

ESTIMATES OF THE IMPACT OF THE AFFORDABLE CARE ACT ON TEXAS COUNTIES

Prepared for Methodist Healthcare Ministries

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**METHODIST
HEALTHCARE
MINISTRIES**
OF SOUTH TEXAS, INC.

"Serving Humanity to Honor God"

Final Report by
*Michael E. Cline, Ph.D. &
Steve H. Murdock, Ph.D.*
Hobby Center for the Study
of Texas, Rice University

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Michael E. Cline, Ph.D.
Steve H. Murdock, Ph.D.
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Executive Summary

As of 2010, an estimated 23.7 percent of all Texans (5.9 million people) had no health insurance coverage, a larger percentage of population uninsured than any other state. The Affordable Care Act (ACA), the most comprehensive health care program passed by the Congress of the United States since 1965, is designed to expand health insurance coverage so that more people have access to health care. Despite its comprehensive nature there are likely to be persons who will not be covered by insurance even after full implementation of the ACA, either because they are exempt from specific provisions of the Act or because, for various reasons, they choose not to obtain health insurance.

The differences in how many enroll in some form of health insurance will depend upon the efforts of the State of Texas and health care advocates to enroll people in public health insurance (Medicaid and CHIP) and how well the health benefits exchange is developed and marketed.

Given the population in Texas in 2010, and had all of the provisions of the Act been implemented in 2010 and assuming a moderate scenario that increases enrollment in public and private health insurance, we estimate the following changes:

- A 3.0 million decline in the uninsured from 5.9 million to an estimated 2.9 million;
- 88% of Texans (and 87% of non-elderly Texans) would be enrolled in some form of health insurance (up from 77% and 74%, respectively);
- 165 counties would have larger percentage increases in the number of insured than the State as a whole (at a 15.3% increase);
- 34 counties would have larger proportions of the population remaining uninsured than the State as whole (at 11.6%) including:
 - The largest urban counties, including:
Cameron (13.7%), Dallas (14.1%), El Paso (12.9%), Harris (13.9%), Hidalgo (15.0%), Tarrant (12.0%), and Webb (14.2%);
 - Many rural counties throughout Texas;
 - Counties in the South and West Texas border area.

The percent and number uninsured decreases for all counties. Areas in Texas that will benefit most from the ACA are those counties where health insurance rates are already low. These counties are located primarily in rural areas of the state and in particular, areas in South and West Texas, and central city counties. After full implantation of the ACA, we estimate the following changes by county type:

- Average percent uninsured will decrease from 22.7% to 10.0% for rural counties, increasing the number of insured rural Texans by 395,000 people (16.8% increase)
- Average percent uninsured will decrease from 23.7% to 11.0% for central city counties, increasing the number of insured urban Texans by 2.0 million (15.8% increase);
- Average percent uninsured will decrease from 21.1% to 9.5% for suburban counties, increasing the number of insured suburban Texans by 587,000 (13.3% increase)

These geographic differences in impacts are a result of differences in the socioeconomic and demographic characteristics of county populations and how the provisions of the Act will differentially impact specific demographic groups. Counties most impacted by the provisions of

the Act will be those with larger proportions of their population in households with low to moderate income because these are the households who benefit most from two major provisions of the Act: (1) an expansion of Medicaid coverage to persons in households with incomes less than or equal to 138 percent of the Federal Poverty Level (FPL) and, (2) the development of a Healthcare Insurance Exchange with subsidized coverage for those persons in households with incomes less than or equal to 400 percent of FPL. Those counties with higher relative proportions of their population uninsured following full implementation of the ACA are those counties with larger numbers of immigrants, fewer governmental employees, and larger proportions of the population with low to moderate incomes. This report provides an overview of the estimated impacts of the ACA as passed and fully implemented and the methods used to estimate these impacts.

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Introduction

In 2010, 5.9 million Texans had no health insurance coverage (U.S. Census Bureau 2010). This was the second largest number of uninsured among the 50 states (behind California) and the largest percentage of the overall population uninsured [see Table 1 (at 23.7 percent)]. The Affordable Care Act (ACA)¹, the most comprehensive health care program passed by the Congress of the United States since 1965 (when the passage of the Social Security Act established Medicare and Medicaid) is designed to decrease the numbers of the uninsured by creating avenues for obtaining affordable health insurance. The ACA accomplishes this by expanding public health insurance coverage (through expansions in Medicaid); establishing a market based health exchange market; offering individual subsidies; offering business tax credits, and adding tax penalties. Increasing health insurance coverage will enable more people to access health services – thus increasing demand on the healthcare system. At the same time, despite its comprehensive nature, there are likely to be persons who will not be covered by insurance even after full implementation of the ACA, either because they are exempt from specific provisions of the Act or because, for various reasons, they choose not to obtain health insurance. The purpose of this research is to estimate changes in the number uninsured (and insured) for the State of Texas and counties within Texas.

Table 1: States with the Largest Share of the Civilian Non-Institutionalized Population Uninsured, 2010

State	Number (Millions)	Percent
Texas	5.9	23.7
Nevada	0.6	22.6
Florida	3.9	21.3
Alaska	0.1	19.9
Georgia	1.9	19.7
New Mexico	0.4	19.6
Oklahoma	0.7	18.9
California	6.8	18.5
Mississippi	0.5	18.2
Louisiana	0.8	17.8

Source: American Community Survey, 2010

During legislative deliberations and following passage of the ACA, several groups analyzed potential impacts of the ACA for the United States as a whole and for individual states (Buettgens and Hall 2011; Auerbach et al. 2011; U.S. Congress 2011). These studies predict that the percent of the non-elderly population insured in Texas would increase to from 87 percent (Buettgens and Hall 2011) to 93 percent (Auerbach et al. 2011). Using primarily economic based models, these studies incorporated assumptions about how actors (businesses,

¹ Commonly referred to in general as the Affordable Care Act (ACA), the healthcare reform legislation as passed encompasses two official Acts of Congress passed in March 2010: the Patient Protection and Affordable Care Act (HR 3590) and the Health Care and Education Reconciliation Act of 2010 (HR 4872).

individuals, and governments) would respond to changes in health insurance costs with changes in health care policy (through expansions in public health care, subsidies to individuals and businesses, and tax penalties). These economic models are based on economic theory and empirical research regarding changes in state and federal health insurance policies (including post analyses of the expansion of public health insurance coverage through the Children's Health Insurance Program or CHIP and other state initiatives to increase health insurance coverage such as the Massachusetts health care reform law).

These models are limited because their assumptions are derived from past actions by many actors (businesses, individuals, and governments) within the context of existing policy using assumptions about how those actors will change their behaviors under the new policy. In addition, some of these models are based upon empirical evidence derived from changes in policies in areas where health insurance coverage was already higher relative to other states. Given the complex nature of the provisions of the ACA, no model will be able to predict with absolute certainty the changes in the number and percent of the uninsured following full implementation of the related regulations and programs. In fact, few studies have undertaken an effort to understand the impact of the ACA for small areas within a state as is done in this analysis. In order to provide results that can be understood by a wider audience, we use population based or synthetic methods to estimate population groups categorized by their likelihood of enrolling in health insurance following full implementation of the ACA. Then we apply a range of assumptions about how each of these groups will change their insurance status as a result of the provisions of the Act. The uninsured (and insured) are then aggregated at the county and state level to produce estimates of the uninsured (and insured) according to three sets of scenarios: one in which limited efforts are made to enroll individuals in Medicaid or to establish a fully functioning Health Insurance Exchange; one in which modest efforts are made to encourage public and private health insurance enrollment; and finally, one assuming that most individuals will enroll in health insurance as a result of enhanced institutional efforts to encourage enrollment and individual mandates and incentives encouraging enrollment. At the statewide level, our analysis shows similar results to those previously prepared (Auerbach et al. 2011; Buettgens and Hall 2011; U.S. Congress 2011; Texas Health & Human Services Commission 2010) – a change in coverage to 88 percent of the population being covered by some form of health insurance assuming modest efforts by the State and health care advocates to encourage public health insurance enrollment and increase access to affordable health insurance through a market based exchange. This report provides an overview of the major provisions of the Affordable Care Act (ACA); the methods used to estimate the number and percent of the population remaining uninsured assuming full implementation of the Act as passed; and an analysis of the statewide and county level estimates of, and changes in, the number of uninsured (and insured).

Overview of the Affordable Care Act

The Affordable Care Act (ACA) increases the number of people enrolled in public and private health insurance through a variety of incentives and penalties. Before providing an overview of the methods for projecting potential impacts, it is important to understand the provisions of the Act that will have the most significant impact to the largest number of people. This section provides such a summary but does not discuss all of the ways in which individuals will be covered following full implementation of the ACA. For a more comprehensive review of the provisions of the ACA, please see the companion report, *Impact of the Patient Protection*

and Affordable Care Act on Various Population Groups in Texas (Warren & Jahnke, 2010). The major provisions of the Act include the following:

- **Health Benefits Exchange.** People without access to employer-sponsored insurance (ESI) can purchase insurance through a market based insurance exchange. Premiums are subsidized through tax credits for households with incomes at or below 400 percent of the Federal Poverty Level (FPL).
- **Insurance Mandates and Penalties.** U.S. citizens and legal permanent residents must have qualified health insurance coverage or pay an income varying tax-penalty (with some exemptions).
- **Medicaid Expansion.** Individuals and families with incomes less than 138 percent of FPL will be eligible for Medicaid.
- **Young Adult Coverage.** Young adults age 19-25 may stay on their parent's health insurance plan until their 26th birthday.
- **Tax credits for small businesses and nonprofits.** Small businesses and nonprofits employing 25 or fewer full-time equivalent employees and having average annual wages under \$50,000 can receive tax credits for covering at least half of the premium costs.

Of the various provisions of the Act, two that will have the most profound impacts on changes in the numbers of individuals uninsured are 1) the expansion of Medicaid to non-disabled adults with family income at or below 138 percent of the FPL²; and 2) changes in coverage as a result of the development of a health benefits exchange, with subsidized coverage for individuals in families with incomes at or below 400 percent of FPL (Cook, Dubay, and Garrett 2009; Holhan and Headen 2010; Warnke and Jahnke 2010). The first and second panel of Table 1 shows how children and adults are covered by health insurance prior to the full implementation of the ACA (i.e. the provisions of the Act effective on or before 2014). The third and fourth panel of Table 1 show how these same groups are covered following full implementation of ACA. Since the major provisions of the Act are based upon the income of an individual's family (or of an individual if single), the table shows how individuals falling within each income range will be covered. Healthcare provisions are established according to family income relative to the official Federal Poverty guidelines. These Federal Poverty Guidelines (also referred to as the Federal Poverty Level or FPL) are issued each year by the United States Department of Health and Human Services.³ For illustrative purposes, the income equivalents for a family of four in 2011 are shown in this table.

² Although the provision in the Act establishes a threshold of 133 percent, the effective standard eligibility will be 138 percent. Eligibility is based upon modified adjusted gross income of 133 percent with no asset or resource test plus a special adjustment of 5 percent. For more information about this, see: <http://www.shadac.org/blog/when-133-equals-138-fpl-calculations-in-affordable-care-act>.

³ See <http://aspe.hhs.gov/poverty/11poverty.shtml>

Table 2: Health Insurance Coverage Pre- and Post-ACA

Health Insurance Coverage Options for the Non-Elderly Non-Disabled by Income					
Federal Poverty Level	Income Equivalent ¹	Pre-ACA		ACA	
		Children	Adults	Children	Adults
≤ 138% FPL	≤\$30,843	Medicaid ² CHIP Employer Sponsored Individual	Medicaid ³ (Parents <12% FPL) Employer Sponsored Individual	Medicaid ⁴ Employer Sponsored Subsidized Exchange Individual	Medicaid Employer Sponsored Subsidized Exchange Individual
139-200% FPL	\$30,843-\$44,700	CHIP ⁵ Employer Sponsored Individual	Employer Sponsored Individual	CHIP ⁵ Employer Sponsored Subsidized Exchange Individual	Employer Sponsored Subsidized Exchange Individual
201-400% FPL	\$44,701-\$89,400	Employer Sponsored Individual	Employer Sponsored Individual	Employer Sponsored Subsidized Exchange Individual	Employer Sponsored Subsidized Exchange Individual
> 400% FPL	>\$89,400	Employer Sponsored Individual	Employer Sponsored Individual	Employer Sponsored Exchange Individual	Employer Sponsored Exchange Individual

¹Family Income Equivalents for a Family of Four in 2011.

²Children Age 0-1 are eligible for Medicaid up to and including 185% FPL, Children Age 1-5 are eligible for Medicaid up to and including 133% FPL, Children 6-18 are eligible for Medicaid up to and including 100% FPL.

³With the exception of pregnant women in families with income below 185% FPL, only adults with children in families below 12% FPL are eligible for Medicaid

⁴Children Age 0-1 are eligible for Medicaid up to and including 185% FPL. All other children in families with incomes up to and including 138% FPL.

⁵Asset tests for children in families with income 150-200% FPL.

Methodological Approach

In order to estimate the uninsured population following full implementation of the Affordable Care Act (ACA) for the State of Texas and counties within Texas, the population was classified into subgroups. These subgroups were defined according to the group’s likelihood of being impacted significantly by the bill (either by gaining coverage due to specific provisions of the bill) or experiencing little or no impact as a result of the Act’s implementation (because the group’s rate of health insurance coverage is already high or low and the provisions of the Act are not likely to change the status of group members significantly). We did not estimate two subpopulations that are specifically identified by provisions of the Act (young adults who can be included under their parent’s insurance policies and individuals in the high risk pool). Although these provisions will have an important impact on such individuals, these populations are difficult to estimate separately and in the aggregate their impacts will be minimal as compared to the overall impacts of the bill. As estimated here individuals in the categories used in this analysis are included within the defined population subgroups. After estimating population subgroups at the county level, we apply a state level estimate of current health insurance coverage for each group as well as three different assumptions in the level of institutional efforts to increase health insurance coverage and individual responses to those efforts.

We use a population-based ratio (or synthetic) method to develop county level estimates of levels of insuredness in population subgroups. These methods are commonly used to estimate or

project socioeconomic characteristics of the population (Murdock et. al. 2010; Siegel 2002; Manton, Singer and Suzman 1993). The Integrated Public Use Microdata Sample (IPUMS) of the American Community Survey [(ACS) Ruggles et al. 2009] was selected as the primary data source for the estimation of the various groups. The ACS is a U.S. Census Bureau continuously conducted survey of the population of the United States that collects data on the socioeconomic characteristics of the population and of households. Approximately 1 in 11 households respond to the survey and the survey responses are weighted to population estimates developed by the U.S. Census Bureau. This is much larger than other sample surveys [such as the Current Population Survey (CPS)], which allow for greater accuracy in estimating population subgroups within small geographic areas within a state. The IPUMS is a modified version of the U.S. Census Bureau's Public Use Microdata Sample (PUMS), which is a one percent sample of individual records lacking any specific information that can be used to identify the individuals who responded. These records are identified only by their location within census designated geographic areas that consist of estimated total populations of 100,000 or more (areas called Public Use Microdata Areas or PUMAs). The IPUMS assign uniform variable codes across years for multiple data sets (which allows for pooling of data and estimating certain socioeconomic characteristics). In order to reduce sampling errors and develop reasonable estimates of the impacted population subgroups, we selected data from the 2005 to 2009 ACS. Like any sample survey, the ACS is subject to sampling error which can be compounded when trying to estimate small groups for small geographic areas. However, no other data set provides the geographic breadth of the ACS.

The primary groups estimated included:

- 1) Undocumented immigrants;
- 2) Recently immigrated legal permanent residents (those who arrived in the United States in 1996 or after);
- 3) Adults employed in government; and,
- 4) Adults and children living within various levels above and below the official Federal Poverty level.

These subgroups were estimated for Texas and for counties within the State. These methods were applied as indicated below.

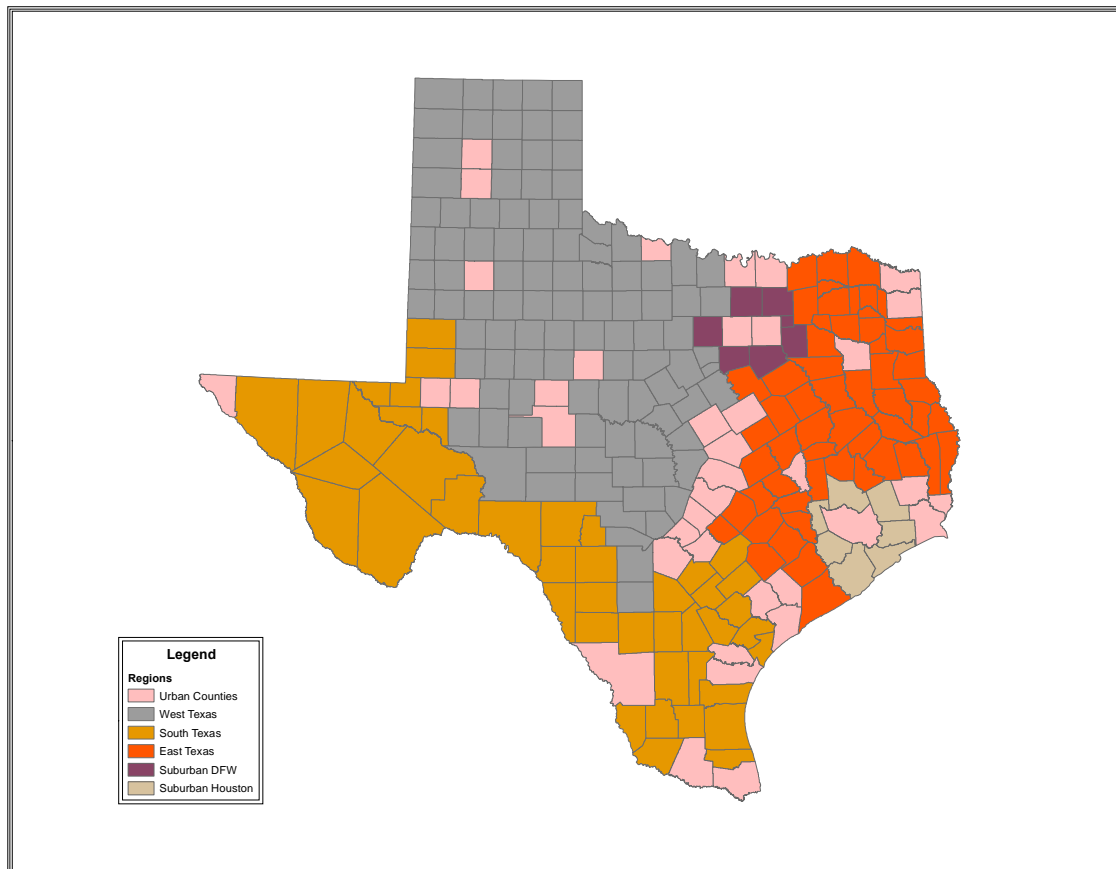
First, individual records within the IPUMS were classified by broad age groups (children-Ages 0-18, adults-ages 19-64, and the elderly-ages 65+), three race/ethnic categories (Hispanic, Non-Hispanic White, and All Others), and four income categories (\leq 138 percent of the Federal Poverty Level (or FPL), 139-200 percent of FPL, 201-400 percent of FPL, and $>$ 400 percent of FPL). The adult, nonelderly population was further classified according to a combination of occupational/employment characteristics and immigration status. Individual records were classified as likely to be citizens, undocumented immigrants, or legal permanent residents based upon socioeconomic, demographic, and immigrant characteristics. In addition, legal permanent residents were also classified according to the year in which they immigrated to the United States. We first identified two specific immigrant groups: those likely to be undocumented and those who arrived in the United States in 1996 or later. Using class of worker, occupation, and industry variables, the remaining records not classified into these two immigrant groups were classified according to their occupational/employment characteristics: adults employed in government and all other adults. For the State and separately for each combined region, ratios of socioeconomic

categories to age and race specific groups were established. The region based ratios were then applied to counties within each region.

In order to increase sample size, Public Use Microdata Areas (PUMAs) were combined. For most metropolitan central city counties, multiple PUMAs were combined to establish rates for the central city county. For the largest metropolitan areas (Dallas-Ft. Worth-Arlington and Houston-Sugarland-Baytown) the PUMAs surrounding the central county were combined in order to establish suburban estimates within the MSA. For the remaining regions, the geographic areas of analysis consisted of combinations of counties outside of these central counties and major suburban county areas. In order to increase sample size and decrease sampling error while still maintaining some variability in the resulting rates, these mostly non-metropolitan county regions were further divided into three major regions: West, East, and South Texas regions. These regions are created to approximate identifiable cultural regions within Texas where PUMA areas could be reasonably combined (Cline 2008). The regions are shown in Figure 1.

Regional ratios for these estimation groups were applied to county age/race/ethnic specific population counts for counties in the respective regions. The resulting county estimates of these groups were then controlled to the state estimates. The policy impact scenarios that assume differential rates by population group were then applied to estimates of each group within each geographic area type (state or county). The use of a standard rate (i.e. the insurance coverage rate for each category for the state as a whole) allows us to understand how differential socioeconomic characteristics of the population within counties will impact the number of insured and uninsured.

Figure 1: Regions Used in the Estimation of Population Groups



Population Impact Groups and Theirs Use in Estimation of Coverage

As noted above in order to estimate the uninsured population in Texas following the implementation of the Affordable Care Act (ACA), the population was divided into groups defined on the basis of (1) their eligibility for public health insurance (e.g. Medicaid, Medicare, CHIP, etc.) or subsidies and tax credits as a result of the Act and (2) their likelihood of being covered by health insurance after the ACA is implemented. These population groups are identified and defined below. For each group we present summaries of the pre-legislation eligibility for public and private health insurance coverage including the current estimated health insurance coverage rates. The current health insurance coverage rates for each group (except the undocumented) are derived from a pooled sample of the 2008/2009 American Community Survey Integrated Public Use Microdata Sample for the State of Texas. The ACS began collecting information about health insurance coverage in 2008 and asked respondents to indicate whether or not individuals in their household were currently covered by health insurance.⁴ This is different than the widely cited Current Population Survey which asks whether or not individuals have had health insurance at any time during the previous 12 months. The point-in-time estimates (as provided by the ACS) are a better measure of rates of insurance than the measure provided by the CPS (Davern, et al. 2009).

Our overall approach for estimating the uninsured was as follows. First the total population was combined into eleven subpopulations delineated on the basis of the provisions of the bill. We then indicate how each group will be impacted by the ACA. In some cases, legislation will have limited impact on a given group. In others, provisions of the ACA will have a direct impact as a result of the legislation that expands public coverage or provides incentives or penalties that encourage people in the group to obtain health insurance. Other groups will be indirectly impacted as a result of expansions by related groups (such as children gaining coverage as a result of parents obtaining health insurance coverage). For each group, we provide the assumptions about health insurance coverage assuming full implementation of the ACA (i.e. the policies that will be in place by 2014).

Any predictions about how the government, individuals, and businesses will react to the provisions of the bill are inherently difficult. In accordance with standard projection principles, we provide three alternative scenarios that assume differing rates of health insurance for each group. In the enhanced policy scenario, we assume (for most groups) that 98 percent of the population within a group is enrolled in some form of health insurance – the same rate as that of persons age 65 and older (primarily a result of their coverage by Medicare). This scenario assumes an aggressive program of full implementation of the Medicaid expansion provisions of the Act, a fully developed health benefits exchange program, and assumes that the incentives, penalties, and mandates of the Act will encourage most to enroll. In the limited policy scenario, we assume that the Act will encourage many who were not previously enrolled in health insurance to enroll in health insurance, but that not everyone will enroll. Unless otherwise specified, this scenario assumes a change in the rate of insurance that is one fourth of the way from the current rate to near universal coverage (98 percent for most cases) for that specific group. While arbitrary, these changes in rates assume that some expansion in coverage will occur as a result of the elements of the ACA that encourage individuals to obtain coverage. These changes in rates are consistent with those that were found for children's health insurance coverage after the implementation of the

⁴ The U.S. Census Bureau made changes in their logical editing procedures for health insurance coverage types (methods to ensure consistency within a given record). The IPUMS variables on health insurance coverage are harmonized to be consistent across the 2008 and 2009 data years (for more information see: Lynch, Boudreaux, and Davern 2010; and http://usa.ipums.org/usa/acs_healthins.shtml).

Children’s Health Insurance Program (CHIP) – the last major expansion in health insurance programs (Dubay et al. 2007; Dubay and Kenney 2009). The moderate policy scenario assumes a mid-point between the limited policy and enhanced policy scenarios. Each of the estimation groups is described below.

Estimation Groups

GROUP 1: ELDERLY (AGE 65 AND OLDER)

Pre-Legislation Eligibility and Coverage: Primarily covered by Medicare.

Post-Legislation Eligibility and Coverage: No change.

Assumptions and Methodology for Estimation: Prior to enactment of the Affordable Care Act (ACA), health insurance coverage for the elderly population was nearly universal primarily as a result of Medicare. Estimates from the American Community Survey⁵ indicate that approximately 98.2 percent of this population was enrolled in some form of health insurance (U.S. Census 2010). There are no changes in legislation that impact this population directly, thus all post-legislation scenarios will assume that 98 percent of the elderly will be enrolled in some form of health insurance.

GROUP 2: UNDOCUMENTED IMMIGRANTS

Pre-Legislation Eligibility and Coverage: Undocumented immigrants are not eligible for Medicaid or CHIP except during emergency situations. Although some undocumented immigrants may have employer-sponsored insurance (ESI) or purchase health insurance directly, most are not enrolled in health insurance.

Post-Legislation Eligibility and Coverage: The ACA does not change eligibility for public health insurance for undocumented immigrants. Currently, undocumented immigrants may be enrolled in private insurance. After full implementation of the ACA, in addition to being excluded from public health insurance programs, these immigrants are excluded from incentives (in the form of tax credits and subsidies) and mandates (in the form of tax penalties). Thus, the legislation will have little to no impact on this population group.

Assumptions and Methodology for Estimation: Logical edits were used to impute the legal status of the foreign born non-citizen population in Texas from the American Community Survey 2005-2009 Integrated Public Use Microdata Sample (Ruggles et al. 2010). The algorithm used was similar to

⁵ The current health insurance coverage rates for each group (except the undocumented) are derived from a pooled sample of the 2008/2009 ACS IPUMS sample for the State of Texas. The ACS began collecting information about health insurance coverage in 2008. The ACS measures health insurance coverage at a point in time, unlike the CPS, which estimates health insurance coverage for any time during the previous 12 months.

that of Passel et al. and others who have estimated undocumented populations (Passel & Cohn, 2009; Passel & Cohn, 2008; Pew Hispanic Center, 2006; Passel & Clark, 1998; Passel, Van Hook, & Bean, 2004). Immigrants were classified as legal on the basis of other characteristics (such as year of entry, country of origin, occupation, etc.). Using this method, we estimated 1.5 million undocumented immigrants in Texas. This is within the 1.4 to 1.7 million range estimated by other analysts [see Table 2 (Hoefner, Rytina, & Baker, 2010; Warren, 2008; Passel & Cohn, 2009)]. The undocumented were distributed to counties by assuming that each county's share of the state's undocumented is the same as its share of the foreign born, non-citizen population in Texas who arrived in the United States in 1980 or later. Although it is not possible to determine the accuracy of such estimates because of a lack of an actual count of such persons, we believe that these estimates of the undocumented at the county level are reasonable and in line with our understanding of immigrant settlement patterns.

The Pew Hispanic Center estimates that nationally, 41 percent of undocumented immigrants and 40 percent of Hispanic undocumented immigrants were insured in 2007 (Livingston, 2009; Passel & Cohn, 2009). Since the ACA does not impact this group directly, we assume that there are no changes in insurance coverage for this group as a whole. Thus, we assume that only 40 percent of this group will be covered by some form of health insurance after full implementation of the ACA and in all scenarios.

GROUP 3: RECENTLY ARRIVED LEGAL PERMANENT RESIDENTS (LPR)

Pre-Legislation Eligibility and Coverage: In Texas, legally authorized immigrant adults arriving after August 22, 1996 are not eligible for Medicaid or CHIP. Immigrants may purchase or obtain private health insurance (ESI or non-group coverage).

Post-Legislation Eligibility and Coverage: No Change to public health insurance rules. All legally authorized immigrants will be eligible to purchase insurance through the exchange.

Assumptions and Methodology for Estimation: Estimates of the immigrant population must distinguish legal permanent residents according to immigration year (through August 21, 1996 or after) and separately from the undocumented. The methods for estimating these different groups were described briefly in the previous discussion about the undocumented. Immigrants are asked about year of arrival on the American Community Survey, but are not asked about specific dates. Thus, we were limited in the estimates that could be developed for this population. We assume that all immigrants who were estimated to be legal permanent residents (based on the imputation methods that were used to distinguish the undocumented from other immigrant groups) and arrived in 1996 or later represent this group. All other legal permanent residents who arrived in 1995 or before were treated in the same manner as the remaining population groups.

According to estimates derived from the American Community Survey IPUMS data for 2008/2009, an estimated 68 percent of this population was covered by some form of health insurance. While public coverage will not be available to this population, individuals in this group may purchase health insurance through the exchange. In the limited policy scenario, we assume no change in health insurance coverage for this group. In the enhanced coverage scenario, we assume that the coverage rate for this group will increase by 8 percent (to 76 percent due to expansions as a result of employer coverage and purchases through the exchange).

GROUP 4: CHILDREN (AGE 0-18) IN HOUSEHOLDS WITH INCOMES LESS THAN OR EQUAL TO 200% OF FPL

Pre-Legislation Eligibility and Coverage: Children ages 1-5 and in families with income at or below 133 percent of FPL are eligible for coverage through Medicaid. Children ages 6-18 and in families with income at or below 100 percent of FPL are also eligible for Medicaid. All children in families with income at or below 200 percent of FPL are eligible for CHIP. Thus all children in families with income at or below 200 percent of FPL are eligible for some form of public health insurance. They may also be covered by individual purchased insurance or employer-sponsored insurance through their parents' employer.

Post-Legislation Eligibility and Coverage: All children in families with income at or below 200 percent of FPL remain eligible for some form of public health insurance. All children in families with income at or below 138 percent of FPL are eligible for Medicaid (regardless of age). Children at or below 200 percent of FPL are eligible for CHIP (with asset tests for children in families with income 150 to 200 percent of FPL). Children in this income category may also be covered under a parent's employer-sponsored insurance (ESI) or insurance purchased through the health benefits exchange.

Assumptions and Methodology for Estimation: Although there may be shifts in the type of public coverage obtained (from CHIP to Medicaid) as eligibility criteria change for certain ages and income categories, there is no change in the overall eligibility for public coverage for this group. According to the American Community Survey, 76 percent of this population was covered by health insurance in 2008/2009. Some expansion in coverage is expected to occur due to the "welcome mat effect" whereby the currently eligible will enroll as a result of greater awareness of public programs as the ACA is implemented and as people enroll due to the individual mandate provisions. In addition, children currently eligible but not enrolled may be added as a result of expansions in public coverage for adults living in households with incomes at or below 138 percent FPL (for examples of this effect see Dubay and Kenney 2003). In the limited policy scenario, we assume a 6 percent increase in coverage for this group (to 82 percent insured). In the enhanced coverage scenario, we assume near universal coverage for this group (98 percent).

GROUP 5: CHILDREN (0-18) IN HOUSEHOLDS WITH INCOMES 201-400% OF FPL

Pre-Legislation Eligibility and Coverage: Children in households with incomes between 201 percent and 400 percent of FPL are not eligible for public health insurance. The primary source of health insurance for this group is through employer-sponsored insurance or through individual policies.

Post-Legislation Eligibility and Coverage: No Change to public health insurance rules. Children in this income category may also be covered under a parent's employer-sponsored insurance (ESI) or through subsidized insurance purchased through the health benefits exchange.

Assumptions and Methodology for Estimation: This group is not directly impacted by the legislation

since no expansions of public coverage occur. However, many children in this group who were not previously enrolled are expected to become enrolled in health insurance as a result of family access to health insurance through subsidized health insurance coverage in the exchange. In the limited policy coverage scenario, we assume a 4 percent increase from the level identified in the ACS (a rate of 88 percent for this group) in the limited coverage scenario. In the enhanced policy scenario, we assume 98 percent coverage.

GROUP 6: CHILDREN (0-18) IN HOUSEHOLDS WITH INCOMES GREATER THAN 400% OF FPL

Pre-Legislation Eligibility and Coverage: Children in households with incomes greater than 400 percent of FPL are not eligible for public health insurance. The primary source of health insurance for this group is through employer-sponsored insurance or through individual policies.

Post-Legislation Eligibility and Coverage: No Change to public health insurance rules. In addition, these children live in households where subsidized exchange based policies will not be available.

Assumptions and Methodology for Estimation: This group already has a high rate of health insurance coverage (95 percent). Because there are no changes in policy that would directly change the health insurance coverage for this group, we assume there are no changes in the rate of coverage for the limited policy coverage scenario. In the enhanced coverage scenario we assume 98 percent health coverage for this group.

The remaining populations (adults age 19-64) are classified by household income category and employment status. Under the ACA, individuals are eligible to purchase insurance through the health benefits exchange and are eligible for certain subsidies based upon their household income. Persons in households with incomes less than or equal to 400 percent of FPL are eligible for subsidized insurance purchased through the health benefits exchange. In addition, penalties for not purchasing insurance vary according to household income. Current health insurance rates for these groups were estimated from a pooled Integrated Public Use Microdata Sample from the American Community Survey for 2008/2009. These reflect the rates for the adults in these income groups, those likely undocumented, and those likely to be legal permanent residents who arrived in the United States in 1996 or later.

GROUP 7: ADULTS (AGE 19-64) EMPLOYED IN GOVERNMENT

Eligibility and Coverage: This group is not impacted by the Act specifically. However, near universal coverage currently exists for this group and by excluding this group from the remaining categories of adults, we are able to more easily identify local variation in insurance coverage for the adult population. Thus, persons employed in government (for any income category) were first identified and separated from the remaining adults who are classified by household income categories. Currently, 91 percent of this group is covered by some form of health insurance. In the

limited policy coverage scenario, we assume a 2 percent increase in the percent of the population covered by health insurance (to 93 percent coverage). In the enhanced policy scenario, we assume near universal coverage (98 percent).

GROUP 8: ADULTS (AGE 19-64) IN HOUSEHOLDS WITH INCOMES AT OR BELOW 138% OF FPL

Pre-Legislation Eligibility and Coverage: Many in this group are not enrolled in health insurance (currently only 48 are covered by some form of health insurance according to estimates from the American Community Survey for 2008/2009). Medicaid eligibility is limited to parents with very low incomes and pregnant women. Thus, if covered by health insurance, individuals in this category are primarily enrolled in employer-sponsored insurance or covered by insurance purchased in the individual market.

Post-Legislation Eligibility and Coverage: This group will be eligible for Medicaid. In addition, individuals can receive subsidies and purchase health insurance through the exchange.

Assumptions and Methodology for Estimation: In the limited policy scenario, we assume that 71 percent of this group will be covered by some form of health insurance (a 23 percent increase). This is lower than the rate of insurance for Medicaid/CHIP eligible children today. Currently, 76 percent of Medicaid/CHIP eligible children are covered by some form of health insurance (private or public) even though all are eligible for Medicaid or CHIP. Similarly, for various reasons, such as being a young, single, and healthy adult, not all adults eligible for Medicaid will enroll in health insurance. Thus the rate of enrollment in health insurance will likely be lower than that of Medicaid/CHIP eligible children today. The effect of this change in insurance represents a decline of 44 percent of the uninsured. This is lower than the 49 percent decline estimated by Holahan and Headen (2010) for the State of Texas as we assume more limited efforts to enroll individuals in Medicaid. In the enhanced policy scenario, we assume near universal coverage for this population group (98 percent).

**GROUP 9: ADULTS (AGE 19-64) IN HOUSEHOLDS WITH INCOMES 139-200% OF FPL
GROUP 10: ADULTS (AGE 19-64) IN HOUSEHOLDS WITH INCOMES BETWEEN 201-400% OF FPL**

Pre-Legislation Eligibility and Coverage: Primarily covered by employer-sponsored insurance or purchased through the individual market (if insured at all). Individuals in this group are not eligible for Medicaid.

Post-Legislation Eligibility and Coverage: There are no changes in eligibility for Medicaid (i.e. individuals in these income groups are not eligible for public coverage). Health insurance may be purchased through the exchange and is subsidized for households with incomes at or below 400 percent of FPL. Households in this income range may also be penalized for not having health insurance.

Assumptions and Methodology for Estimation: Unlike other groups where public health insurance coverage will impact changes to the uninsured and previous expansions in other public programs may provide some guidance on take-up rates for the newly eligible, the rate at which households in this group acquire health insurance is dependent upon decisions made by firms to offer insurance and individuals to purchase insurance for themselves and their families. Currently, according to estimates derived from the 2008/2009 ACS IPUMS, 56 percent of the lower income group is covered by some form of health insurance. In the limited policy coverage scenario, we assume an 11 percent increase in health insurance coverage resulting in a 67 percent coverage rate for this first group. In the enhanced policy scenario, we assume near universal coverage (98). In the second group (that is, the group in households with incomes 201 to 400 percent of FPL), we assume a 7 percent increase in the percent insured (to 78 percent of the population group).

GROUP 11: ADULTS (AGE 19-64) IN HOUSEHOLDS WITH INCOMES GREATER THAN 400% OF FPL

Pre-Legislation Eligibility and Coverage: Adults in households with incomes greater than 400 percent of FPL are not eligible for public health insurance. The primary source of health insurance for this group is through employer-sponsored insurance or through individual policies.

Post-Legislation Eligibility and Coverage: No Change to public health insurance rules. In addition, these adults live in households where subsidized exchange based policies will not be available.

Assumptions and Methodology for Estimation: This group already has a high rate of health insurance coverage (89 percent). In the limited policy scenario, we assume a slight increase in health insurance coverage as a result of expanded employer coverage and the individual mandate (to 91 percent). We assume near universal coverage in the enhanced policy scenario (98 percent).

Adjustments and Evaluation of Estimates

Because we are projecting the impacts of policies never before implemented there are no established procedures for assessing the accuracy of these estimates of the impacts of the ACA on Texas or areas within Texas (or other areas of the United States). We have estimated the impacts on the basis of assumptions about how groups of people will be impacted as a result of specific provisions within the legislation. At the state level, we compared our estimates of the overall impacts of the ACA to other estimates of statewide impacts that were prepared by outside groups. Our estimates are consistent with other models of statewide impacts [see Table 3 (Auerbach et al. 2011; Buettgens and Hall 2011; U.S. Congress 2011; Texas Health & Human Services Commission 2010)].

None of the studies cited above have produced estimates of county level impacts of the ACA. In this analysis counties are differentially impacted according to the degree to which these groups are represented within each county. In order to establish reasonable estimates of the impacts of the ACA on these areas, our initial estimates were adjusted in order to be consistent internally and consistent with other county level indicators from other data sources (such as comparisons of government employment from the Bureau of Economic Analysis Regional

Economic Information System and other data sources). The county estimates were adjusted so that the sum of the impact groups and impact scenarios were consistent with the state-level estimates and consistent within each county. For example, estimates of the elderly insured for all counties combined matched those for the state as a whole. The estimates were also checked for internal consistency by examining the estimated impact on groups according to the geographic characteristics of the county (for instance, we expect higher relative impacts in central counties compared to suburban counties as a result of the low income population).

Table 3: Estimates of Health Insurance Coverage for the Nonelderly Population Under ACA

Estimation Source	Insured
Limited Policy Scenario	80
Robert Wood Johnson 2011	87
Moderate Policy Scenario	87
Congressional Budget Office 2010	92
Texas Health & Human Services 2010	91
RAND 2011	93
Enhanced Policy Scenario	94

In addition to the internal consistency checks and adjustments, the data were evaluated by comparing the estimation groups with other county level indicators. These indicators include: county based employment data (government and firms by size), county Medicare enrollment data, ACS county estimates of the population in poverty, ACS county estimates of the foreign-born, and county based current health insurance estimates. Because health insurance coverage is already high for those employed in large firms (100 or more employees) and government, we expect higher current and future health insurance coverage proportional to the county employment in these two groups. In addition, we expect the same high relative health insurance coverage (current and future) proportional to employment in industries with high levels of current health insurance coverage. County level estimates of employment (at the place of work) by firm size and county estimates of government employment are used to check consistency with the impact groups. In addition, metropolitan and micropolitan estimates of firm employment by broad category are compared to the county impact estimates.

In addition to the employment indicators, the impact groups are compared to estimates of the foreign-born (to assess whether the undocumented and the legal permanent resident populations are consistent with the estimates of the foreign born); Medicare enrollment data (for consistency with the elderly impact group); county-based estimates of the population in poverty (so that estimates of the groups by poverty status are consistent); and current estimates of the uninsured (to check the overall reasonableness of the overall impacts of the ACA).

State Level Estimates of Population Groups and Estimates of Health Insurance Coverage

The three different assumptions about health insurance coverage were applied to the estimates of the population groups. Under these assumptions, insurance coverage for the state as a whole will change from 77 percent of the total population (74 percent of the nonelderly population) to from between 82 percent of the population (80 percent of the nonelderly population) to 94 percent of the total population (and 94 percent of the nonelderly population). The estimated population within each of these groups and the health insurance coverage assumptions are shown in Table 4. The limited policy scenario represents a conservative estimate of the potential changes that will occur upon full implementation of the ACA while the enhanced policy scenario is closer to three of the four estimates prepared by other groups [see Table 3 on page 14 (Auerbach et al. 2011; Buettgens and Hall 2011; U.S. Congress 2011; Texas Health & Human Services Commission 2010)]. Given the 2010 population and assuming that all of the provisions of the Act been implement in 2010, our moderate scenario estimates that the uninsured population would have been 3.0 million less – decreasing from 5.9 million to 2.9 million. This would result in 88 percent of Texans (and 87 percent of non-elderly Texans) being enrolled in some form health insurance (up from 77 percent and 74 percent, respectively).

Table 4: Health Insurance Coverage Assuming Differential Impacts of the Affordable Care Act on Selected Groups and Three Different Policy Environments

Population Group	Estimated Population	Health Insurance Enrollment Rates							
		Current*	Limited Policy	Moderate Policy	Enhanced Policy				
	Number	Number	Number	Number	Number	Number	Number	Number	Number
Elderly	2,601,886	2,549,848	98.0	2,549,848	98.0	2,549,848	98.0	2,549,848	98.0
Undocumented ¹	1,513,617	605,447	40.0	605,447	40.0	605,447	40.0	605,447	40.0
Recently Imm. Legal Permanent Residents	383,117	260,520	68.0	260,520	68.0	275,844	72.0	291,169	76.0
Children ≤ 200% of FPL	3,658,473	2,780,439	76.0	2,999,948	82.0	3,292,626	90.0	3,585,304	98.0
Children 201 to 400% of FPL	1,990,495	1,672,016	84.0	1,751,636	88.0	1,851,160	93.0	1,950,685	98.0
Children > 400% of FPL	1,596,873	1,501,061	94.0	1,517,029	95.0	1,548,967	97.0	1,564,936	98.0
Adults 19-64: ≤ 138% of FPL	2,528,031	1,213,455	48.0	1,794,902	71.0	2,148,826	85.0	2,477,470	98.0
Adults 19-64: 139 – 200% of FPL	1,238,533	693,578	56.0	829,817	67.0	1,027,982	83.0	1,213,762	98.0
Adults 19-64: 201-400% of FPL	3,382,714	2,401,727	71.0	2,638,517	78.0	2,976,788	88.0	3,315,060	98.0
Adults 19-64: > 400% of FPL	4,351,318	3,872,673	89.0	3,959,699	91.0	4,133,752	95.0	4,264,292	98.0
Adults 19-64 Employed in Government	1,900,504	1,729,459	91.0	1,767,469	93.0	1,824,484	96.0	1,862,494	98.0
Total Population	25,145,561	19,280,223	77.0	20,674,832	82.0	22,235,725	88.0	23,680,466	94.0
Total Non-Elderly Population	22,543,675	16,730,375	74.0	18,124,983	80.0	19,685,877	87.0	21,130,618	94.0
Total Non-Elderly Population Excluding Undocumented	21,030,058	16,124,928	77.0	17,519,537	83.0	19,080,430	91.0	20,525,171	98.0

*Current Rates Estimated from American Community Survey IPUMS 5 Sample, for 2008/2009 except where noted. Population counts for 2010 from U.S. Census.

¹Insurance rate from Pew Hispanic Center.

Summary of Impact Estimates in Counties in Texas

As a result of the differences in the characteristics of the populations of counties in Texas, the ACA will have differential impacts to specific counties and specific areas. Overall, under the various policy scenarios, those counties most likely to gain from full implementation of the Affordable Care Act are those where levels of health insurance enrollment are currently low (See Figure 2). These counties are primarily located in the South and West Texas border areas (including many counties within the Methodist Healthcare Ministries’ (MHM) service area), in rural areas throughout the State, or are central city counties of major metropolitan areas. However, even after full implementation of the Act (and even under an enhanced policy scenario), an uninsured population will remain. Many of the same areas benefiting will continue to have a lower relative rate of insurance as compared to the State as a whole and to other counties. The following section provides a brief overview of these impacts primarily using two of the three policy scenarios described before – the limited policy scenario (which assumes some increase in insurance for all impact groups) and the enhanced policy scenario (which assumes that health insurance rates for most groups match that of the elderly population in 2009). In terms of health insurance rates, rural and central city counties have the most to gain from the Act as the uninsured rates decline from an estimated 22.7 to 3.9 percent under the enhanced policy scenario for rural counties and a change from 23.7 to 4.9 percent for central city counties (see Table 5). At the same time, central city counties will continue to have uninsured rates higher than that of other counties under all three policy scenarios. The Southwest Texas Annual Conference region (the primary MHM service area) will continue to have rates similar to those of Central City counties (i.e. relatively higher than that of counties in other regions). Under the moderate scenario (in between the limited and enhance policy scenarios), the number of insured rural Texans would increase by 395,000 people (a 16.8 percent increase); the number of insured urban Texans would increase by 2.0 million (a 15.8 percent increase); and the number of insured suburban Texans would increase by 587,000 (a 13.3 percent increase).

Table 5: Average Percent Uninsured for Counties by County Type Assuming Differential Impacts of the ACA on Selected Groups and Three Different Policy Scenarios

	Current	Limited	Moderate	Enhanced
Rural	22.7	16.5	10.0	3.9
Suburban	21.1	15.6	9.5	3.9
Central City	23.7	17.6	11.0	4.9
State	22.5	16.4	10.0	4.0
SW Texas	23.2	17.0	10.5	4.4

Table 6: Change in the Insured and Uninsured by Alternative Scenarios and County Type

Scenario	Rural	Suburban	Central City	State
Uninsured				
Current	705,961	1,126,879	4,032,499	5,865,339
Limited	512,282	858,068	3,100,380	4,470,730
Moderate	310,734	540,014	2,059,090	2,909,838
Enhanced	122,655	251,042	1,091,398	1,465,095
Change in Uninsured				
Limited	-193,679	-268,811	-932,119	-1,394,609
Moderate	-395,227	-586,865	-1,973,409	-2,955,501
Enhanced	-583,306	-875,837	-2,941,101	-4,400,244
Percent Change in Uninsured				
Limited	-27.4	-23.9	-23.1	-23.8
Moderate	-56.0	-52.1	-48.9	-50.4
Enhanced	-82.6	-77.7	-72.9	-75.0
Insured				
Current	2,354,432	4,415,067	12,510,724	19,280,223
Limited	2,548,111	4,683,878	13,442,843	20,674,832
Moderate	2,749,659	5,001,932	14,484,134	22,235,725
Enhanced	2,937,738	5,290,904	15,451,824	23,680,466
Change in Insured				
Limited	193,679	268,811	932,119	1,394,609
Moderate	395,227	586,865	1,973,410	2,955,502
Enhanced	583,306	875,837	2,941,100	4,400,243
Percent Change in Insured				
Limited	8.2	6.1	7.5	7.2
Moderate	16.8	13.3	15.8	15.3
Enhanced	24.8	19.8	23.5	22.8

Figure 2: Estimates of Current Rates of Uninsurance for Counties in Texas Assuming Group Specific State Rates of Uninsurance (Compared to State Rate of Uninsurance of 23 Percent)

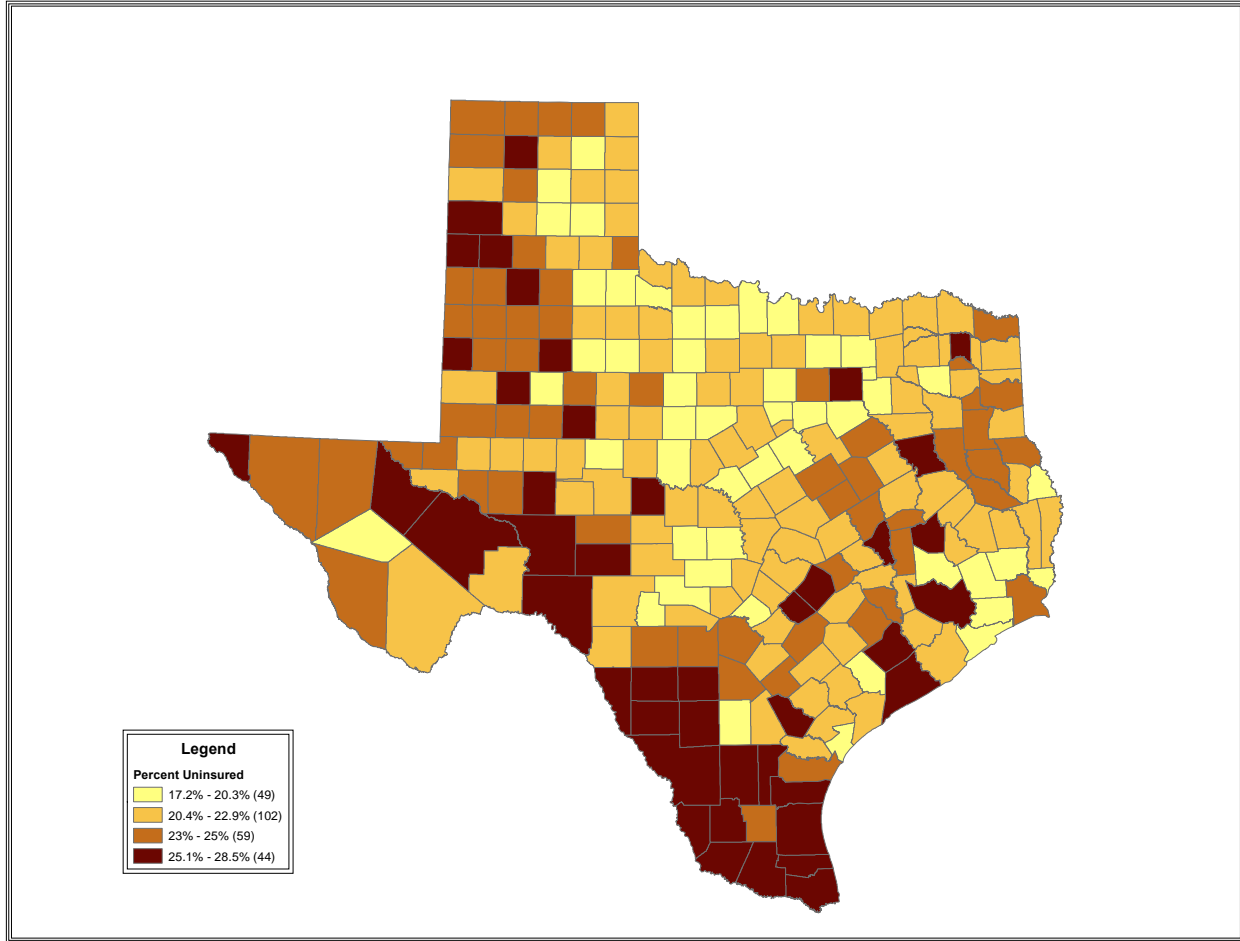


Figure 3 shows percent increases in the insured for counties in Texas under the limited policy scenario, 179 counties (those counties shaded in the two darkest colors) show larger percentage gains in the insured than that of the State as a whole (an estimated 7.2 percent increase). These counties are located in areas throughout the State, with counties gaining the most located in rural areas and in urban areas of south and west Texas. Those having smaller percentage gains are those that have high insurance rates already or are likely to have populations not impacted by the Act (such as immigrant populations in Harris and Dallas County).

A more pronounced pattern can be seen in Figure 4, which shows percentage gains in the insured for counties under the enhanced policy scenario. Again, the counties benefiting are those located in rural areas and in the south and west Texas border area. Under the enhanced policy scenario 160 counties have larger percentage increases than the State as a whole.

Figure 3: Percent Increase in the Insured for Counties in Texas Under the Limited Policy Scenario (Compared to the State Increase in the Insured of 7.2 Percent)

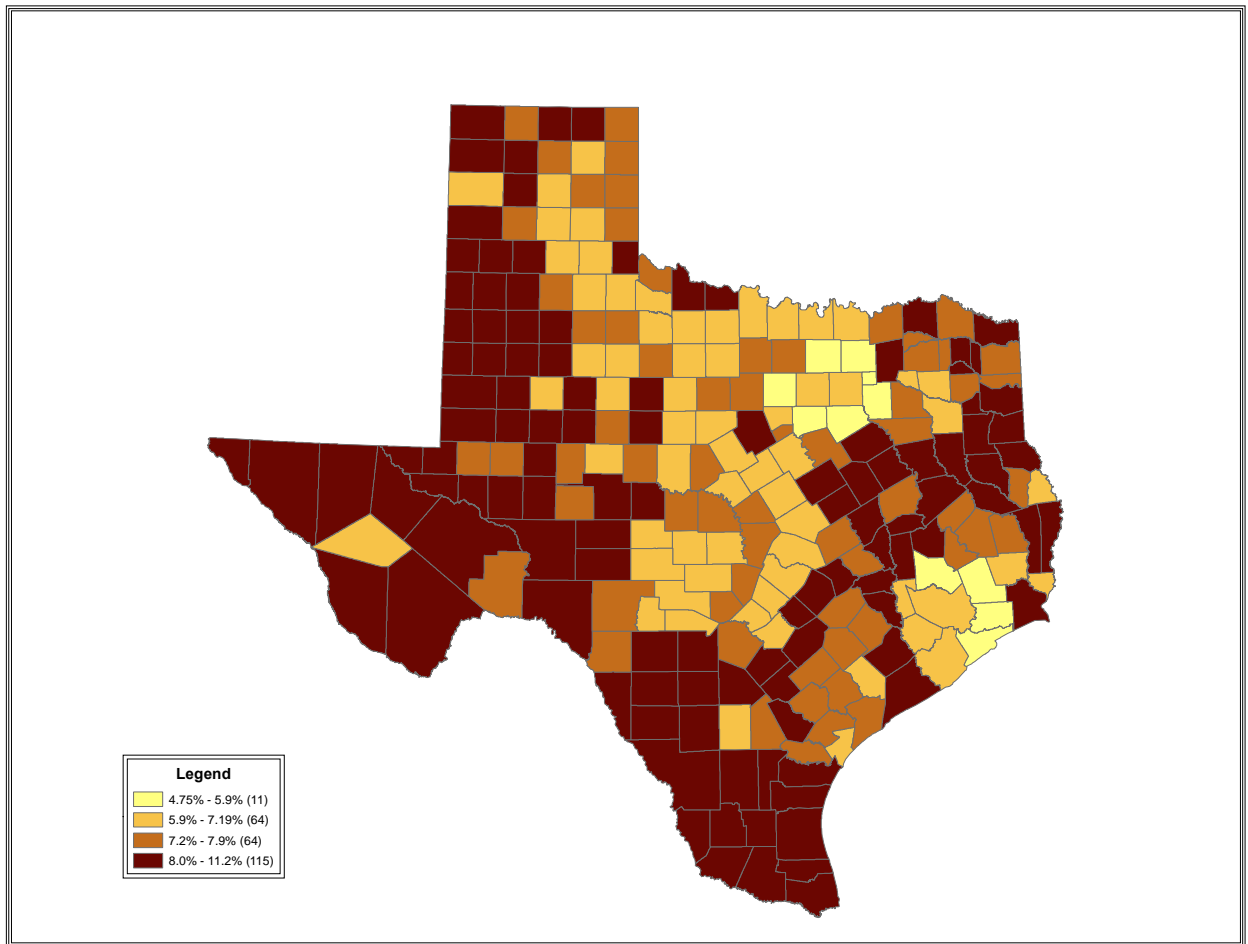
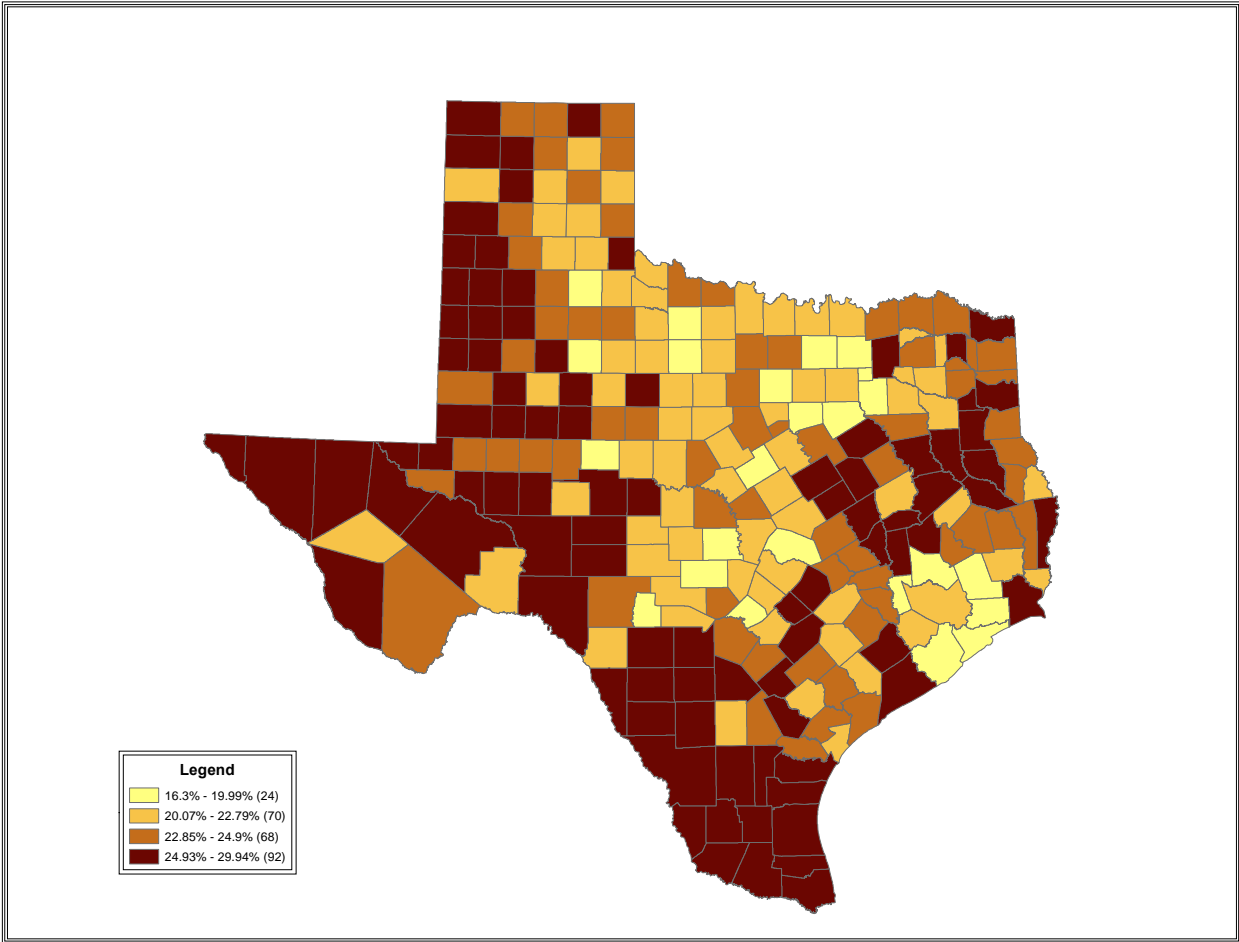


Figure 4: Percent Increase in the Insured for Counties in Texas Under the Enhanced Policy Scenario (Compared to the State Increase in the Insured of 22.8 Percent)



Under the limited policy scenario, 52 counties will have larger proportions of the population uninsured than that of the State as a whole (see Figure 5). These counties include the two largest urban counties (Dallas and Harris), counties in the south and west Texas border region and in rural counties in the Panhandle and in east Texas. In the enhanced policy scenario (see Figure 6), those counties with relatively larger immigrant populations (as compared to other counties) are the counties that have larger proportions of the population remaining uninsured. Under the enhanced policy scenario, 16 counties have larger percentage increases than the State as a whole. In addition to major metropolitan immigrant destination counties, these include some rural counties with major agricultural processing industries.

Figure 5: Estimates of Rates of Uninsurance for Counties in Texas Under the Limited Policy Scenario (Compared to State Rate of Uninsurance of 18 Percent)

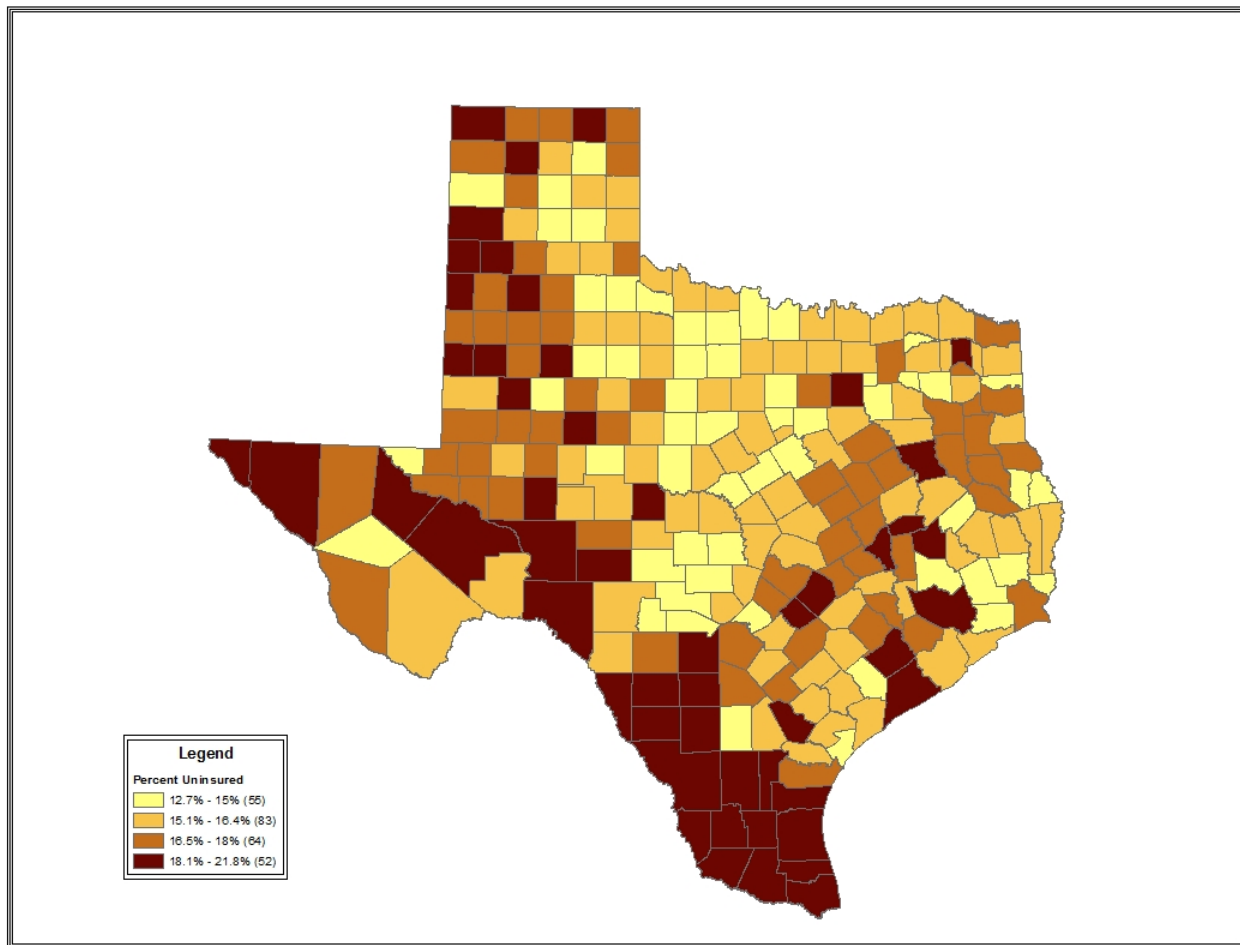
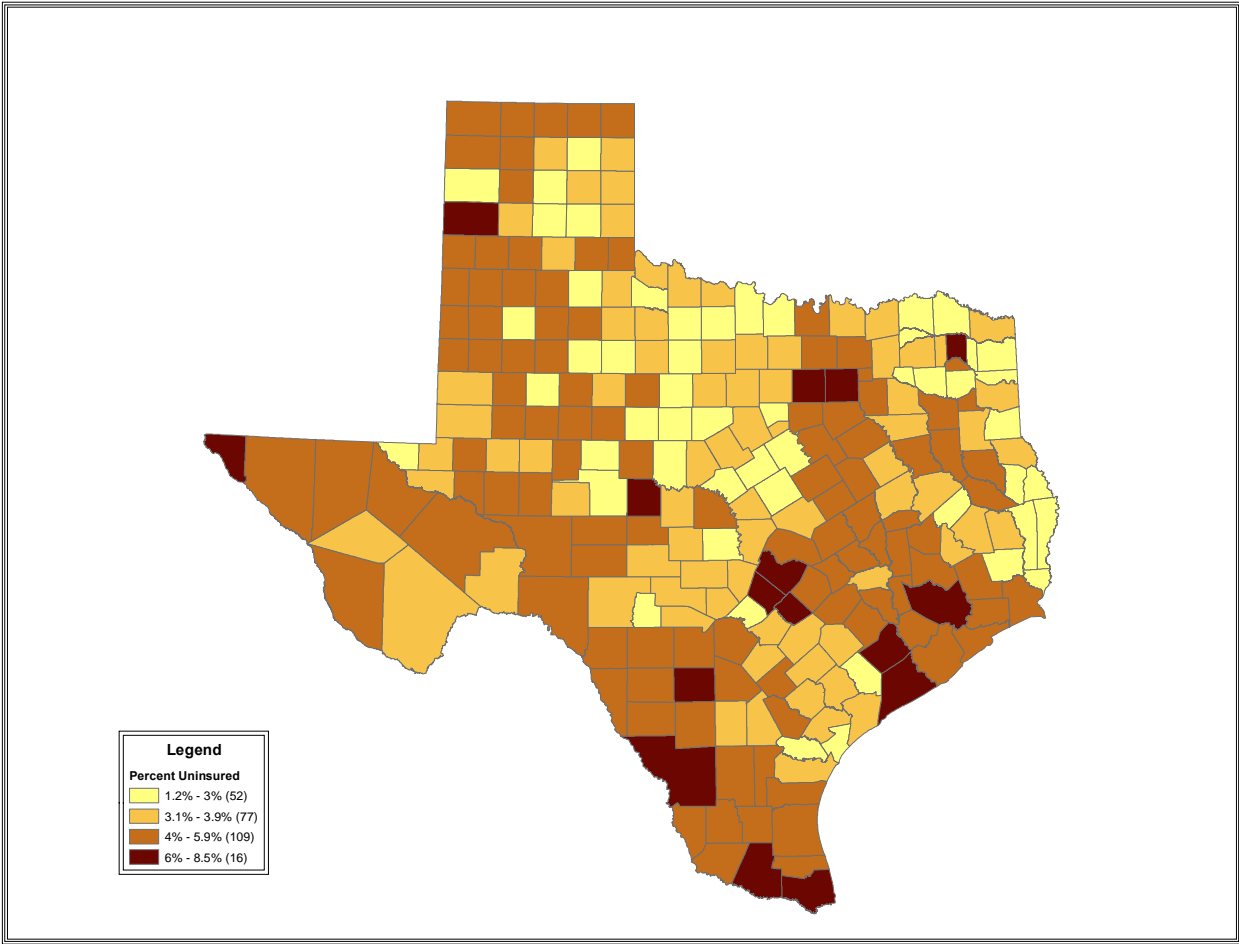


Figure 6: Estimates of Rates of Uninsurance for Counties in Texas Under the Enhanced Policy Scenario (Compared to State Rate of Uninsurance of 6 Percent)



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Appendix A:
Alternative Estimates of the Insured and Uninsured for Counties in Texas

County	Alternative Estimates of Insured					Percent Insured			
	Total Population	Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Anderson	58,458	43,774	47,921	52,088	55,965	74.9	82.0	89.1	95.7
Andrews	14,786	11,318	12,289	13,295	14,230	76.5	83.1	89.9	96.2
Angelina	86,771	66,190	71,791	77,644	83,116	76.3	82.7	89.5	95.8
Aransas	23,158	18,645	19,915	21,242	22,464	80.5	86.0	91.7	97.0
Archer	9,054	7,219	7,734	8,298	8,822	79.7	85.4	91.7	97.4
Armstrong	1,901	1,536	1,639	1,751	1,855	80.8	86.2	92.1	97.6
Atascosa	44,911	34,133	37,127	40,193	43,054	76.0	82.7	89.5	95.9
Austin	28,417	21,760	23,517	25,368	27,096	76.6	82.8	89.3	95.4
Bailey	7,165	5,388	5,845	6,325	6,777	75.2	81.6	88.3	94.6
Bandera	20,485	16,261	17,427	18,681	19,841	79.4	85.1	91.2	96.9
Bastrop	74,171	55,413	60,210	65,253	69,975	74.7	81.2	88.0	94.3
Baylor	3,726	3,021	3,215	3,427	3,622	81.1	86.3	92.0	97.2
Bee	31,861	23,689	26,040	28,342	30,482	74.4	81.7	89.0	95.7
Bell	310,235	245,839	263,016	282,530	300,496	79.2	84.8	91.1	96.9
Bexar	1,714,773	1,318,298	1,421,404	1,535,119	1,640,787	76.9	82.9	89.5	95.7
Blanco	10,497	8,286	8,896	9,548	10,156	78.9	84.7	91.0	96.8
Borden	641	512	548	586	622	79.9	85.5	91.4	97.0
Bosque	18,212	14,557	15,563	16,651	17,658	79.9	85.5	91.4	97.0
Bowie	92,565	70,907	77,190	83,594	89,547	76.6	83.4	90.3	96.7
Brazoria	313,166	248,786	263,590	281,293	297,361	79.4	84.2	89.8	95.0
Brazos	194,851	142,940	158,138	172,119	184,998	73.4	81.2	88.3	94.9
Brewster	9,232	7,154	7,742	8,342	8,894	77.5	83.9	90.4	96.3
Briscoe	1,637	1,297	1,390	1,488	1,579	79.2	84.9	90.9	96.5
Brooks	7,223	5,421	5,917	6,407	6,868	75.1	81.9	88.7	95.1
Brown	38,106	29,968	32,213	34,619	36,851	78.6	84.5	90.8	96.7
Burleson	17,187	13,299	14,356	15,461	16,495	77.4	83.5	90.0	96.0
Burnet	42,750	33,724	36,198	38,854	41,320	78.9	84.7	90.9	96.7
Caldwell	38,066	27,951	30,377	32,915	35,305	73.4	79.8	86.5	92.7
Calhoun	21,381	16,762	17,973	19,340	20,616	78.4	84.1	90.5	96.4
Callahan	13,544	10,847	11,606	12,431	13,194	80.1	85.7	91.8	97.4
Cameron	406,220	293,325	321,737	350,442	377,623	72.2	79.2	86.3	93.0
Camp	12,401	9,507	10,293	11,110	11,874	76.7	83.0	89.6	95.8
Carson	6,182	4,943	5,290	5,669	6,021	80.0	85.6	91.7	97.4
Cass	30,464	24,003	25,895	27,858	29,680	78.8	85.0	91.4	97.4
Castro	8,062	6,045	6,561	7,106	7,621	75.0	81.4	88.1	94.5
Chambers	35,096	28,369	29,972	31,918	33,669	80.8	85.4	90.9	95.9
Cherokee	50,845	38,887	42,125	45,512	48,676	76.5	82.8	89.5	95.7
Childress	7,041	5,369	5,833	6,308	6,748	76.3	82.8	89.6	95.8
Clay	10,752	8,629	9,228	9,886	10,494	80.3	85.8	91.9	97.6

County	Alternative Estimates of Insured					Percent Insured			
	Total Population	Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Cochran	3,127	2,369	2,565	2,775	2,968	75.8	82.0	88.7	94.9
Coke	3,320	2,707	2,879	3,065	3,235	81.5	86.7	92.3	97.4
Coleman	8,895	7,121	7,609	8,137	8,626	80.1	85.5	91.5	97.0
Collin	782,341	631,920	664,981	707,012	744,676	80.8	85.0	90.4	95.2
Collingsworth	3,057	2,389	2,570	2,763	2,942	78.1	84.1	90.4	96.2
Colorado	20,874	16,068	17,320	18,628	19,855	77.0	83.0	89.2	95.1
Comal	108,472	87,862	93,265	99,500	105,179	81.0	86.0	91.7	97.0
Comanche	13,974	11,073	11,853	12,692	13,476	79.2	84.8	90.8	96.4
Concho	4,087	2,966	3,257	3,543	3,813	72.6	79.7	86.7	93.3
Cooke	38,437	30,268	32,331	34,677	36,851	78.7	84.1	90.2	95.9
Coryell	75,388	59,829	64,011	68,782	73,162	79.4	84.9	91.2	97.0
Cottle	1,505	1,202	1,287	1,374	1,457	79.9	85.5	91.3	96.8
Crane	4,375	3,325	3,619	3,920	4,200	76.0	82.7	89.6	96.0
Crockett	3,719	2,783	3,024	3,274	3,510	74.8	81.3	88.0	94.4
Crosby	6,059	4,631	5,002	5,389	5,757	76.4	82.6	88.9	95.0
Culberson	2,398	1,804	1,971	2,135	2,289	75.2	82.2	89.0	95.5
Dallam	6,703	5,056	5,497	5,961	6,398	75.4	82.0	88.9	95.4
Dallas	2,368,139	1,766,647	1,890,784	2,034,080	2,167,575	74.6	79.8	85.9	91.5
Dawson	13,833	10,295	11,227	12,181	13,075	74.4	81.2	88.1	94.5
Deaf Smith	19,372	14,327	15,612	16,955	18,226	74.0	80.6	87.5	94.1
Delta	5,231	4,149	4,458	4,786	5,092	79.3	85.2	91.5	97.3
Denton	662,614	532,158	560,500	596,507	628,800	80.3	84.6	90.0	94.9
DeWitt	20,097	15,726	16,972	18,237	19,411	78.3	84.5	90.7	96.6
Dickens	2,444	1,897	2,046	2,202	2,347	77.6	83.7	90.1	96.0
Dimmit	9,996	7,482	8,173	8,867	9,520	74.8	81.8	88.7	95.2
Donley	3,677	2,952	3,157	3,376	3,578	80.3	85.9	91.8	97.3
Duval	11,782	8,803	9,625	10,437	11,201	74.7	81.7	88.6	95.1
Eastland	18,583	14,819	15,860	16,988	18,029	79.7	85.3	91.4	97.0
Ector	137,130	105,936	114,003	123,125	131,630	77.3	83.1	89.8	96.0
Edwards	2,002	1,565	1,689	1,810	1,926	78.2	84.4	90.4	96.2
El Paso	800,647	592,268	643,207	697,293	748,147	74.0	80.3	87.1	93.4
Ellis	149,610	120,858	126,972	134,766	141,772	80.8	84.9	90.1	94.8
Erath	37,890	29,384	31,746	34,281	36,632	77.6	83.8	90.5	96.7
Falls	17,866	13,492	14,693	15,911	17,046	75.5	82.2	89.1	95.4
Fannin	33,915	26,492	28,574	30,772	32,812	78.1	84.3	90.7	96.7
Fayette	24,554	19,262	20,668	22,156	23,545	78.4	84.2	90.2	95.9
Fisher	3,974	3,152	3,376	3,612	3,834	79.3	85.0	90.9	96.5
Floyd	6,446	4,932	5,324	5,737	6,125	76.5	82.6	89.0	95.0
Foard	1,336	1,077	1,150	1,227	1,298	80.6	86.1	91.8	97.2

County	Alternative Estimates of Insured					Percent Insured			
	Total Population	Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Fort Bend	585,375	460,352	489,378	523,650	554,861	78.6	83.6	89.5	94.8
Franklin	10,605	8,353	8,970	9,629	10,245	78.8	84.6	90.8	96.6
Freestone	19,816	15,301	16,558	17,865	19,082	77.2	83.6	90.2	96.3
Frio	17,217	12,307	13,562	14,814	15,992	71.5	78.8	86.0	92.9
Gaines	17,526	13,615	14,703	15,865	16,941	77.7	83.9	90.5	96.7
Galveston	291,309	233,689	247,163	263,321	277,928	80.2	84.8	90.4	95.4
Garza	6,461	4,737	5,196	5,658	6,090	73.3	80.4	87.6	94.3
Gillespie	24,837	20,043	21,335	22,728	24,022	80.7	85.9	91.5	96.7
Glasscock	1,226	946	1,023	1,102	1,180	77.2	83.4	89.9	96.2
Goliad	7,210	5,693	6,122	6,566	6,973	79.0	84.9	91.1	96.7
Gonzales	19,807	15,253	16,535	17,844	19,061	77.0	83.5	90.1	96.2
Gray	22,535	17,521	18,901	20,362	21,722	77.8	83.9	90.4	96.4
Grayson	120,877	95,291	101,952	109,472	116,435	78.8	84.3	90.6	96.3
Gregg	121,730	92,628	100,749	109,136	116,973	76.1	82.8	89.7	96.1
Grimes	26,604	20,104	21,875	23,698	25,398	75.6	82.2	89.1	95.5
Guadalupe	131,533	104,343	111,456	119,549	126,988	79.3	84.7	90.9	96.5
Hale	36,273	26,999	29,428	31,944	34,312	74.4	81.1	88.1	94.6
Hall	3,353	2,645	2,832	3,035	3,221	78.9	84.5	90.5	96.1
Hamilton	8,517	6,923	7,363	7,843	8,287	81.3	86.5	92.1	97.3
Hansford	5,613	4,296	4,641	5,011	5,359	76.5	82.7	89.3	95.5
Hardeman	4,139	3,270	3,510	3,765	4,004	79.0	84.8	91.0	96.7
Hardin	54,635	43,882	46,831	50,164	53,221	80.3	85.7	91.8	97.4
Harris	4,092,459	3,066,537	3,277,168	3,521,976	3,749,237	74.9	80.1	86.1	91.6
Harrison	65,631	50,306	54,705	59,249	63,490	76.6	83.4	90.3	96.7
Hartley	6,062	4,618	5,020	5,436	5,823	76.2	82.8	89.7	96.1
Haskell	5,899	4,655	4,995	5,350	5,685	78.9	84.7	90.7	96.4
Hays	157,107	122,542	130,330	139,408	147,672	78.0	83.0	88.7	94.0
Hemphill	3,807	2,952	3,183	3,432	3,666	77.5	83.6	90.1	96.3
Henderson	78,532	61,873	66,501	71,427	76,008	78.8	84.7	91.0	96.8
Hidalgo	774,769	555,556	605,923	658,635	708,606	71.7	78.2	85.0	91.5
Hill	35,089	27,347	29,416	31,619	33,674	77.9	83.8	90.1	96.0
Hockley	22,935	17,365	18,844	20,398	21,853	75.7	82.2	88.9	95.3
Hood	51,182	41,134	43,928	46,966	49,777	80.4	85.8	91.8	97.3
Hopkins	35,161	27,288	29,436	31,725	33,857	77.6	83.7	90.2	96.3
Houston	23,732	18,349	19,900	21,467	22,929	77.3	83.9	90.5	96.6
Howard	35,012	26,403	28,740	31,150	33,397	75.4	82.1	89.0	95.4
Hudspeth	3,476	2,607	2,849	3,091	3,318	75.0	82.0	88.9	95.5
Hunt	86,129	66,474	71,933	77,704	83,078	77.2	83.5	90.2	96.5
Hutchinson	22,150	17,324	18,658	20,090	21,421	78.2	84.2	90.7	96.7

County	Alternative Estimates of Insured					Percent Insured			
	Total Population	Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Irion	1,599	1,258	1,350	1,450	1,539	78.7	84.4	90.7	96.2
Jack	9,044	7,072	7,627	8,216	8,764	78.2	84.3	90.8	96.9
Jackson	14,075	11,294	12,022	12,867	13,649	80.2	85.4	91.4	97.0
Jasper	35,710	27,940	30,189	32,541	34,736	78.2	84.5	91.1	97.3
Jeff Davis	2,342	1,870	2,001	2,139	2,265	79.8	85.4	91.3	96.7
Jefferson	252,273	192,285	208,642	225,626	241,434	76.2	82.7	89.4	95.7
Jim Hogg	5,300	3,943	4,317	4,686	5,036	74.4	81.5	88.4	95.0
Jim Wells	40,838	30,562	33,404	36,254	38,929	74.8	81.8	88.8	95.3
Johnson	150,934	123,532	129,545	137,254	144,143	81.8	85.8	90.9	95.5
Jones	20,202	15,281	16,672	18,078	19,380	75.6	82.5	89.5	95.9
Karnes	14,824	11,157	12,216	13,246	14,200	75.3	82.4	89.4	95.8
Kaufman	103,350	84,279	88,474	93,836	98,639	81.5	85.6	90.8	95.4
Kendall	33,410	26,274	28,225	30,331	32,288	78.6	84.5	90.8	96.6
Kenedy	416	310	340	369	398	74.5	81.7	88.7	95.7
Kent	809	661	700	744	787	81.7	86.5	92.0	97.3
Kerr	49,625	39,590	42,303	45,188	47,868	79.8	85.2	91.1	96.5
Kimble	4,607	3,668	3,923	4,197	4,450	79.6	85.2	91.1	96.6
King	286	225	242	261	277	78.7	84.6	91.3	96.9
Kinney	3,598	2,815	3,033	3,251	3,453	78.2	84.3	90.4	96.0
Kleberg	32,061	23,787	26,121	28,422	30,573	74.2	81.5	88.6	95.4
Knox	3,719	2,933	3,144	3,369	3,579	78.9	84.5	90.6	96.2
LaSalle	6,886	5,027	5,547	6,048	6,517	73.0	80.6	87.8	94.6
Lamar	49,793	38,953	42,086	45,370	48,426	78.2	84.5	91.1	97.3
Lamb	13,977	10,622	11,496	12,410	13,271	76.0	82.2	88.8	94.9
Lampasas	19,677	15,433	16,612	17,877	19,049	78.4	84.4	90.9	96.8
Lavaca	19,263	15,195	16,290	17,459	18,548	78.9	84.6	90.6	96.3
Lee	16,612	12,780	13,802	14,880	15,892	76.9	83.1	89.6	95.7
Leon	16,801	13,277	14,238	15,260	16,208	79.0	84.7	90.8	96.5
Liberty	75,643	61,175	64,612	68,763	72,502	80.9	85.4	90.9	95.8
Limestone	23,384	17,888	19,392	20,949	22,401	76.5	82.9	89.6	95.8
Lipscomb	3,302	2,559	2,759	2,974	3,173	77.5	83.6	90.1	96.1
Live Oak	11,531	9,044	9,753	10,471	11,134	78.4	84.6	90.8	96.6
Llano	19,301	15,910	16,849	17,864	18,801	82.4	87.3	92.6	97.4
Loving	82	63	70	75	81	76.8	85.4	91.5	98.8
Lubbock	278,831	212,426	232,448	252,616	271,372	76.2	83.4	90.6	97.3
Lynn	5,915	4,522	4,888	5,272	5,632	76.4	82.6	89.1	95.2
Madison	13,664	10,274	11,203	12,146	13,024	75.2	82.0	88.9	95.3
Marion	10,546	8,314	8,977	9,658	10,286	78.8	85.1	91.6	97.5
Martin	4,799	3,654	3,955	4,277	4,579	76.1	82.4	89.1	95.4

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	Total Population	Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Mason	4,012	3,217	3,430	3,662	3,876	80.2	85.5	91.3	96.6
Matagorda	36,702	27,391	29,711	32,131	34,403	74.6	81.0	87.5	93.7
Maverick	54,258	39,866	43,823	47,779	51,512	73.5	80.8	88.1	94.9
McCulloch	8,283	6,515	6,989	7,495	7,968	78.7	84.4	90.5	96.2
McLennan	234,906	177,697	193,396	209,661	224,873	75.6	82.3	89.3	95.7
McMullen	707	566	606	646	684	80.1	85.7	91.4	96.7
Medina	46,006	34,593	37,594	40,715	43,643	75.2	81.7	88.5	94.9
Menard	2,242	1,783	1,904	2,031	2,151	79.5	84.9	90.6	95.9
Midland	136,872	107,203	115,012	123,881	132,089	78.3	84.0	90.5	96.5
Milam	24,757	19,149	20,627	22,196	23,664	77.3	83.3	89.7	95.6
Mills	4,936	3,986	4,244	4,527	4,786	80.8	86.0	91.7	97.0
Mitchell	9,403	7,001	7,664	8,327	8,944	74.5	81.5	88.6	95.1
Montague	19,719	15,822	16,906	18,091	19,186	80.2	85.7	91.7	97.3
Montgomery	455,746	368,387	389,011	414,068	436,645	80.8	85.4	90.9	95.8
Moore	21,904	16,248	17,744	19,298	20,763	74.2	81.0	88.1	94.8
Morris	12,934	10,118	10,935	11,776	12,562	78.2	84.5	91.0	97.1
Motley	1,210	988	1,049	1,114	1,177	81.7	86.7	92.1	97.3
Nacogdoches	64,524	48,725	53,133	57,677	61,919	75.5	82.3	89.4	96.0
Navarro	47,735	36,360	39,399	42,579	45,560	76.2	82.5	89.2	95.4
Newton	14,445	11,284	12,222	13,195	14,097	78.1	84.6	91.3	97.6
Nolan	15,216	11,781	12,706	13,684	14,600	77.4	83.5	89.9	96.0
Nueces	340,223	261,948	284,243	307,668	329,455	77.0	83.5	90.4	96.8
Ochiltree	10,223	7,696	8,358	9,062	9,725	75.3	81.8	88.6	95.1
Oldham	2,052	1,633	1,747	1,877	1,998	79.6	85.1	91.5	97.4
Orange	81,837	65,447	69,945	74,968	79,589	80.0	85.5	91.6	97.3
Palo Pinto	28,111	22,151	23,796	25,577	27,228	78.8	84.7	91.0	96.9
Panola	23,796	18,500	20,019	21,608	23,087	77.7	84.1	90.8	97.0
Parker	116,927	96,851	101,451	107,381	112,641	82.8	86.8	91.8	96.3
Parmer	10,269	7,654	8,324	9,029	9,693	74.5	81.1	87.9	94.4
Pecos	15,507	11,559	12,674	13,779	14,812	74.5	81.7	88.9	95.5
Polk	45,413	35,322	38,124	41,032	43,738	77.8	83.9	90.4	96.3
Potter	121,073	91,634	99,418	107,787	115,619	75.7	82.1	89.0	95.5
Presidio	7,818	5,947	6,460	6,979	7,467	76.1	82.6	89.3	95.5
Rains	10,914	8,684	9,309	9,980	10,602	79.6	85.3	91.4	97.1
Randall	120,725	94,380	101,574	109,482	116,795	78.2	84.1	90.7	96.7
Reagan	3,367	2,492	2,717	2,955	3,179	74.0	80.7	87.8	94.4
Real	3,309	2,686	2,859	3,046	3,213	81.2	86.4	92.1	97.1
Red River	12,860	10,146	10,930	11,743	12,500	78.9	85.0	91.3	97.2
Reeves	13,783	10,154	11,182	12,182	13,116	73.7	81.1	88.4	95.2

County	Alternative Estimates of Insured					Percent Insured			
	Total Population	Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Refugio	7,383	5,756	6,213	6,677	7,106	78.0	84.2	90.4	96.2
Roberts	929	741	794	852	905	79.8	85.5	91.7	97.4
Robertson	16,622	12,762	13,825	14,923	15,949	76.8	83.2	89.8	96.0
Rockwall	78,337	64,069	67,230	71,291	74,918	81.8	85.8	91.0	95.6
Runnels	10,501	8,235	8,841	9,489	10,091	78.4	84.2	90.4	96.1
Rusk	53,330	40,704	44,255	47,912	51,324	76.3	83.0	89.8	96.2
Sabine	10,834	8,793	9,377	9,998	10,575	81.2	86.6	92.3	97.6
San Augustine	8,865	7,015	7,553	8,106	8,623	79.1	85.2	91.4	97.3
San Jacinto	26,384	20,636	22,248	23,951	25,535	78.2	84.3	90.8	96.8
San Patricio	64,804	50,535	54,565	58,873	62,876	78.0	84.2	90.8	97.0
San Saba	6,131	4,772	5,141	5,527	5,887	77.8	83.9	90.1	96.0
Schleicher	3,461	2,640	2,854	3,082	3,300	76.3	82.5	89.0	95.3
Scurry	16,921	12,915	13,995	15,131	16,190	76.3	82.7	89.4	95.7
Shackelford	3,378	2,701	2,890	3,095	3,288	80.0	85.6	91.6	97.3
Shelby	25,448	19,608	21,218	22,900	24,472	77.1	83.4	90.0	96.2
Sherman	3,034	2,327	2,512	2,714	2,902	76.7	82.8	89.5	95.6
Smith	209,714	162,692	174,275	187,294	199,363	77.6	83.1	89.3	95.1
Somervell	8,490	6,668	7,167	7,712	8,216	78.5	84.4	90.8	96.8
Starr	60,968	44,810	49,244	53,689	57,885	73.5	80.8	88.1	94.9
Stephens	9,630	7,589	8,148	8,746	9,303	78.8	84.6	90.8	96.6
Sterling	1,143	886	956	1,029	1,098	77.5	83.6	90.0	96.1
Stonewall	1,490	1,202	1,282	1,369	1,450	80.7	86.0	91.9	97.3
Sutton	4,128	3,094	3,359	3,637	3,899	75.0	81.4	88.1	94.5
Swisher	7,854	6,017	6,509	7,021	7,498	76.6	82.9	89.4	95.5
Tarrant	1,809,034	1,393,848	1,484,872	1,592,128	1,690,961	77.0	82.1	88.0	93.5
Taylor	131,506	102,465	110,840	119,679	127,892	77.9	84.3	91.0	97.3
Terrell	984	774	833	894	950	78.7	84.7	90.9	96.5
Terry	12,651	9,527	10,350	11,204	12,005	75.3	81.8	88.6	94.9
Throckmorton	1,641	1,336	1,420	1,513	1,599	81.4	86.5	92.2	97.4
Titus	32,334	24,069	26,118	28,291	30,335	74.4	80.8	87.5	93.8
Tom Green	110,224	85,320	92,387	99,899	106,880	77.4	83.8	90.6	97.0
Travis	1,024,266	791,199	843,854	904,824	960,440	77.2	82.4	88.3	93.8
Trinity	14,585	11,603	12,448	13,336	14,162	79.6	85.3	91.4	97.1
Tyler	21,766	17,052	18,391	19,784	21,078	78.3	84.5	90.9	96.8
Upshur	39,309	30,835	33,253	35,828	38,219	78.4	84.6	91.1	97.2
Upton	3,355	2,546	2,758	2,979	3,188	75.9	82.2	88.8	95.0
Uvalde	26,405	20,074	21,824	23,603	25,271	76.0	82.7	89.4	95.7
Val Verde	48,879	36,494	39,926	43,371	46,608	74.7	81.7	88.7	95.4
Van Zandt	52,579	41,536	44,603	47,907	50,971	79.0	84.8	91.1	96.9

County	Total Population	Alternative Estimates of Insured				Percent Insured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Curr (1)	Lim (2)	Mod (3)	Enh (4)
Victoria	86,793	67,914	72,868	78,496	83,727	78.2	84.0	90.4	96.5
Walker	67,861	50,102	55,135	60,164	64,834	73.8	81.2	88.7	95.5
Waller	43,205	34,105	36,189	38,654	40,900	78.9	83.8	89.5	94.7
Ward	10,658	8,229	8,909	9,611	10,263	77.2	83.6	90.2	96.3
Washington	33,718	26,127	28,250	30,446	32,494	77.5	83.8	90.3	96.4
Webb	250,304	181,925	197,634	214,641	230,713	72.7	79.0	85.8	92.2
Wharton	41,280	30,878	33,481	36,193	38,738	74.8	81.1	87.7	93.8
Wheeler	5,410	4,260	4,572	4,908	5,221	78.7	84.5	90.7	96.5
Wichita	131,500	102,307	110,520	119,092	127,024	77.8	84.0	90.6	96.6
Wilbarger	13,535	10,481	11,327	12,213	13,039	77.4	83.7	90.2	96.3
Willacy	22,134	16,218	17,867	19,478	20,991	73.3	80.7	88.0	94.8
Williamson	422,679	335,885	356,332	380,363	402,141	79.5	84.3	90.0	95.1
Wilson	42,918	33,279	35,990	38,817	41,439	77.5	83.9	90.4	96.6
Winkler	7,110	5,428	5,898	6,383	6,834	76.3	83.0	89.8	96.1
Wise	59,127	46,121	49,726	53,635	57,257	78.0	84.1	90.7	96.8
Wood	41,964	33,629	35,950	38,420	40,716	80.1	85.7	91.6	97.0
Yoakum	7,879	5,873	6,389	6,930	7,444	74.5	81.1	88.0	94.5
Young	18,550	14,724	15,777	16,917	17,975	79.4	85.1	91.2	96.9
Zapata	14,018	10,320	11,337	12,357	13,319	73.6	80.9	88.2	95.0
Zavala	11,677	8,618	9,461	10,297	11,090	73.8	81.0	88.2	95.0
State Total	25,145,562	19,280,223	20,674,832	22,235,725	23,680,466	76.7	82.2	88.4	94.2

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Anderson	58,458	14,684	10,537	6,370	2,493	25.1	18.0	10.9	4.3
Andrews	14,786	3,468	2,497	1,491	556	23.5	16.9	10.1	3.8
Angelina	86,771	20,581	14,980	9,127	3,655	23.7	17.3	10.5	4.2
Aransas	23,158	4,513	3,243	1,916	694	19.5	14.0	8.3	3.0
Archer	9,054	1,835	1,320	756	232	20.3	14.6	8.3	2.6
Armstrong	1,901	365	262	150	46	19.2	13.8	7.9	2.4
Atascosa	44,911	10,778	7,784	4,718	1,857	24.0	17.3	10.5	4.1
Austin	28,417	6,657	4,900	3,049	1,321	23.4	17.2	10.7	4.6
Bailey	7,165	1,777	1,320	840	388	24.8	18.4	11.7	5.4
Bandera	20,485	4,224	3,058	1,804	644	20.6	14.9	8.8	3.1
Bastrop	74,171	18,758	13,961	8,918	4,196	25.3	18.8	12.0	5.7
Baylor	3,726	705	511	299	104	18.9	13.7	8.0	2.8
Bee	31,861	8,172	5,821	3,519	1,379	25.6	18.3	11.0	4.3
Bell	310,235	64,396	47,219	27,705	9,739	20.8	15.2	8.9	3.1
Bexar	1,714,773	396,475	293,369	179,654	73,986	23.1	17.1	10.5	4.3
Blanco	10,497	2,211	1,601	949	341	21.1	15.3	9.0	3.2
Borden	641	129	93	55	19	20.1	14.5	8.6	3.0
Bosque	18,212	3,655	2,649	1,561	554	20.1	14.5	8.6	3.0
Bowie	92,565	21,658	15,375	8,971	3,018	23.4	16.6	9.7	3.3
Brazoria	313,166	64,380	49,576	31,873	15,805	20.6	15.8	10.2	5.0
Brazos	194,851	51,911	36,713	22,732	9,853	26.6	18.8	11.7	5.1
Brewster	9,232	2,078	1,490	890	338	22.5	16.1	9.6	3.7
Briscoe	1,637	340	247	149	58	20.8	15.1	9.1	3.5
Brooks	7,223	1,802	1,306	816	355	24.9	18.1	11.3	4.9
Brown	38,106	8,138	5,893	3,487	1,255	21.4	15.5	9.2	3.3
Burleson	17,187	3,888	2,831	1,726	692	22.6	16.5	10.0	4.0
Burnet	42,750	9,026	6,552	3,896	1,430	21.1	15.3	9.1	3.3
Caldwell	38,066	10,115	7,689	5,151	2,761	26.6	20.2	13.5	7.3
Calhoun	21,381	4,619	3,408	2,041	765	21.6	15.9	9.5	3.6
Callahan	13,544	2,697	1,938	1,113	350	19.9	14.3	8.2	2.6
Cameron	406,220	112,895	84,483	55,778	28,597	27.8	20.8	13.7	7.0
Camp	12,401	2,894	2,108	1,291	527	23.3	17.0	10.4	4.2
Carson	6,182	1,239	892	513	161	20.0	14.4	8.3	2.6
Cass	30,464	6,461	4,569	2,606	784	21.2	15.0	8.6	2.6
Castro	8,062	2,017	1,501	956	441	25.0	18.6	11.9	5.5
Chambers	35,096	6,727	5,124	3,178	1,427	19.2	14.6	9.1	4.1
Cherokee	50,845	11,958	8,720	5,333	2,169	23.5	17.2	10.5	4.3
Childress	7,041	1,672	1,208	733	293	23.7	17.2	10.4	4.2
Clay	10,752	2,123	1,524	866	258	19.7	14.2	8.1	2.4
Cochran	3,127	758	562	352	159	24.2	18.0	11.3	5.1

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Coleman	8,895	1,774	1,286	758	269	19.9	14.5	8.5	3.0
Collin	782,341	150,421	117,360	75,329	37,665	19.2	15.0	9.6	4.8
Collingsworth	3,057	668	487	294	115	21.9	15.9	9.6	3.8
Colorado	20,874	4,806	3,554	2,246	1,019	23.0	17.0	10.8	4.9
Comal	108,472	20,610	15,207	8,972	3,293	19.0	14.0	8.3	3.0
Comanche	13,974	2,901	2,121	1,282	498	20.8	15.2	9.2	3.6
Concho	4,087	1,121	830	544	274	27.4	20.3	13.3	6.7
Cooke	38,437	8,169	6,106	3,760	1,586	21.3	15.9	9.8	4.1
Coryell	75,388	15,559	11,377	6,606	2,226	20.6	15.1	8.8	3.0
Cottle	1,505	303	218	131	48	20.1	14.5	8.7	3.2
Crane	4,375	1,050	756	455	175	24.0	17.3	10.4	4.0
Crockett	3,719	936	695	445	209	25.2	18.7	12.0	5.6
Crosby	6,059	1,428	1,057	670	302	23.6	17.4	11.1	5.0
Culberson	2,398	594	427	263	109	24.8	17.8	11.0	4.5
Dallam	6,703	1,647	1,206	742	305	24.6	18.0	11.1	4.6
Dallas	2,368,139	601,492	477,355	334,059	200,564	25.4	20.2	14.1	8.5
Dawson	13,833	3,538	2,606	1,652	758	25.6	18.8	11.9	5.5
Deaf Smith	19,372	5,045	3,760	2,417	1,146	26.0	19.4	12.5	5.9
Delta	5,231	1,082	773	445	139	20.7	14.8	8.5	2.7
Denton	662,614	130,456	102,114	66,107	33,814	19.7	15.4	10.0	5.1
DeWitt	20,097	4,371	3,125	1,860	686	21.7	15.5	9.3	3.4
Dickens	2,444	547	398	242	97	22.4	16.3	9.9	4.0
Dimmit	9,996	2,514	1,823	1,129	476	25.2	18.2	11.3	4.8
Donley	3,677	725	520	301	99	19.7	14.1	8.2	2.7
Duval	11,782	2,979	2,157	1,345	581	25.3	18.3	11.4	4.9
Eastland	18,583	3,764	2,723	1,595	554	20.3	14.7	8.6	3.0
Ector	137,130	31,194	23,127	14,005	5,500	22.7	16.9	10.2	4.0
Edwards	2,002	437	313	192	76	21.8	15.6	9.6	3.8
El Paso	800,647	208,379	157,440	103,354	52,500	26.0	19.7	12.9	6.6
Ellis	149,610	28,752	22,638	14,844	7,838	19.2	15.1	9.9	5.2
Erath	37,890	8,506	6,144	3,609	1,258	22.4	16.2	9.5	3.3
Falls	17,866	4,374	3,173	1,955	820	24.5	17.8	10.9	4.6
Fannin	33,915	7,423	5,341	3,143	1,103	21.9	15.7	9.3	3.3
Fayette	24,554	5,292	3,886	2,398	1,009	21.6	15.8	9.8	4.1
Fisher	3,974	822	598	362	140	20.7	15.0	9.1	3.5
Floyd	6,446	1,514	1,122	709	321	23.5	17.4	11.0	5.0
Foard	1,336	259	186	109	38	19.4	13.9	8.2	2.8
Fort Bend	585,375	125,023	95,997	61,725	30,514	21.4	16.4	10.5	5.2
Franklin	10,605	2,252	1,635	976	360	21.2	15.4	9.2	3.4

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Freestone	19,816	4,515	3,258	1,951	734	22.8	16.4	9.8	3.7
Frio	17,217	4,910	3,655	2,403	1,225	28.5	21.2	14.0	7.1
Gaines	17,526	3,911	2,823	1,661	585	22.3	16.1	9.5	3.3
Galveston	291,309	57,620	44,146	27,988	13,381	19.8	15.2	9.6	4.6
Garza	6,461	1,724	1,265	803	371	26.7	19.6	12.4	5.7
Gillespie	24,837	4,794	3,502	2,109	815	19.3	14.1	8.5	3.3
Glasscock	1,226	280	203	124	46	22.8	16.6	10.1	3.8
Goliad	7,210	1,517	1,088	644	237	21.0	15.1	8.9	3.3
Gonzales	19,807	4,554	3,272	1,963	746	23.0	16.5	9.9	3.8
Gray	22,535	5,014	3,634	2,173	813	22.2	16.1	9.6	3.6
Grayson	120,877	25,586	18,925	11,405	4,442	21.2	15.7	9.4	3.7
Gregg	121,730	29,102	20,981	12,594	4,757	23.9	17.2	10.3	3.9
Grimes	26,604	6,500	4,729	2,906	1,206	24.4	17.8	10.9	4.5
Guadalupe	131,533	27,190	20,077	11,984	4,545	20.7	15.3	9.1	3.5
Hale	36,273	9,274	6,845	4,329	1,961	25.6	18.9	11.9	5.4
Hall	3,353	708	521	318	132	21.1	15.5	9.5	3.9
Hamilton	8,517	1,594	1,154	674	230	18.7	13.5	7.9	2.7
Hansford	5,613	1,317	972	602	254	23.5	17.3	10.7	4.5
Hardeman	4,139	869	629	374	135	21.0	15.2	9.0	3.3
Hardin	54,635	10,753	7,804	4,471	1,414	19.7	14.3	8.2	2.6
Harris	4,092,459	1,025,922	815,291	570,484	343,221	25.1	19.9	13.9	8.4
Harrison	65,631	15,325	10,926	6,382	2,141	23.4	16.6	9.7	3.3
Hartley	6,062	1,444	1,042	626	239	23.8	17.2	10.3	3.9
Haskell	5,899	1,244	904	549	214	21.1	15.3	9.3	3.6
Hays	157,107	34,565	26,777	17,699	9,435	22.0	17.0	11.3	6.0
Hemphill	3,807	855	624	375	141	22.5	16.4	9.9	3.7
Henderson	78,532	16,659	12,031	7,105	2,524	21.2	15.3	9.0	3.2
Hidalgo	774,769	219,213	168,846	116,134	66,163	28.3	21.8	15.0	8.5
Hill	35,089	7,742	5,673	3,470	1,415	22.1	16.2	9.9	4.0
Hockley	22,935	5,570	4,091	2,537	1,082	24.3	17.8	11.1	4.7
Hood	51,182	10,048	7,254	4,216	1,405	19.6	14.2	8.2	2.7
Hopkins	35,161	7,873	5,725	3,436	1,304	22.4	16.3	9.8	3.7
Houston	23,732	5,383	3,832	2,265	803	22.7	16.1	9.5	3.4
Howard	35,012	8,609	6,272	3,862	1,615	24.6	17.9	11.0	4.6
Hudspeth	3,476	869	627	385	158	25.0	18.0	11.1	4.5
Hunt	86,129	19,655	14,196	8,425	3,051	22.8	16.5	9.8	3.5
Hutchinson	22,150	4,826	3,492	2,060	729	21.8	15.8	9.3	3.3
Jack	9,044	1,972	1,417	828	280	21.8	15.7	9.2	3.1
Jackson	14,075	2,781	2,053	1,208	426	19.8	14.6	8.6	3.0
Jasper	35,710	7,770	5,521	3,169	974	21.8	15.5	8.9	2.7

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Irion	1,599	341	249	149	60	21.3	15.6	9.3	3.8
Jeff Davis	2,342	472	341	203	77	20.2	14.6	8.7	3.3
Jefferson	252,273	59,988	43,631	26,647	10,839	23.8	17.3	10.6	4.3
Jim Hogg	5,300	1,357	983	614	264	25.6	18.5	11.6	5.0
Jim Wells	40,838	10,276	7,434	4,584	1,909	25.2	18.2	11.2	4.7
Johnson	150,934	27,402	21,389	13,680	6,791	18.2	14.2	9.1	4.5
Jones	20,202	4,921	3,530	2,124	822	24.4	17.5	10.5	4.1
Karnes	14,824	3,667	2,608	1,578	624	24.7	17.6	10.6	4.2
Kaufman	103,350	19,071	14,876	9,514	4,711	18.5	14.4	9.2	4.6
Kendall	33,410	7,136	5,185	3,079	1,122	21.4	15.5	9.2	3.4
Kenedy	416	106	76	47	18	25.5	18.3	11.3	4.3
Kent	809	148	109	65	22	18.3	13.5	8.0	2.7
Kerr	49,625	10,035	7,322	4,437	1,757	20.2	14.8	8.9	3.5
Kimble	4,607	939	684	410	157	20.4	14.8	8.9	3.4
King	286	61	44	25	9	21.3	15.4	8.7	3.1
Kinney	3,598	783	565	347	145	21.8	15.7	9.6	4.0
Kleberg	32,061	8,274	5,940	3,639	1,488	25.8	18.5	11.4	4.6
Knox	3,719	786	575	350	140	21.1	15.5	9.4	3.8
LaSalle	6,886	1,859	1,339	838	369	27.0	19.4	12.2	5.4
Lamar	49,793	10,840	7,707	4,423	1,367	21.8	15.5	8.9	2.7
Lamb	13,977	3,355	2,481	1,567	706	24.0	17.8	11.2	5.1
Lampasas	19,677	4,244	3,065	1,800	628	21.6	15.6	9.1	3.2
Lavaca	19,263	4,068	2,973	1,804	715	21.1	15.4	9.4	3.7
Lee	16,612	3,832	2,810	1,732	720	23.1	16.9	10.4	4.3
Leon	16,801	3,524	2,563	1,541	593	21.0	15.3	9.2	3.5
Liberty	75,643	14,468	11,031	6,880	3,141	19.1	14.6	9.1	4.2
Limestone	23,384	5,496	3,992	2,435	983	23.5	17.1	10.4	4.2
Lipscomb	3,302	743	543	328	129	22.5	16.4	9.9	3.9
Live Oak	11,531	2,487	1,778	1,060	397	21.6	15.4	9.2	3.4
Llano	19,301	3,391	2,452	1,437	500	17.6	12.7	7.4	2.6
Loving	82	19	12	7	1	23.2	14.6	8.5	1.2
Lubbock	278,831	66,405	46,383	26,215	7,459	23.8	16.6	9.4	2.7
Lynn	5,915	1,393	1,027	643	283	23.6	17.4	10.9	4.8
Madison	13,664	3,390	2,461	1,518	640	24.8	18.0	11.1	4.7
Marion	10,546	2,232	1,569	888	260	21.2	14.9	8.4	2.5
Martin	4,799	1,145	844	522	220	23.9	17.6	10.9	4.6
Matagorda	36,702	9,311	6,991	4,571	2,299	25.4	19.0	12.5	6.3
Maverick	54,258	14,392	10,435	6,479	2,746	26.5	19.2	11.9	5.1
McCulloch	8,283	1,768	1,294	788	315	21.3	15.6	9.5	3.8

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Mason	4,012	795	582	350	136	19.8	14.5	8.7	3.4
McLennan	234,906	57,209	41,510	25,245	10,033	24.4	17.7	10.7	4.3
McMullen	707	141	101	61	23	19.9	14.3	8.6	3.3
Medina	46,006	11,413	8,412	5,291	2,363	24.8	18.3	11.5	5.1
Menard	2,242	459	338	211	91	20.5	15.1	9.4	4.1
Midland	136,872	29,669	21,860	12,991	4,783	21.7	16.0	9.5	3.5
Milam	24,757	5,608	4,130	2,561	1,093	22.7	16.7	10.3	4.4
Mills	4,936	950	692	409	150	19.2	14.0	8.3	3.0
Mitchell	9,403	2,402	1,739	1,076	459	25.5	18.5	11.4	4.9
Montague	19,719	3,897	2,813	1,628	533	19.8	14.3	8.3	2.7
Montgomery	455,746	87,359	66,735	41,678	19,101	19.2	14.6	9.1	4.2
Moore	21,904	5,656	4,160	2,606	1,141	25.8	19.0	11.9	5.2
Morris	12,934	2,816	1,999	1,158	372	21.8	15.5	9.0	2.9
Motley	1,210	222	161	96	33	18.3	13.3	7.9	2.7
Nacogdoches	64,524	15,799	11,391	6,847	2,605	24.5	17.7	10.6	4.0
Navarro	47,735	11,375	8,336	5,156	2,175	23.8	17.5	10.8	4.6
Newton	14,445	3,161	2,223	1,250	348	21.9	15.4	8.7	2.4
Nolan	15,216	3,435	2,510	1,532	616	22.6	16.5	10.1	4.0
Nueces	340,223	78,275	55,980	32,555	10,768	23.0	16.5	9.6	3.2
Ochiltree	10,223	2,527	1,865	1,161	498	24.7	18.2	11.4	4.9
Oldham	2,052	419	305	175	54	20.4	14.9	8.5	2.6
Orange	81,837	16,390	11,892	6,869	2,248	20.0	14.5	8.4	2.7
Palo Pinto	28,111	5,960	4,315	2,534	883	21.2	15.3	9.0	3.1
Panola	23,796	5,296	3,777	2,188	709	22.3	15.9	9.2	3.0
Parker	116,927	20,076	15,476	9,546	4,286	17.2	13.2	8.2	3.7
Parmer	10,269	2,615	1,945	1,240	576	25.5	18.9	12.1	5.6
Pecos	15,507	3,948	2,833	1,728	695	25.5	18.3	11.1	4.5
Polk	45,413	10,091	7,289	4,381	1,675	22.2	16.1	9.6	3.7
Potter	121,073	29,439	21,655	13,286	5,454	24.3	17.9	11.0	4.5
Presidio	7,818	1,871	1,358	839	351	23.9	17.4	10.7	4.5
Rains	10,914	2,230	1,605	934	312	20.4	14.7	8.6	2.9
Randall	120,725	26,345	19,151	11,243	3,930	21.8	15.9	9.3	3.3
Reagan	3,367	875	650	412	188	26.0	19.3	12.2	5.6
Real	3,309	623	450	263	96	18.8	13.6	7.9	2.9
Red River	12,860	2,714	1,930	1,117	360	21.1	15.0	8.7	2.8
Reeves	13,783	3,629	2,601	1,601	667	26.3	18.9	11.6	4.8
Refugio	7,383	1,627	1,170	706	277	22.0	15.8	9.6	3.8
Roberts	929	188	135	77	24	20.2	14.5	8.3	2.6
Robertson	16,622	3,860	2,797	1,699	673	23.2	16.8	10.2	4.0
Rockwall	78,337	14,268	11,107	7,046	3,419	18.2	14.2	9.0	4.4

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Runnels	10,501	2,266	1,660	1,012	410	21.6	15.8	9.6	3.9
Rusk	53,330	12,626	9,075	5,418	2,006	23.7	17.0	10.2	3.8
Sabine	10,834	2,041	1,457	836	259	18.8	13.4	7.7	2.4
San Augustine	8,865	1,850	1,312	759	242	20.9	14.8	8.6	2.7
San Jacinto	26,384	5,748	4,136	2,433	849	21.8	15.7	9.2	3.2
San Patricio	64,804	14,269	10,239	5,931	1,928	22.0	15.8	9.2	3.0
San Saba	6,131	1,359	990	604	244	22.2	16.1	9.9	4.0
Schleicher	3,461	821	607	379	161	23.7	17.5	11.0	4.7
Scurry	16,921	4,006	2,926	1,790	731	23.7	17.3	10.6	4.3
Shackelford	3,378	677	488	283	90	20.0	14.4	8.4	2.7
Shelby	25,448	5,840	4,230	2,548	976	22.9	16.6	10.0	3.8
Sherman	3,034	707	522	320	132	23.3	17.2	10.5	4.4
Smith	209,714	47,022	35,439	22,420	10,351	22.4	16.9	10.7	4.9
Somervell	8,490	1,822	1,323	778	274	21.5	15.6	9.2	3.2
Starr	60,968	16,158	11,724	7,279	3,083	26.5	19.2	11.9	5.1
Stephens	9,630	2,041	1,482	884	327	21.2	15.4	9.2	3.4
Sterling	1,143	257	187	114	45	22.5	16.4	10.0	3.9
Stonewall	1,490	288	208	121	40	19.3	14.0	8.1	2.7
Sutton	4,128	1,034	769	491	229	25.0	18.6	11.9	5.5
Swisher	7,854	1,837	1,345	833	356	23.4	17.1	10.6	4.5
Tarrant	1,809,034	415,186	324,162	216,906	118,073	23.0	17.9	12.0	6.5
Taylor	131,506	29,041	20,666	11,827	3,614	22.1	15.7	9.0	2.7
Terrell	984	210	151	90	34	21.3	15.3	9.1	3.5
Terry	12,651	3,124	2,301	1,447	646	24.7	18.2	11.4	5.1
Throckmorton	1,641	305	221	128	42	18.6	13.5	7.8	2.6
Titus	32,334	8,265	6,216	4,043	1,999	25.6	19.2	12.5	6.2
Tom Green	110,224	24,904	17,837	10,325	3,344	22.6	16.2	9.4	3.0
Travis	1,024,266	233,067	180,412	119,442	63,826	22.8	17.6	11.7	6.2
Trinity	14,585	2,982	2,137	1,249	423	20.4	14.7	8.6	2.9
Tyler	21,766	4,714	3,375	1,982	688	21.7	15.5	9.1	3.2
Upshur	39,309	8,474	6,056	3,481	1,090	21.6	15.4	8.9	2.8
Upton	3,355	809	597	376	167	24.1	17.8	11.2	5.0
Uvalde	26,405	6,331	4,581	2,802	1,134	24.0	17.3	10.6	4.3
Val Verde	48,879	12,385	8,953	5,508	2,271	25.3	18.3	11.3	4.6
Van Zandt	52,579	11,043	7,976	4,672	1,608	21.0	15.2	8.9	3.1
Washington	33,718	7,591	5,468	3,272	1,224	22.5	16.2	9.7	3.6
Webb	250,304	68,379	52,670	35,663	19,591	27.3	21.0	14.2	7.8
Wharton	41,280	10,402	7,799	5,087	2,542	25.2	18.9	12.3	6.2
Wheeler	5,410	1,150	838	502	189	21.3	15.5	9.3	3.5

County	Total Population	Alternative Estimates of Uninsured				Percent Uninsured			
		Current (1)	Limited (2)	Moderate (3)	Enhanced (4)	Cur (1)	Lim (2)	Mod (3)	Enh (4)
Wichita	131,500	29,193	20,980	12,408	4,476	22.2	16.0	9.4	3.4
Wilbarger	13,535	3,054	2,208	1,322	496	22.6	16.3	9.8	3.7
Willacy	22,134	5,916	4,267	2,656	1,143	26.7	19.3	12.0	5.2
Williamson	422,679	86,794	66,347	42,316	20,538	20.5	15.7	10.0	4.9
Wilson	42,918	9,639	6,928	4,101	1,479	22.5	16.1	9.6	3.4
Winkler	7,110	1,682	1,212	727	276	23.7	17.0	10.2	3.9
Wise	59,127	13,006	9,401	5,492	1,870	22.0	15.9	9.3	3.2
Wood	41,964	8,335	6,014	3,544	1,248	19.9	14.3	8.4	3.0
Yoakum	7,879	2,006	1,490	949	435	25.5	18.9	12.0	5.5
Young	18,550	3,826	2,773	1,633	575	20.6	14.9	8.8	3.1
Zapata	14,018	3,698	2,681	1,661	699	26.4	19.1	11.8	5.0
Zavala	11,677	3,059	2,216	1,380	587	26.2	19.0	11.8	5.0
State Total	25,145,562	5,865,339	4,470,730	2,909,838	1,465,095	23.3	17.8	11.6	5.8

Appendix B:

Prior to the implementation of the Affordable Care Act (ACA), the main source of health insurance coverage for most non-elderly adults (ages 19-64) is through employers. In 2009, an estimated 94 percent of firms in Texas employing 50 or more people offered health insurance while only 34.2 percent of the remaining small firms (firms employing less than 50 people) offered health insurance. Under the ACA, firms are not required to offer health insurance to their employees; however, there are several provisions in the Act intended to encourage employers to offer health insurance to their employees and their families. Beginning in 2014, firms with 50 or more full time equivalent employees (30 hours or more not including seasonal workers) will be penalized if one or more of their employees obtain subsidized health insurance through the health benefits exchange as a result of the firm not offering insurance or offering insurance that costs more than 9.5 percent of the employee's income. Firms with 200 or more full time equivalent employees will be required to automatically enroll all employees in the firm's health insurance plan (with employees given the option to opt out of such coverage).

Beginning in 2010, tax credits are available for small businesses and non-profits with 25 or fewer employees (or equivalents) who pay for at least half of the cost of single insurance for employees and have average wages of less than \$50,000 per employee. The maximum credit in 2010 was 35 percent (for businesses) and 25 percent (for non-profit organizations), with these amounts increasing in 2014 to 50 percent and 35 percent, respectively. These tax credits are available to businesses for two years and are dependent upon firm size (with the maximum credits available for firms of 10 or fewer employees and average wages under \$25,000 per year). These provisions are more fully explained in the companion report, *Impact of the Patient Protection and Affordable Care Act on Various Population Groups in Texas* (Warren & Jahnke, 2010).

In the main body of this report, estimates of the impact of the ACA on local areas were derived using population based methods. Originally, it was hoped that these estimates would include more detailed information relative to job based insurance but limitations in data and the complexity of this task meant that two separate analyses were prepared – one from the perspective of the overall population and one analyzing firm based employment. These firm based estimates were used to inform our population based estimates but are not directly linked due to data limitations. However, because of the fact that employer-sponsored insurance remain an important means in which individuals and families are covered by health insurance, we provide these data so that the impacts of the ACA on counties can be better understood as a result of differences in employment based coverage. These estimates of employment by firm size by county (or core based statistical areas) were derived using the following methods and data sources.

The Statistics of U.S. Business (SUSB) served as the basis of the employment estimates. The SUSB reports the number of firms, establishments, and employees by firm and enterprise size for the nation, states, core-based statistical areas [metro- and micropolitan areas (or Core Based Statistical Areas (CBSA))], and to a limited degree, counties. The data are derived from the U.S. Census Bureau's Business Register which is compiled from the Economic Census, County Business Patterns, and Internal Revenue Service administrative data. The SUSB provides statistics for most businesses with the exception of crop and animal production, rail roads, postal service, pension and trust funds, private households, and public administration. Government employment is excluded from these data with the exception of employment in publicly managed hospitals, and federally chartered savings institutions and credit unions. Employment by employer

size class is reported by enterprise size of the employer firm and not the physical location of where the employee works. For instance, a company of 500 or more employees may have a small office employing 25 people in Floresville. In this case, those 25 people would be counted as working in a firm of 500 or more employees even though the local establishment employs only 25 persons. This differs from the County Business Patterns, where employment is reported for the single establishment (in this example employment would be reported as an establishment of 25 employees).

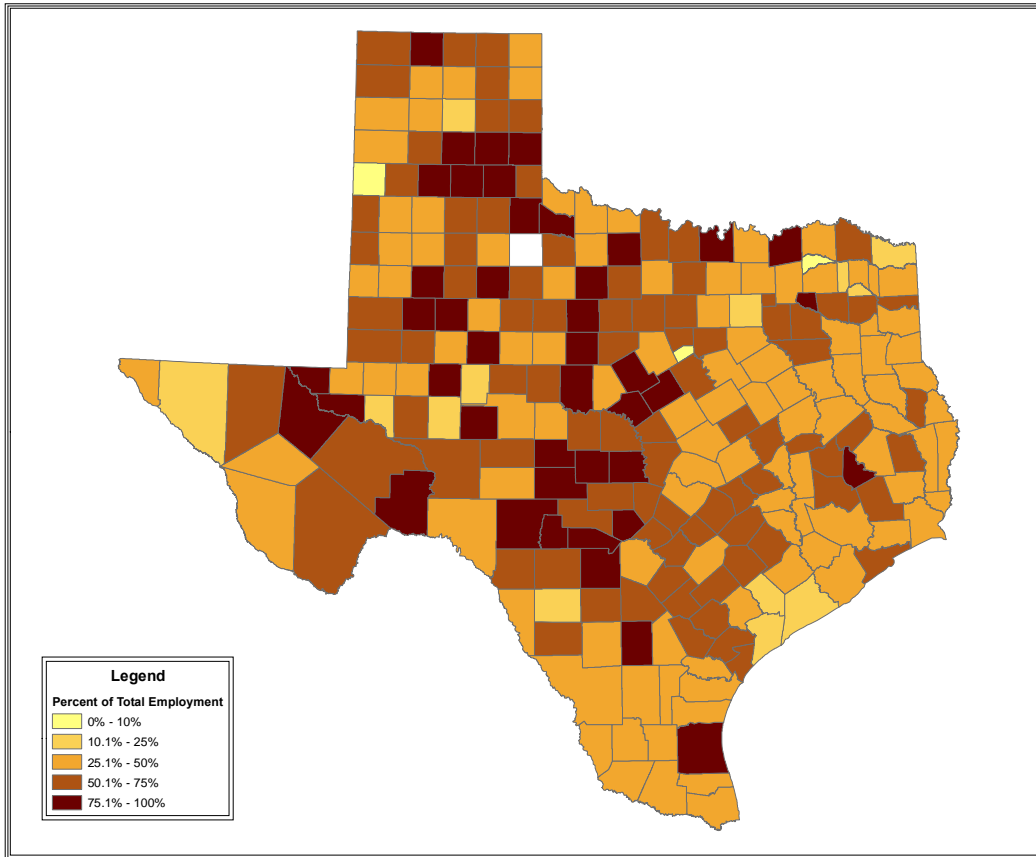
Estimates of Employment by Establishment Size and Industry

The Statistics of U.S. Business (SUSB) provide estimates of total employment by firm size categories for Metropolitan and Micropolitan Statistical Areas (or CBSA). In addition, estimates of total employment within broad industry categories are available for some CBSAs. Due to disclosure rules, in some cases, only employment ranges are available for employment size categories of employment within broad industry categories. The goal of this project is to impute reasonable values for these missing value categories and estimate employment in large establishments for counties outside of CBSAs. We first imputed values for firm employment by industry and size for CBSAs. We first subtracted the sum of the total employment in all industries in the employment size category (i.e. 100-499) from the reported total employment in the same employment size category. Then, for each industry/employment class category where only employment ranges were provided, we first imputed a median value for the given range. We then summed the values again using these median imputed values and subtracted from the residual value previously calculated. Using the first residual value, we calculated an adjustment factor and applied this to the original imputed values. These steps were repeated until the sum of the imputed values equaled the total value for that size class as well as the total value for that industry.

For county estimates of total employment by firm size, total employment and employment in firms of 500 or more are available. In some cases, CBSA are equivalent to the county (for instance the Snyder Micropolitan Area is equivalent to Scurry County). In these cases the estimates for the CBSA equal the estimates for the County. Where there are more than one county for an CBSA, the estimates for employment in firms of 100 or more were derived by first using the total employment for establishments of 100 or more employees from the Texas Workforce Commission. Then using methods of imputation similar to that used for the CBSA estimates, adjusted these values so that the sum of the employment in firms of 100+ for the CBSA counties equal that of the CBSA as a whole. For non-CBSA counties, initial estimates for employment in establishments of 100+ were used. The CBSA and non-CBSA county totals were then controlled to the state totals from the original SUSB file. Figure A-1 shows the estimates of county employment in firms of 100 employees or more as a percent of total county employment.

Figure B-1

Percent of Total County Employment in Firms of 100 Employees or More





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(210) 692-0234
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