The Affordable Care Act (ACA) has already significantly reduced the number of uninsured people in the United States. Several recent studies, while varying in the precise measure of the impact, all point to the same trend: since implementation of the ACA, the rate of uninsured adults has decreased by two to five percent, meaning as many as ten million previously uninsured adults now have health coverage.\(^1\) According to a report published by the Congressional Budget Office (CBO), this trend is likely to continue. The CBO projects that by the end of 2017, the ACA will have provided health coverage for 26 million people.\(^2\)

**The Remaining Uninsured**

While the number of newly insured is impressive and has far exceeded some initial projections for year one of the ACA, millions of people still remain without health coverage. Precise estimates of the number of uninsured vary, but range from 14% to 18% of non-elderly adults, or as many as 36 million people.\(^3\) These remaining uninsured generally fall into two categories: those who are eligible for coverage but not enrolled, and those who don’t qualify under the ACA or other existing programs.

Nationally, more than half of non-elderly uninsured are eligible for one of the insurance affordability programs under the ACA (Medicaid, the Children’s Health Insurance Program, or subsidies for coverage offered through a Marketplace).\(^4\) Of the 7 percent of uninsured children, the majority are likely eligible for Medicaid or CHIP.\(^5\) The reasons eligible people remain uninsured are complex, but include concerns about cost and lack of information or misunderstandings about the options that are available. A recent survey of uninsured adults found that 66% of them knew “only a little” or “nothing at all” about the health insurance marketplace, and 53% were not aware that the ACA provides financial help to low- and moderate-income Americans.\(^6\) In addition, some eligible but uninsured individuals have attempted to enroll under the ACA but have been stymied by technical challenges and processing backlogs, particularly for Medicaid.\(^7\)

The second group of remaining uninsured is that for which the ACA has provided little or no assistance, at least as the law is currently implemented. According to the Urban Institute, the remaining uninsured are increasingly concentrated in states that have not expanded Medicaid as was envisioned under the ACA, accounting for 60 percent of the nation's uninsured in June

\(^1\) **New England Journal of Medicine**: Health Reform Monitoring Survey; National Health Interview Survey
\(^2\) **Congressional Budget Office**
\(^3\) **Health Reform Monitoring Survey**: National Health Interview Survey
\(^4\) **Kaiser Family Foundation**
\(^5\) **Urban Institute**
\(^6\) **Kaiser Family Foundation**
\(^7\) **Kaiser Health News**
2014. Nearly 6.3 million uninsured residents in states that chose not to expand Medicaid remain uncovered; the median income of those residents is less than $800 a month, compared to more than $2,000 a month for their fellow state residents who are eligible to receive subsidies. Individuals in these states who earn too much to qualify for Medicaid but not enough to qualify for marketplace premium tax credits fall into a coverage gap and will likely remain uninsured.

![Distribution of Uninsured Adults Ages 18-64 by State Medicaid Expansion Status](source: The Urban Institute Health Reform Monitoring Survey)

While this coverage gap was not intended to occur under the ACA, other coverage gaps are inherent in the law. For example, certain immigrants are ineligible for insurance affordability programs. In addition, some working families are subject to a “family glitch” that prevents them from receiving subsidies even though their employer-based coverage is unaffordable. This glitch occurs when one or both spouses are offered affordable employer-based coverage, but family coverage for children and spouses is either not offered or is unaffordable, and may leave as many as 1.93 million people without health coverage.

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8 Urban Institute
9 Urban Institute
10 U.S. Department of Health and Human Services
11 American Action Forum
Maximizing Enrollment

While the first year of ACA implementation has generated many significant gains, there are many opportunities to build momentum toward expanding coverage. The first principle, of course, is to do no harm. In this context, that means maximizing coverage retention for the millions of newly enrolled people. There are some innovative approaches to retention and renewal being tested this year, and they will need to be closely monitored for lessons learned.

Secondly, the first year of implementation has yielded some important lessons about the value of outreach, assistance, and streamlined processes in reaching eligible but uninsured people. Among the promising practices that can be expanded is “fast tracking.” Fast tracking allows states to enroll eligible individuals using data already “on hand” in their Supplemental Nutrition Assistance Program (SNAP) files to identify people who are likely eligible for Medicaid, and to identify parents who are likely eligible for Medicaid based on their children’s enrollment in coverage.

Finally, policy leaders interested in maximizing enrollment will need to explore options for closing the coverage gaps under the ACA, including state and local efforts. In addition to further Medicaid expansion, collaboration and communication among safety net providers and other local health care leaders can play a key role in filling these gaps. For example, Los Angeles County recently launched My Health LA to provide insurance for as many as 700,000 county residents who do not otherwise qualify for coverage.12

The ACA has laid a strong foundation in the movement toward affordable health coverage for all. However, a significant number of people remain uninsured. Only by addressing the barriers to enrollment and the unintended and ingrained gaps in coverage can we make the ACA’s vision become a reality.

12 Los Angeles County Department of Health Services

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