4%</td>
</tr>
<tr>
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<td>27.7%</td>
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<td>565</td>
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<td>30.9%</td>
</tr>
<tr>
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<td>53,061</td>
<td>14,992</td>
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<td>28.3%</td>
</tr>
<tr>
<td>Walker</td>
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<td>34,349</td>
<td>9,607</td>
<td>14.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Waller</td>
<td>45,213</td>
<td>25,607</td>
<td>8,559</td>
<td>18.9%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Ward</td>
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<td>6,424</td>
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</tr>
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<td>5,102</td>
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<td>70,210</td>
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<td>23,925</td>
<td>7,561</td>
<td>18.3%</td>
<td>31.6%</td>
</tr>
<tr>
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<td>3,251</td>
<td>1,007</td>
<td>17.5%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Wichita</td>
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<td>73,169</td>
<td>19,560</td>
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<td>26.7%</td>
</tr>
<tr>
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<td>7,676</td>
<td>2,263</td>
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<td>29.5%</td>
</tr>
<tr>
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<td>10,499</td>
<td>3,957</td>
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<td>37.7%</td>
</tr>
<tr>
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<td>22.9%</td>
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<td>1,344</td>
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</tr>
<tr>
<td>Wise</td>
<td>60,939</td>
<td>36,131</td>
<td>9,749</td>
<td>16.0%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Wood</td>
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<td>22,079</td>
<td>6,895</td>
<td>16.3%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Yoakum</td>
<td>8,184</td>
<td>4,570</td>
<td>1,497</td>
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<td>32.8%</td>
</tr>
<tr>
<td>Young</td>
<td>18,341</td>
<td>10,309</td>
<td>3,298</td>
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<td>32.0%</td>
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<tr>
<td>Zapata</td>
<td>14,390</td>
<td>7,930</td>
<td>3,536</td>
<td>24.6%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Zavala</td>
<td>12,156</td>
<td>6,560</td>
<td>2,286</td>
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<td>34.8%</td>
</tr>
<tr>
<td>Totals</td>
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<td>15,957,836</td>
<td>4,808,671</td>
<td>18.2%</td>
<td>30.1%</td>
</tr>
</tbody>
</table>

*Note: No Texas counties contain less than 16.9% uninsured adults as a percentage of the total adult population.*

*Source:*

### A-2 Uninsured Low Income Texas Residents, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Total County Population</th>
<th>County Population aged 18 - 64</th>
<th>18-64 under 138% FPL</th>
<th>Uninsured 18-64, under 138% FPL</th>
<th>% Uninsured of 18-64 under 138% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
<td>57,938</td>
<td>26,085</td>
<td>6,982</td>
<td>3,306</td>
<td>47.4%</td>
</tr>
<tr>
<td>Andrews</td>
<td>16,799</td>
<td>9,967</td>
<td>1,474</td>
<td>912</td>
<td>61.9%</td>
</tr>
<tr>
<td>Angelina</td>
<td>87,441</td>
<td>49,782</td>
<td>13,695</td>
<td>6,716</td>
<td>49.0%</td>
</tr>
<tr>
<td>Aransas</td>
<td>24,356</td>
<td>13,185</td>
<td>3,347</td>
<td>1,734</td>
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</tr>
<tr>
<td>Archer</td>
<td>8,681</td>
<td>5,160</td>
<td>808</td>
<td>452</td>
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<td>Armstrong</td>
<td>1,949</td>
<td>1,089</td>
<td>200</td>
<td>118</td>
<td>59.0%</td>
</tr>
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<td>Atascosa</td>
<td>47,093</td>
<td>27,289</td>
<td>6,813</td>
<td>3,444</td>
<td>50.6%</td>
</tr>
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<td>Austin</td>
<td>28,847</td>
<td>16,775</td>
<td>2,801</td>
<td>1,625</td>
<td>58.0%</td>
</tr>
<tr>
<td>Bailey</td>
<td>7,114</td>
<td>3,819</td>
<td>1,176</td>
<td>695</td>
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</tr>
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<td>20,601</td>
<td>11,943</td>
<td>2,277</td>
<td>1,220</td>
<td>53.6%</td>
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<tr>
<td>Bastrop</td>
<td>75,825</td>
<td>44,410</td>
<td>9,793</td>
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</tr>
<tr>
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<td>1,963</td>
<td>583</td>
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</tr>
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<td>14,726</td>
<td>3,882</td>
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<td>273,933</td>
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<td>6,245</td>
<td>1,170</td>
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<td>58.9%</td>
</tr>
<tr>
<td>Borden</td>
<td>637</td>
<td>366</td>
<td>53</td>
<td>22</td>
<td>41.5%</td>
</tr>
<tr>
<td>Bosque</td>
<td>17,855</td>
<td>9,761</td>
<td>2,308</td>
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</tr>
<tr>
<td>Bowie</td>
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<td>13,603</td>
<td>5,461</td>
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<td>132,782</td>
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<td>1,432</td>
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<tr>
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<td>225</td>
<td>144</td>
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<td>1,421</td>
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<tr>
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<td>5,409</td>
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</tr>
<tr>
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<td>23,325</td>
<td>6,575</td>
<td>3,203</td>
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</tr>
<tr>
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<td>3,165</td>
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<td>1,753</td>
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<td>94,558</td>
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<td>1,754</td>
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</tr>
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<td>27,400</td>
<td>8,609</td>
<td>4,753</td>
<td>55.2%</td>
</tr>
<tr>
<td>County</td>
<td>Total County Population</td>
<td>County Population aged 18 - 64</td>
<td>18-64 under 138% FPL</td>
<td>Uninsured 18-64, under 138% FPL</td>
<td>% Uninsured of 18-64 under 138% FPL</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>----------------------------------</td>
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</tr>
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<td>401,143</td>
<td>235,375</td>
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</tr>
<tr>
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<td>6,379</td>
<td>1,599</td>
<td>825</td>
<td>51.6%</td>
</tr>
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</tr>
<tr>
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</tr>
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<td>10,615</td>
<td>2,236</td>
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</tr>
<tr>
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</tr>
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<td>9,894</td>
<td>2,798</td>
<td>1,438</td>
<td>51.4%</td>
</tr>
<tr>
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<td>88,985</td>
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## GW Affordable Care Act Texas Impact Analysis

<table>
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<tr>
<th>County</th>
<th>Total County Population</th>
<th>County Population aged 18 - 64</th>
<th>18-64 under 138% FPL</th>
<th>Uninsured 18-64, under 138% FPL</th>
<th>% Uninsured of 18-64 under 138% FPL</th>
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<td>18-64 under 138% FPL</td>
<td>Uninsured 18-64, under 138% FPL</td>
<td>% Uninsured of 18-64 under 138% FPL</td>
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GW Affordable Care Act Texas Impact Analysis

<table>
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<tr>
<th>County</th>
<th>Total County Population</th>
<th>County Population aged 18 - 64</th>
<th>18-64 under 138% FPL</th>
<th>Uninsured 18-64, under 138% FPL</th>
<th>% Uninsured of 18-64 under 138% FPL</th>
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<td>Uninsured 18-64, under 138% FPL</td>
<td>% Uninsured of 18-64 under 138% FPL</td>
</tr>
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## GW Affordable Care Act Texas Impact Analysis

<table>
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<tr>
<th>County</th>
<th>Total County Population</th>
<th>County Population aged 18 - 64</th>
<th>18-64 under 138% FPL</th>
<th>Uninsured 18-64, under 138% FPL</th>
<th>% Uninsured of 18-64 under 138% FPL</th>
</tr>
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**Source:**
### A-3 Texas Exchange Enrollees, By County

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## GW Affordable Care Act Texas Impact Analysis

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Source:
## A-4 Hospital Uncompensated Care Costs for Uninsured Patients, by County

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