

Policy Update: Healthcare Coverage Status Among Travis County Residents

August 2014

Research and Planning

*Travis County Health and Human
Services & Veteran's Service*

I. Purpose

This document examines the healthcare coverage status of the Travis County population with special attention paid to low-income populations, particularly the uninsured. This paper also considers how the landscape of healthcare coverage may change due to implementation of the Patient Protection and Affordable Care Act, referred to in this paper as the Affordable Care Act (ACA).

II. Overview: Healthcare Coverage in Travis County

Tables in this section show estimates of the proportions of the Travis County population covered by different types of healthcare coverage per age group and income level. Data in these tables is from the American Community Survey (ACS) and is based on a survey question asking respondents to report their current coverage by marking “yes” or “no” for each of the types of coverage listed in the column headers. More than one coverage type could be indicated per respondent, particularly those 65 and over (table 3). Note that coverage provided under Medicare, Medicaid, CHIP and the Medical Access Program (MAP) is reflected in the column entitled “Medicaid or Means-Tested Public Coverage” in the tables in this section and corresponding covered populations are described in greater detail in sections III and IV of this report.

Keep in mind when reviewing the tables below that individuals and families between 100% and 400% FPL are eligible for financial assistance toward the purchase of health insurance in the insurance marketplace created through the ACA. Individuals and families between 100% and 250% of the FPL are also eligible for cost-sharing assistance for out-of-pocket expenses associated with health insurance plans purchased on the ACA marketplace.¹ See section VI for more information on the impact of the ACA.

Ratio of Income to Poverty Threshold ²	Total Population	Employer-based Coverage ³		Direct Purchase ⁴		Medicaid or Means-Tested Public Coverage ⁵		No Health Insurance	
	#	#	%	#	%	#	%	#	%
<100%	63,712	3,279	5%	1,552*	2%*	50,739	80%	9,236	14%
100-199%	50,448	12,317	24%	2,156*	4%*	28,568	57%	8,301	16%
200-299%	33,594	18,516	55%	2,730	8%	8,325	25%	4,905	15%
300-399%	23,703	16,846	71%	3,152*	13%*	2,179	9%	1,888*	8%*
≥400%	78,889	66,194	84%	8,876	11%	2,595*	3%*	2,100*	3%*
TOTALS	250,346	117,152		18,466		92,406		26,430	

*These estimates are unreliable at a 90% confidence level.

Created by: Travis County HHS/VS, Research and Planning Division, 2014

Source data: 2010-2012 American Community Survey 3-Year Estimates, B27016

Notes: Percentages reflect proportion of total population that has each coverage type and may not equal 100 due to multiple coverage types and/or rounding.

The majority of children in families with incomes over 200% of the FPL are covered through employer-based coverage. Children below 200% of the FPL are largely covered by public programs, including Medicaid and CHIP. Medicaid and CHIP eligibility and enrollment is detailed in section III.

Ratio of Income to Poverty Threshold	Total Population	Employer-based Coverage		Direct Purchase		Medicare		Medicaid or Means-Tested Public Coverage		No Health Insurance	
	#	#	%	#	%	#	%	#	%	#	%
<100 %	122,555	30,034	25%	12,633	10%	3,895	3%	25,314	21%	54,246	44%
100-199%	122,203	39,112	32%	9,233	8%	4,846	4%	13,841	11%	59,141	48%
200-299%	106,145	58,889	55%	10,108	10%	2,162	2%	5,587	5%	32,515	31%
300-399%	83,259	56,960	68%	8,696	10%	938*	1%*	2,550	3%	15,992	19%
≥400 %	278,135	229,972	83%	30,631	11%	2,850	1%	4,226	2%	19,004	7%
TOTALS	712,297	414,977		71,301		14,691		51,518		180,898	

*These estimates are unreliable at a 90% confidence level.

Created by: Travis County HHS/VS, Research and Planning Division, 2014

Source data: 2010-2012 American Community Survey 3-Year Estimates, B27016

Notes: Percentages reflect proportion of total population that has each coverage type and may not equal 100 due to multiple coverage types and/or rounding.

Table 2 shows that as incomes increase among working age adults, employer-based coverage increases and the proportion of those who are uninsured decreases. Interestingly, the proportion of those covered by direct-purchase plans remains fairly stable across income categories. A relatively small proportion of Travis County working adults are eligible for Medicaid.

Ratio of Income to Poverty Threshold	Total Population	Employer-based Coverage		Direct Purchase		Medicare		Medicaid or Means-Tested Public Coverage		No Health Insurance	
	#	#	%	#	%	#	%	#	%	#	%
<100 %	6,179	998*	16%*	1,204	19%	5,471	89%	2,414	39%	645*	10%*
100-199%	10,368	2,929	28%	3,267	32%	9,906	96%	2,634	25%	278*	3%*
200-299%	12,626	5,044	40%	3,921	31%	12,192	97%	1,668*	13%*	262*	2%*
300-399%	10,350	5,478	53%	3,393	33%	9,847	95%	1,276*	12%*	180*	2%*
≥400 %	38,600	22,629	59%	10,524	27%	36,575	95%	2,279	6%	192*	0%*
TOTALS	78,123	37,078		22,309		73,991		10,271		1,557*	

*These estimates are unreliable at a 90% confidence level.

Created by: Travis County HHS/VS, Research and Planning Division, 2014

Source data: 2010-2012 American Community Survey 3-Year Estimates, B27016

Notes: Percentages reflect proportion of total population that has each coverage type and may not equal 100 due to multiple coverage types and/or rounding.

Very low income persons 65 and over are covered under Medicaid, while most other adults 65 and over are eligible for Medicare. More than 110,000 Travis County residents were enrolled in Medicare as of July 2012.⁶

III. Medicaid and CHIP Coverage in Travis County

Data in these tables show enrollment for Medicaid and CHIP by eligibility category for the Travis County population.

Table 4. Medicaid and CHIP Eligibility and Enrollment, Travis County Children 0-19, 2013

Program	Group	Income level ⁷	Enrolled in FY 2013 ⁸⁹
Medicaid	Ages 0-1	Up to 185% FPL	7,273
	Ages 1-5	Up to 133% FPL	25,661
	Ages 6-18	Up to 100% FPL	34,640
	Medically needy under 18	Up to 17% FPL	477 ¹⁰
	Foster care children under 18	n/a ¹¹	1,952
	TANF children	Up to 12% FPL ¹²	15,193
	Total Medicaid Enrollment		85,196
CHIP	Up to age 19	Up to 200% FPL	18,510
Total Children's Medicaid and CHIP Enrollment			103,706

Created by: Travis County HHS/VS, Research and Planning Division, 2014

Source data: HHSC Final Count – Medicaid Enrollment by County, 2013; CHIP Enrollment Statistics, 2013; HHSC'S "Texas Medicaid and CHIP in Perspective"; and HHSC Office of Strategic Decision Support, 2014

Table 5. Medicaid Eligibility and Enrollment, Travis County Adults 18-64, 2013

Group	Income Level ¹³	Enrolled in FY 2013 ¹⁴
Pregnant Women	Up to 185% FPL	3,705
Parent of TANF Children	Up to 12% FPL ¹⁵	4,756
Aged, Disabled and Blind	Up to 74% FPL	21,999
Long Term Care	Up to 220% FPL	7,373 ¹⁶
Youth (18-21) Transitioning out of Foster Care	Up to 400% FPL ¹⁷	470 ¹⁸
Medically Needy Adults	Up to 17% FPL	5 ¹⁹
Total Medicaid Adults		38,308

Created by: Travis County HHS/VS, Research and Planning Division, 2014

Source data: HHSC Texas Works Handbook, 2014; HHSC Final Count – Medicaid Enrollment by County, 2013; HHSC'S "Texas Medicaid and CHIP in Perspective"; and HHSC Office of Strategic Decision Support, 2014

IV. Medical Access Program (MAP) Coverage

While not technically an insurance program, the Medical Access Program (MAP) provides access to healthcare through local networks of care and is administered by Central Health. The program is Travis County's County Indigent Health Care Program and is funded with local tax dollars, among other revenue sources. MAP provides primary, specialty and hospital/emergency care, as well as prescription drugs to eligible individuals. Eligible populations include Travis County legal permanent residents and citizens at or below 100% of the Federal Poverty Level (FPL) who are ineligible for other government health coverage programs and undocumented individuals at 21% of the FPL who are unemployed and between 35% and 48% of the FPL who are employed. Persons below 200% of the FPL who are 67 and older who do not receive Medicare and those deemed disabled by the Social Security Administration are eligible for enrollment as well.²⁰

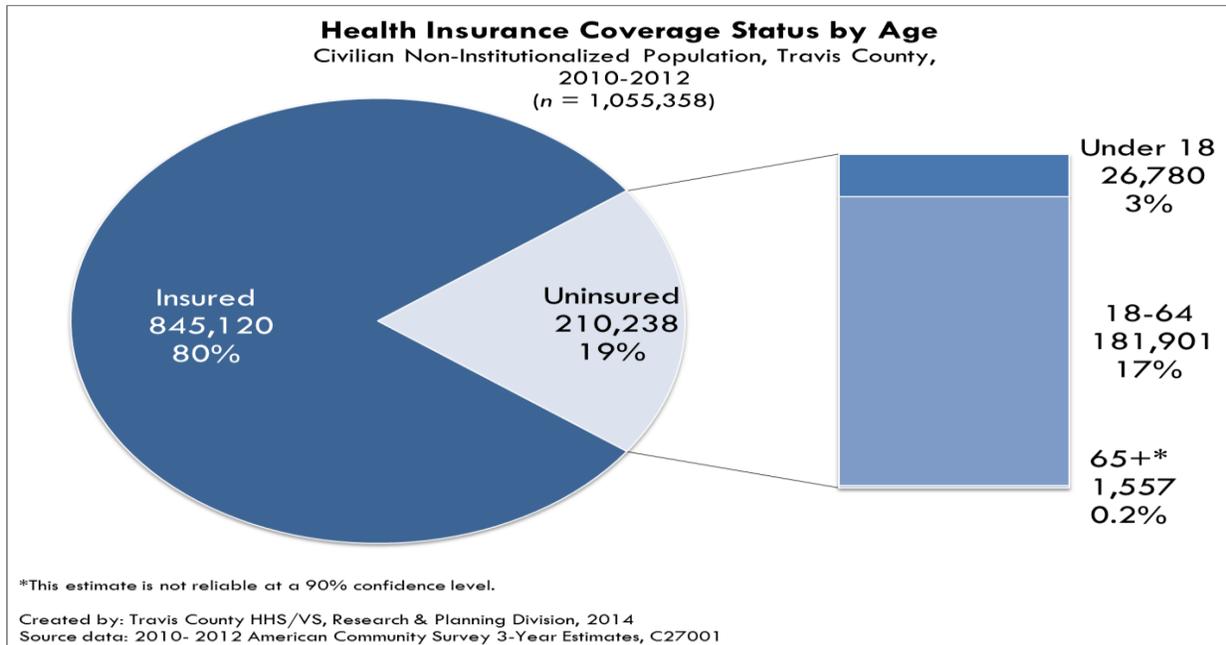
Age Group	#	%	FPL	#	%
17 and younger	1,234	3%	<=21% FPL	27,953	65%
18-24	5,641	13%	22% to 100% FPL	14,445	33%
25-34	9,970	23%	>100% FPL	747	2%
35-44	9,092	21%	unknown	8	0%
45-54	9,426	22%	Total	43,153	
55-64	6,249	14%			
65+	1,541	4%			
Total	43,153				

Created by: Travis County HHS/VS, Research and Planning Division, 2014
 Source data: Central Health, MAP Demographic Report, July 22, 2014

Nearly all of MAP enrollees (94%) are working age adults and about two-thirds are under 21% of the FPL.

V. More on the Uninsured in Travis County

Texas has the highest proportion of uninsured residents in the nation (23%).²² Nearly one-fifth of the Travis County population is uninsured (19%), which is a higher proportion than the U.S. as a whole (15%) but slightly lower than that of other major metropolitan counties in the state, including El Paso (28%), Dallas (28%), Harris (27%), Tarrant (22%), and Bexar (20%).²³ Since the ACS began collecting information on healthcare coverage status in 2008, the annual proportion of uninsured persons in Travis County has dropped from 22% to 19% in 2012.²⁴ In the chart below, we see that the largest segment of uninsured persons in Travis County is comprised of working-age adults (18-64).²⁵



In terms of race, nearly equal proportions of White, Asian and Black populations are uninsured. In terms of Hispanic Origin, nearly 60% of the uninsured identify themselves as being of Hispanic Origin.

Table 6. Uninsured by Race and Hispanic Origin, Travis County, 2010-2012

Total population ²⁶	Uninsured	Proportion of total uninsured population	Proportion of racial/ethnic group that is uninsured
1,055,358	210,238	100%	n/a
Total population by race			
White alone	782,413	141,683	67%
Black alone	87,756	15,224	7%
American Indian and Alaskan Native alone	6,244*	1,522*	1%*
Asian alone	61,335	11,489	5%
Some other race alone	87,689	35,074	17%
Two or more races	29,244	5,014	2%
1,055,358	210,238	100%	n/a
Total population by Hispanic Origin			
Hispanic or Latino	356,413	119,399	57%
Not Hispanic or Latino	698,945	90,839	43%

*These estimates are not reliable at a 90% confidence interval.

Notes: The ACS identifies "Native Hawaiian and Pacific Islanders" as a race category as well, but withheld data for that group for years 2010-2012.

Created by: Travis County HHS/VS, Research & Planning Division, 2014

Source data: 2010-2012 American Community Survey 3-Year Estimates, C27001, C27001A-I

Other demographic features of the uninsured population in Travis County include:

- Men make up a larger proportion of the uninsured (57%) than do women (43%).²⁷
- Nearly one quarter (23%) of employed persons between the ages of 18-64 are uninsured, while close to half (49%) of all persons who are unemployed in this age group are uninsured.²⁸

- Nearly 12,000 Travis County residents with a disability have no health insurance. This represents about 13% of the disabled population. About 8% of the total county population (approximately 89,000 persons) has a disability.²⁹
- 59% of persons between the ages 25-64 with less than a high school diploma are uninsured while only 9% of those with a bachelor's degree in the same age group are uninsured.³⁰

In general, the uninsured are less healthy than those with insurance, receiving little preventive or follow-up care.³¹ Compared to people with private insurance for a full year, those who are uninsured for a full year receive less than half the quantity of health care but pay a larger share of the total cost of care out of pocket (35% versus 17%).³² Lower quality of life and increased morbidity and mortality are associated with not having health insurance. Also, persons with mental health disorders show up in high proportions among the low-income uninsured.³³

Many low-income uninsured individuals and families have no assets. Debts from medical care accumulate and compromise credit ratings for the uninsured. Medical debt is a causal factor in at least half of all bankruptcies across the U.S.³⁴

City and county government and nonprofit organizations, including Central Health, Austin Travis County Integral Care, and local hospitals and clinics provide resources and/or direct care for the uninsured. Travis County taxpayers bear a significant portion of these costs.³⁵ Private entities, including many local philanthropic organizations, also spend significant local resources on caring for the uninsured.

VI. Affordable Care Act (ACA) Implications on Travis County Healthcare Coverage Status

Nearly all persons are required to carry health insurance or face financial penalties as of March 31, 2014, though some extensions were granted due to technical difficulties in the marketplace. Exceptions to this mandate include those with very low incomes, those whose lowest cost health insurance option exceeds 8% of their income, and those with religious objections. Again, Travis County residents between 100% and 400% FPL will be eligible for premium assistance tax credits. This spans 2012 incomes of \$11,170 to \$44,680 for individuals and \$23,050 to \$92,200 for families of four.³⁶ According to 2010-2012 American Community Survey data, there are as many as 123,462 previously uninsured Travis County residents who are eligible for premium assistance.³⁷ Individuals and families between 100% and 250% of the FPL will also be eligible for cost-sharing subsidies which reduce the out-of-pocket expenses of individuals and families purchasing health insurance through the ACA marketplace.³⁸ More than 21,000 people in Travis County who were previously uninsured will not be eligible for subsidies but were required to purchase health insurance by March 31, 2014 or face a penalty.³⁹

One study estimates that without Medicaid expansion, the ACA will reduce the number of uninsured by 25% in Travis County.⁴⁰ This includes enrollment in marketplace plans and public insurance programs. While complete data on local enrollment in insurance plans via the ACA marketplace is not available, we do know that as of July 2013, local non-profit organizations assisting County residents with enrollment in ACA marketplace plans reported completing 4,353 enrollments for Travis County residents.⁴¹ It is clear that despite the fact that Texas has the highest proportion of people without health insurance in the nation, statewide enrollment in plans on the insurance marketplace is considered low. As of April 19, 2014, 733,757 Texans had chosen a coverage plan in the federal marketplace.⁴² Consider that there were at least 3 million uninsured Texans living in households who qualify for ACA subsidies in 2012.⁴³ (Note that Texas opted not to implement a state-run marketplace and therefore has submitted to a federally-run marketplace.) As ACA implementation continues, counties are expected to see savings from reduced local property-tax-supported spending on emergency room, mental and public health care for the uninsured as coverage for this group is expanded.⁴⁴

Analysts expect Medicaid and CHIP enrollment to climb upward (even though eligibility for these programs has not changed via the ACA), as persons who have been eligible for these programs will now enroll in

order to comply with the law's individual mandate. It is unclear if this so-called "woodwork" effect is a reality here in Travis County. Reportedly, enrollment in Medicaid was relatively flat in January and February of 2014.⁴⁵ Without Medicaid expansion and without robust state support of the ACA, most of the uninsured will remain so.⁴⁶

It remains to be seen how many people will accept a penalty rather than enroll in marketplace plans, as penalties are low in the first year of implementation of the individual mandate but increase in subsequent years. Low-income persons who are eligible for ACA subsidies (individuals and families between 100% and 200% of the FPL) report difficulty in comprehending the ACA, its benefits and requirements, and in paying premiums, deductibles, and co-payments.⁴⁷

Populations that will not gain coverage under the ACA include undocumented persons and those in the Medicaid coverage gap – those who are ineligible for Medicaid but living under 100% FPL and therefore ineligible for an ACA subsidy. Those in the coverage gap will largely include non-disabled adults between the ages of 18-64 who are living at or below 100% of the FPL. Some attempts to quantify this group include:

- The ACS estimates that there were nearly 55,000 Travis County adults under 100% FPL between the ages of 18-64 without health insurance coverage in 2010-2012, which is likely a floor for the number comprising the Medicaid coverage gap.⁴⁸
- More than 175,000 of all ages will remain uninsured in the County.⁴⁹

Note that appeals court rulings in July of 2014 challenge subsidy and cost-sharing eligibility for Texans enrolling in plans through the ACA marketplace.⁵⁰ The recent decision to strike subsidies and, by extension, health insurance policies purchased on federally-run marketplaces, is being challenged by the Obama administration.

Research and Planning will continue to monitor changes in healthcare coverage status in Travis County.

Please contact Elizabeth Vela at Elizabeth.vela@co.travis.tx.us or 512.854.3745 with questions or comments.

¹ Court rulings in July 2014 may nullify any subsidy or cost-sharing mechanism for Texas residents under ACA marketplace plans. See section VI for more on this.

² Institute for Research on Poverty, University of Madison-Wisconsin, "What are poverty thresholds and poverty guidelines?", <http://www.irp.wisc.edu/faqs/faq1.htm>, accessed April 14, 2014. The U.S. Census Bureau uses poverty thresholds to calculate the number of persons in poverty. The U.S. Department of Human Services publishes simplified versions of the thresholds every year and uses these to determine income eligibility for certain public programs. Guidelines are often referred to as the "federal poverty level".

³ U.S. Census Bureau, American Community Survey and Puerto Rico Community Survey 2012 Subject Definitions, http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2012_ACSSubjectDefinitions.pdf, accessed April 1, 2014. Employer-based coverage means insurance through a current or former employer or union (of this person or another family member).

⁴ Ibid. Direct Purchase includes insurance purchased directly from an insurance company (by this person or another family member).

⁵ Ibid. Medicaid or Means-Tested Public Coverage includes Medicaid or any kind of government-assistance plan for those with low incomes or a disability.

⁶ Center for Medicare and Medicaid Services, Research, Statistics, Data and Systems, Medicare Aged and Disabled by State and County, July 2012, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/County2012.pdf>, accessed April 10, 2014.

⁷ Texas Health and Human Services Commission, "Texas Medicaid and CHIP in Perspective", Ninth Edition, January 2013, <http://www.hhsc.state.tx.us/medicaid/reports/pb9/pinkbook.pdf>, accessed March 23, 2014.

⁸ Texas Health and Human Services Commission, "HHSC Final Count, Medicaid Enrollment by County, July 2013", <http://www.hhsc.state.tx.us/research/MedicaidEnrollment/ME/201307.html>, accessed March 24, 2014.

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- ⁹ Texas Health and Human Services Commission, “CHIP Enrollment Statistics 2013”, <http://www.hhsc.state.tx.us/research/CHIP/ChipDataTables.asp>, accessed March 24, 2014. CHIP enrollment reflects the average monthly enrollment for fiscal year 2013.
- ¹⁰ Ross McDonald, Strategic Decision Support, Texas Health and Human Services Commission, email message to author, April 1, 2014.
- ¹¹ Texas Medicaid and Healthcare Partnership, Texas Medicaid Provider Procedures Manual Vol. 1, P. 4-5, http://www.tmhp.com/tmppm/2011/vol1_04_client_eligibility.pdf, accessed March 24, 2014. Specific eligibility requirements for foster kids are unknown. The Texas Medicaid Provider Procedures Manual Vol. 1 states “[m]ost children in the state of Texas foster care program are automatically eligible for Medicaid.”
- ¹² This eligibility category is for a family of three.
- ¹³ Health and Human Services Commission, “Texas Medicaid and CHIP in Perspective, 9th Edition – January 2013, <http://www.hhsc.state.tx.us/medicaid/reports/pb9/pinkbook.pdf>, accessed April 1, 2014.
- ¹⁴ Health and Human Services Commission, Final Count – Medicaid Enrollment by County, July 2013, <https://www.hhsc.state.tx.us/research/MedicaidEnrollment/ME/201307.html>, accessed April 10, 2014.
- ¹⁵ This eligibility category is calculated for a parent of 2 TANF children.
- ¹⁶ Ross McDonald, Strategic Decision Support, Texas Health and Human Services Commission, email message to author, April 1, 2014.
- ¹⁷ Texas Health and Human Services Commission, Texas Works Handbook, Revision 14-1, Part M, Section 100, <http://www.dads.state.tx.us/handbooks/texasworks/M/100/100.htm>, accessed March 24, 2014.
- ¹⁸ Ross McDonald, Strategic Decision Support, Texas Health and Human Services Commission, email message to author, April 1, 2014.
- ¹⁹ Ibid.
- ²⁰ Central Health, Region 7 Regional Healthcare Partnership Plan, p. 57, <http://texasregion7rhp.net/rhp-plan>, accessed April 10, 2014.
- ²¹ Megan Cermak, Senior Planner, Central Health, email message to the author, July 22, 2014.
- ²² U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, C27001, <http://factfinder2.census.gov>.
- ²³ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, C27001, <http://factfinder2.census.gov>. The difference between the proportions of uninsured in Bexar and Travis is not statistically significant.
- ²⁴ U.S. Census Bureau, 2008 and 2012 American Community Survey 1 Year Estimates, C27001, <http://factfinder2.census.gov>.
- ²⁵ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, C27001, <http://factfinder2.census.gov>.
- ²⁶ The universe for this data set is the civilian noninstitutionalized population which includes all U.S. civilians not residing in institutional group quarter facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements. Total population for all races does not equal that of the total population by race, as data for Native Hawaiian/Other Pacific Islander persons was withheld by the ACS, most likely due to a very small sample size.
- ²⁷ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, C27001, <http://factfinder2.census.gov>.
- ²⁸ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B27011, <http://factfinder2.census.gov>.
- ²⁹ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B18135, <http://factfinder2.census.gov>.
- ³⁰ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B27019, <http://factfinder2.census.gov>.
- ³¹ Kaiser Family Foundation, “Key Facts about the Uninsured Population”, September 26, 2013, <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>, accessed April 1, 2014.
- ³² Hadley, Jack, et.al., “Covering the Uninsured in 2008: Current Costs, Sources of Payment and Incremental Costs”, *Health Affairs*, 27, No. 5 (2008): w 399-415.

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- ³³ Lignon, Katharine, "The Affordable Care Act and Mental Health", Center for Public Policy Priorities, March 19, 2013, http://forabettertexas.org/images/HC_2013_03_PP_ACAandMentalHealth.pdf, accessed April 8, 2014.
- ³⁴ Kaiser Family Foundation, "Key Facts about the Uninsured Population", September 26, 2013, <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>, accessed April 1, 2014.
- ³⁵ Lignon, Katharine, "The Affordable Care Act and Mental Health", Center for Public Policy Priorities, March 19, 2013, http://forabettertexas.org/images/HC_2013_03_PP_ACAandMentalHealth.pdf, accessed April 8, 2014. Local costs of caring for the uninsured include city and county spending on ERs and jails that are treating high numbers of uninsured who are accessing care for untreated mental illness and behavioral health disorders.
- ³⁶ U.S. Department of Health and Human Services, 2012 HHS Poverty Guidelines, <http://aspe.hhs.gov/poverty/12poverty.shtml>, accessed April 15, 2014.
- ³⁷ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B27016, <http://factfinder2.census.gov>.
- ³⁸ Kaiser Family Foundation, "Focus on Health Reform: Explaining Health Care Reform: Questions about Health Insurance Subsidies", July 2012, <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7962-02.pdf>, accessed April 1, 2014.
- ³⁹ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B27016, <http://factfinder2.census.gov>.
- ⁴⁰ Dunkelberg, Anne, "Travis County and the ACA: Fewer Uninsured, More Federal Health Care Dollars with Medicaid Expansion", September 2012, <http://library.cppp.org/files/3/MedEx%20county%20level%20data%20combined.pdf>, accessed April 8, 2014. This estimate includes new enrollment in public insurance programs, such as CHIP, by individuals that were eligible prior to passage of the Act and are enrolling to comply with the individual mandate.
- ⁴¹ Enrolling agencies include Foundation Communities, CommUnity Care, Lone Star Circle of Care and others.
- ⁴² Sementelli, Shelby and Alexa Ura, "In Texas, Obamacare Enrollment Spiked Before Deadline", *Texas Tribune*, May 1, 2014, <https://www.texastribune.org/2014/05/01/texas-obamacare-enrollment-spikes-deadline/>, accessed July 30, 2014.
- ⁴³ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B27015, <http://factfinder2.census.gov>. Data at the state level corresponding to ACA subsidy eligibility is not available. This table gives annual income at the household level. The data point referenced is for household income between \$25,000 and \$74,999. Families of four with incomes between \$23,050 and \$92,000 are eligible for subsidies under the ACA.
- ⁴⁴ Dunkelberg, Anne, "Travis County and the ACA: Fewer Uninsured, More Federal Health Care Dollars with Medicaid Expansion", September 2012, <http://library.cppp.org/files/3/MedEx%20county%20level%20data%20combined.pdf>, accessed April 8, 2014.
- ⁴⁵ Professor Sam Richardson, "ACA: How's it Going?", Presentation at the LBJ School of Public Affairs, Center for Health and Social Policy Forum, March 31, 2014.
- ⁴⁶ Central Health, Region 7 Regional Healthcare Partnership Plan, p. 58, <http://texasregion7rhp.net/rhp-plan>, accessed April 10, 2014.
- ⁴⁷ John Waller, City of Austin Health and Human Services Department, written communication to author, April 17, 2014.
- ⁴⁸ U.S. Census Bureau, 2010-2012 American Community Survey 3 Year Estimates, B27016, <http://factfinder2.census.gov>.
- ⁴⁹ Dunkelberg, Anne, "Travis County and the ACA: Fewer Uninsured, More Federal Health Care Dollars with Medicaid Expansion", September 2012, <http://library.cppp.org/files/3/MedEx%20county%20level%20data%20combined.pdf>, accessed April 8, 2014.
- ⁵⁰ Blumber, Linda, et.al., "*Helbig v Burwell: Potential Implications for ACA Coverage and Subsidies*", http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf414644, July 2014, accessed July 30, 2014.