

# The Patient Protection and Affordable Care Act (PPACA)

## Impact in Travis County

RESEARCH AND PLANNING DIVISION

TRAVIS COUNTY HEALTH AND HUMAN SERVICES & VETERANS SERVICE (TCHHS/VS)

This brief was written for internal TCHHS/VS use but may be useful for community planning efforts outside the Department. Information contained in this brief is the most accurate data available at the time of publication. Much of the content of this brief is subject to change as we move toward the 2013 presidential election, the 83<sup>rd</sup> Texas Legislative session and January 1, 2014, when many major PPACA provisions are to be implemented.

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PPACA Provision	Local Affected Populations	More on the Data										
<p><b>Medicaid Expansion</b></p> <p>States have the option of expanding Medicaid to adults up to 138%<sup>1</sup> of the federal poverty level (FPL) and to children 6-18 who were previously covered under CHIP at incomes between 100% and 138% FPL in 2014.</p> <p>In July 2012 Governor Perry announced that Texas will not expand Medicaid to offer coverage to adults below 138% FPL. The expansion could take place if the Texas Legislature can override his likely veto should expansion be proposed in the 83<sup>rd</sup> session. Experts say that even if Texas does not expand Medicaid to adults, children between 100% and 138% FPL who are currently covered by CHIP will be moved onto Medicaid.<sup>2</sup></p> <p>The 2012 election outcome could derail implementation of the PPACA. Mitt Romney, the GOP nominee, has promised to grant each state a waiver to ignore the law his first day in office.<sup>3</sup></p> <p>Note that the Texas House Research Organization estimates that Texas Medicaid is underfunded by \$4.8 billion which some say will have to come out of the Rainy Day Fund at the beginning of the 83<sup>rd</sup> legislative session.<sup>4</sup></p>	<p>2011 American Community Survey (ACS) data<sup>5</sup> shows that <b>at least 95,000 Travis County adults and children</b> who are currently uninsured will be newly eligible for Medicaid in January 2014 if Texas opts for Medicaid expansion under the PPACA:</p> <table border="1" style="margin: 10px auto;"> <thead> <tr> <th style="text-align: center;">Uninsured below 138% FPL (\$31,809 for family of four)</th> <th style="text-align: center;">Under 18</th> <th style="text-align: center;">18-64</th> <th style="text-align: center;">65+</th> <th style="text-align: center;">All Ages</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center; color: red;">14,021</td> <td style="text-align: center;">81,565</td> <td style="text-align: center; color: red;">390</td> <td style="text-align: center;">95,976</td> </tr> </tbody> </table> <p>Some considerations for the addition of these persons to Medicaid rolls:</p> <ul style="list-style-type: none"> <li>• The supply of both primary care and specialty Medicaid providers is inadequate to meet the demand pre-Medicaid expansion. (Provider shortages will also affect non-Medicaid patients who will become newly insured in 2014.)<sup>6</sup></li> <li>• Lack of enrollment infrastructure may create eligibility determination and enrollment backlogs for local populations. No legislation mandating improvements to eligibility systems was passed in the 82<sup>nd</sup> legislature. Eligibility determination and enrollment for Medicaid is to be a seamless part of the exchange system (see Health Insurance Exchange information on page 4).</li> </ul>	Uninsured below 138% FPL (\$31,809 for family of four)	Under 18	18-64	65+	All Ages		14,021	81,565	390	95,976	<p>Source: 2011 ACS 1 Year Estimates, Table B27016. Values in red are not reliable at a 90% confidence interval. However, when age categories are aggregated for this population, the total is reliable. Some considerations for estimates of those affected by possible Medicaid expansion:</p> <ul style="list-style-type: none"> <li>• There is no data on the number of current CHIP enrollees ages 6-18 between 100% and 138% FPL who could gain Medicaid eligibility in 2014. Points of reference for estimating how many kids could be making this transition are:             <ul style="list-style-type: none"> <li>○ As of August 2012, 17,694 Travis County kids of all ages were enrolled in CHIP.<sup>7</sup> 82% of these enrollees were between the ages of 6 and 18.<sup>8</sup></li> <li>○ As of August 2012, 57% of Texas children of all ages enrolled in CHIP were between 101% and 150% FPL.<sup>9</sup></li> </ul> </li> <li>• Note that Medicare covers close to 100% of those over 65.</li> <li>• “Woodwork” effect: Many of those who are currently eligible for Medicaid but are not presently enrolled will enroll by 1/1/14 in order to comply with the individual mandate. Statewide, it is estimated that 500,000 to 600,000 children are eligible but not enrolled.<sup>10</sup></li> <li>• The Health and Human Services Commission predicts an 85% “take-up” or participation rate across the state for all eligible Medicaid enrollees.<sup>11</sup></li> </ul>
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<p><b>Individual Mandate</b></p> <p>Nearly all persons are required to carry health insurance or face financial penalties as of January 1, 2014. 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.</p> <p>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. Individuals and families between 100 and 250% FPL will also be eligible for cost-sharing assistance.<sup>12</sup></p> <p>Employers with at least 50 FTEs are required to provide insurance to their employees or face penalties. Employers with fewer than 50 FTEs are eligible for small business tax credits to help offset employer contributions toward employee premiums.<sup>13</sup></p>	<p>According to 2011 ACS data<sup>14</sup>, as many as <b>112,000 currently uninsured Travis County residents who are between 138% and 400% FPL</b> will be required to purchase health insurance by 1/1/14 and will be eligible for tax credits and cost sharing assistance to do so. Some considerations:</p> <ul style="list-style-type: none"> <li>• If <b>Medicaid is expanded</b>, persons between <b>100% and 137% FPL</b> who are ineligible for Medicaid may also be eligible for a subsidy.<sup>15</sup></li> <li>• If <b>Medicaid is not expanded</b>, those between <b>100% and 137% FPL will be eligible for premium assistance</b> but may not be able to afford coverage, even with this assistance:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">FPL</th> <th style="width: 15%;">Under 18</th> <th style="width: 15%;">18-64</th> <th style="width: 45%;">65+</th> </tr> </thead> <tbody> <tr> <td>A. 100%-137%</td> <td style="text-align: center; color: red;">3,294</td> <td style="text-align: center;">25,710</td> <td style="text-align: center; color: red;">0</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>TOTAL ELIGIBLE FOR PREMIUM ASSISTANCE AT 100-137% FPL</b></td> <td style="text-align: center;"><b>29,004</b></td> </tr> </tbody> </table> <p>Individuals who will gain insurance in 2014 <b>whether or not Medicaid is expanded and are eligible for premium assistance</b> are listed here by income and age group:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">FPL</th> <th style="width: 15%;">Under 18</th> <th style="width: 15%;">18-64</th> <th style="width: 15%;">65 +</th> <th style="width: 40%;">All Ages</th> </tr> </thead> <tbody> <tr> <td>B. 138% to 149%</td> <td style="text-align: center; color: red;">229</td> <td style="text-align: center; color: red;">5,158</td> <td style="text-align: center; color: red;">0</td> <td style="text-align: center; color: red;">5,414</td> </tr> <tr> <td>C. 150% to 199%</td> <td style="text-align: center; color: red;">2,556</td> <td style="text-align: center;">25,910</td> <td style="text-align: center; color: red;">266</td> <td style="text-align: center;">28,732</td> </tr> <tr> <td>D. 200% to 299%</td> <td style="text-align: center; color: red;">4,304</td> <td style="text-align: center;">29,910</td> <td style="text-align: center; color: red;">290</td> <td style="text-align: center;">34,504</td> </tr> <tr> <td>E. 300% to 399%</td> <td style="text-align: center; color: red;">3,830</td> <td style="text-align: center;">19,879</td> <td style="text-align: center; color: red;">74</td> <td style="text-align: center;">23,783</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>TOTAL ELIGIBLE FOR PREMIUM ASSISTANCE WITH MEDICAID EXPANSION</b></td> <td style="text-align: center;"><b>92,433</b></td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>TOTAL ELIGIBLE FOR PREMIUM ASSISTANCE IF MEDICAID IS NOT EXPANDED</b></td> <td style="text-align: center;"><b>121,437</b></td> </tr> </tbody> </table>	FPL	Under 18	18-64	65+	A. 100%-137%	3,294	25,710	0	<b>TOTAL ELIGIBLE FOR PREMIUM ASSISTANCE AT 100-137% FPL</b>			<b>29,004</b>	FPL	Under 18	18-64	65 +	All Ages	B. 138% to 149%	229	5,158	0	5,414	C. 150% to 199%	2,556	25,910	266	28,732	D. 200% to 299%	4,304	29,910	290	34,504	E. 300% to 399%	3,830	19,879	74	23,783	<b>TOTAL ELIGIBLE FOR PREMIUM ASSISTANCE WITH MEDICAID EXPANSION</b>				<b>92,433</b>	<b>TOTAL ELIGIBLE FOR PREMIUM ASSISTANCE IF MEDICAID IS NOT EXPANDED</b>				<b>121,437</b>	<p>Source: 2011 ACS 1 Year Estimates, Table B27016. Limitations of the data to the left include the following:</p> <ul style="list-style-type: none"> <li>• All figures in <b>red script</b> are not reliable at a 90% confidence level but represent the best data available with which to estimate local impact. When age categories by income are aggregated in estimates A and C-F, the totals are reliable at a 90% confidence interval.</li> <li>• Regarding estimate A, the Congressional Budget Office projects that only a third of those who would have been covered by Medicaid expansion will fall into the income range of 100% to 137% FPL and will therefore be eligible for premium assistance in the exchange. The other two-thirds will be ineligible for coverage in the exchange and will remain uninsured.<sup>18</sup></li> <li>• ACS 1 Year Estimates show that in 2011, 20% of Travis County residents of all ages and income levels were without health insurance. This rate was 21% in 2010 and 23% in 2009.<sup>19</sup></li> </ul>
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	<p><b>More than 21,500 people</b> in Travis County who are currently uninsured will <b>not be eligible for subsidies</b> but will be required to purchase health insurance by 1/1/14.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">FPL</th> <th style="width: 15%;">Under 18</th> <th style="width: 15%;">18-64</th> <th style="width: 15%;">65+</th> <th style="width: 35%;">All Ages</th> </tr> </thead> <tbody> <tr> <td>F. 400% and over</td> <td style="color: red;">1,860</td> <td>18,101</td> <td style="color: red;">139</td> <td>20,100</td> </tr> </tbody> </table> <p>Maximum monthly premiums for a family of four are as follows<sup>16</sup>:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">From</th> <th style="width: 20%;">To</th> <th style="width: 60%;">Max % of Income for Required Premium Contribution</th> </tr> </thead> <tbody> <tr> <td>\$23,050 (100% FPL)</td> <td>\$31,579 (137%FPL)</td> <td>2-3% or &lt; \$77/month</td> </tr> <tr> <td>\$31,809</td> <td>\$34,575 (150%FPL)</td> <td>3-4% or &lt; \$115/month</td> </tr> <tr> <td>\$34,576</td> <td>\$46,100 (200%FPL)</td> <td>4-6.3% or &lt; \$242/month</td> </tr> <tr> <td>\$46,101</td> <td>\$57,625 (250%FPL)</td> <td>6.3-8.1% or &lt; \$389/month</td> </tr> <tr> <td>\$57,626</td> <td>\$69,150 (300%FPL)</td> <td>8.1-9.5% or &lt; \$547/month</td> </tr> <tr> <td>\$69,151</td> <td>\$80,675 (350% FPL)</td> <td>9.5% or \$639/month</td> </tr> <tr> <td>\$80,676</td> <td>\$92,200 (400% FPL)</td> <td>9.5% or &lt; \$730/month</td> </tr> </tbody> </table> <p>Annual penalties for non-compliance for individuals are as follows<sup>17</sup>:</p> <ul style="list-style-type: none"> <li>\$95 per person in 2014 or 1% of taxable income</li> <li>\$325 per person in 2015 or 2% of taxable income</li> <li>\$695 per person in 2016 or 2.5% of taxable income</li> </ul>	FPL	Under 18	18-64	65+	All Ages	F. 400% and over	1,860	18,101	139	20,100	From	To	Max % of Income for Required Premium Contribution	\$23,050 (100% FPL)	\$31,579 (137%FPL)	2-3% or < \$77/month	\$31,809	\$34,575 (150%FPL)	3-4% or < \$115/month	\$34,576	\$46,100 (200%FPL)	4-6.3% or < \$242/month	\$46,101	\$57,625 (250%FPL)	6.3-8.1% or < \$389/month	\$57,626	\$69,150 (300%FPL)	8.1-9.5% or < \$547/month	\$69,151	\$80,675 (350% FPL)	9.5% or \$639/month	\$80,676	\$92,200 (400% FPL)	9.5% or < \$730/month	
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<p style="text-align: center;"><b>Health Insurance Exchanges</b></p> <p>A health insurance exchange is an open on-line marketplace (not unlike Expedia.com) through which health insurance can be bought, tax credits and cost sharing assistance can be allocated to persons eligible for them, and persons eligible for public insurance programs may enroll in those systems.</p> <p>The State of Texas was awarded a \$1 million Exchange Planning Grant in 2010 but has taken no other steps toward implementation of an exchange. States failing to submit detailed plans on how their exchanges will function to the federal government by November 16, 2012 will forfeit administration of their exchange to the feds. Governor Rick Perry announced on July 9, 2012 that Texas will not set up a health insurance exchange.<sup>20</sup></p>	<p>The exchange can be used by anyone wishing to buy insurance or enroll themselves and/or family members in public insurance programs. The PPACA requires that states have a single, streamlined application that can be used for Medicaid, CHIP or private coverage in the exchange.</p>	<p>n/a</p>

# PPACA: Impact in Travis County

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## Other Provisions<sup>21</sup>

### **Coverage Expansions**

- Since 2010, parental coverage is extended to young adults up to age 26.
- High Risk Pools<sup>22</sup>, including the Pre-existing Condition Insurance Plan: In effect since 2010, this provides health insurance options for consumers who have been uninsured for at least six months who have a pre-existing condition or have been denied coverage due to a medical condition. As of July 2012, 23,742 were enrolled statewide.<sup>23</sup> These programs provide insurance to people who may have expensive chronic conditions or other medical problems.
- Beginning in 2014, Medicaid will be expanded to cover youth aging out of foster care up until their 26<sup>th</sup> birthday.
- Primary care service reimbursement rates under Medicaid will be increased to at least Medicare levels in 2013 and 2014.
- Beginning in 2010, under Medicaid, there is now mandatory coverage of birthing centers and smoking cessation for pregnant women.
- Medicare prescription drug rebates were offered in 2010 and 2011.
- Beginning in 2011, the Medicare Part D coverage gap will be gradually reduced up to the year 2020.
- As of 2011, Medicare beneficiaries pay no copayments or deductibles for preventative services.
- Beginning in 2011, there will be a 10% increase in primary care reimbursement rates.

### **Industry Reforms and Patient Protections**

- Consumer Assistance Program: In 2010, Texas received a \$2.7 million federal grant to establish a Consumer Assistance Program to “strengthen and enhance ongoing efforts in local communities to protect consumers from some of the worst insurance industry practices”. However, in 2012, Texas elected not to renew funding for which it was eligible under this program.
- Premium Review: In 2010, Texas received a \$1 million federal grant to conduct an in-depth health insurance rate review. Premium rate reviews ensure that insurance is affordable for individuals and families.
- Medical Loss Ratio: As of 2011, if an insurance company does not spend 80% of an insured’s premiums on medical care, portions of their premiums must be returned. Since implementation of the PPACA in 2010, 1.5 million Texans have received a total of \$166.9 million in rebates – more than residents of any other state in the nation. Most Texans receiving a rebate under the Medical Loss Ratio provision of the law were individual policy holders.<sup>24</sup>
- Beginning in 2014, insurers cannot deny persons coverage because of pre-existing conditions. They must accept all applying for coverage when they apply during an open enrollment period. Insurers can only base premiums on age, tobacco use, geographic area and whether coverage is for an individual or a family. Also, insurers cannot deny coverage because of a person’s health status, medical condition, claims experience, medication history, genetic information or disability.
- Beginning In 2010, insurers may not cancel your coverage when you get sick except in the case of fraud. They must cover preventative services with no co-pay or deductible. Health plans may not require referrals for in-network pediatrician or OB/GYN care. Also, insurers may not impose lifetime coverage limits and until 2014, may not set annual limits below certain levels.
- Beginning in 2010, consumers have a right to internal and external appeals of claim and coverage denials. Appeals standards and processes have been strengthened.
- Beginning in 2010, children with pre-existing conditions cannot be denied coverage.

### **Other**

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- Early Retiree Reinsurance Program: provides financial relief to businesses, schools and other educational institutions, and state and local governments to share costs of early retirees' health insurance claims. This program has reduced employers' healthcare cost burdens. Statewide, as of May 2011, 207 employers had enrolled in this program. Local enrollees include the City of Austin, Freescale Semiconductor, HEB, LCRA, University of Texas at Austin, and Travis County. This is a temporary program, operational for 2010 through January 1, 2014.

## Funding<sup>25</sup>

**Public Health Prevention Fund:** \$38 million has been awarded to Texas since 2010 for prevention activities, state and local public health infrastructure capacity support and support for the expansion of the primary care workforce. Local awards include but are not limited to<sup>26</sup>:

- Primary Care and Behavioral Health Services - \$494,000: Austin Travis County Integral Care received SAMHSA funds to improve health through better coordination of healthcare services delivered in publicly-funded community mental health and other community-based behavioral health settings.
- Community Transformation Grants- \$1,026,158 awarded to Austin/Travis County Health and Human Services Department in September 2011 to fund policy changes to increase physical activity, improve nutrition, reduce tobacco use and improve clinical prevention services.

**FQHC Funding:** Statewide, \$18 million is available for health centers for 2011-2015. \$650,000 of this went to People's Community Clinic, which as of June 2012 is now designated as an FQHC. These funds will allow enhanced reimbursement of pharmaceuticals, expansion of medical services, including dental care and expansion of the number served by 25%.<sup>27</sup>

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**Contact Elizabeth Vela, Planner at TCHHS/VS with corrections, comments or questions: [Elizabeth.vela@co.travis.tx.us](mailto:Elizabeth.vela@co.travis.tx.us) or 512.854.3745**

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<sup>1</sup> Under PPACA, states can choose to expand Medicaid eligibility to those up to 133% of FPL but the legislation requires 5% of income to be disregarded when determining Medicaid eligibility. In this document, all

<sup>2</sup> Dunkleberg, Anne, "What We Know About the Medicaid Expansion", July 31, 2012, [http://www.cppp.org/files/3/HC\\_2012\\_08\\_PP\\_What\\_We\\_Know\\_Med\\_Expand.pdf](http://www.cppp.org/files/3/HC_2012_08_PP_What_We_Know_Med_Expand.pdf), accessed August 9, 2012.

<sup>3</sup> Serafini, Marilyn, "GOP Promises Smaller-Scale Health Care Agenda if Court Strikes Down Law", *Kaiser Health News*, June 18, 2012, <http://www.kaiserhealthnews.org/Stories/2012/June/19/gop-health-care-agenda.aspx>, accessed June 19, 20

<sup>4</sup> Whittaker, Richard, "Dr. Perry V. ObamaCare", *Austin Chronicle*, July 27, 2012, pp.20-21.

<sup>5</sup> US Census Bureau, 2011 American Community Survey 1-Year Estimates, Table B27016: Health Insurance Coverage Status and Type by Ratio of Income to Poverty Level in the Past 12 Months by Age – Universe: Civilian Non-institutionalized population for whom poverty status is determined.

<sup>6</sup> HHSC estimates that Texas will need 138,000 additional RNs in the next 10 years to begin to meet the needs of the PPACA as it is implemented across the state.

<sup>7</sup> HHSC, Texas CHIP Enrollment, Renewal and Disenrollment Rates by County (August 2012), [http://www.hhsc.state.tx.us/research/CHIP/MonthlyEnrollment/12\\_08.html](http://www.hhsc.state.tx.us/research/CHIP/MonthlyEnrollment/12_08.html), accessed August 8, 2012.

<sup>8</sup> HHSC, CHIP Enrollment by CSA, Plan and Age Group, [http://www.hhsc.state.tx.us/research/CHIP/EnrollmentbyPlan/12\\_08.html](http://www.hhsc.state.tx.us/research/CHIP/EnrollmentbyPlan/12_08.html), accessed August 8, 2012.

<sup>9</sup> HHSC, CHIP Enrollment by Income Group, <http://www.hhsc.state.tx.us/research/CHIP/Enrollment-by-Income.asp>, accessed August 8, 2012.

<sup>10</sup> Whittaker, Richard, "Dr. Perry V. ObamaCare", *Austin Chronicle*, July 27, 2012, pp.20-21.

<sup>11</sup> Dunkleberg, Anne, "What We Know About the Medicaid Expansion", July 31, 2012, [http://www.cppp.org/files/3/HC\\_2012\\_08\\_PP\\_What\\_We\\_Know\\_Med\\_Expand.pdf](http://www.cppp.org/files/3/HC_2012_08_PP_What_We_Know_Med_Expand.pdf), accessed August 20, 2012.

<sup>12</sup> Cost sharing subsidies will be allocated to individuals and families between 100-250% FPL in addition to premium assistance. These subsidies increase the actuarial value of basic benefit plans for individuals and families purchasing health insurance in the exchanges. To read more about these mechanisms, see The Center on Budget and Policy Priorities Page on Premium and Cost-Sharing Credits at <http://www.cbpp.org/cms/index.cfm?fa=view&id=3190>.

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<sup>13</sup> To read more about employer penalties under the PPACA, see Chaikind, Hinda and Chris Peterson, “Summary of Potential Employer Penalties Under the PPACA”, Congressional Research Service, June 2, 2010, <http://www.ncsl.org/documents/health/EmployerPenalties.pdf>, accessed August 21, 2012.

<sup>14</sup> US Census Bureau, 2011 American Community Survey, 1 Year Estimates, Table B27016.

<sup>15</sup> Conditions under which a person would be ineligible for Medicaid are unknown. Asset tests will now only apply to the following populations: older adults [65+], foster kids, Medicare Savings Program beneficiaries, SSI recipients, Medically Needy persons, persons seeking Medicare prescription drug low-income subsidies and/or Medicaid long-term care services.

<sup>16</sup> Center for Budget and Policy Priorities, “Making Healthcare More Affordable: The New Premium and Cost Sharing Credits”, May 10, 2010, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3190>, accessed August 15, 2012. FPLs for 2010 are used in the table cited but I have replaced them with 2012 levels in the table here.

<sup>17</sup> Congressional Research Service, Memorandum of April 30, 2010, [http://www.coburn.senate.gov/public/index.cfm?a=Files.Serve&File\\_id=2ec1e180-afbf-4a48-ba12-8dea812ac30a](http://www.coburn.senate.gov/public/index.cfm?a=Files.Serve&File_id=2ec1e180-afbf-4a48-ba12-8dea812ac30a), accessed August 10, 2012.

<sup>18</sup> Dunkleberg, Anne, “What We Know About the Medicaid Expansion”, July 31, 2012, [http://www.cppp.org/files/3/HC\\_2012\\_08\\_PP\\_What\\_We\\_Know\\_Med\\_Expand.pdf](http://www.cppp.org/files/3/HC_2012_08_PP_What_We_Know_Med_Expand.pdf), accessed August 20, 2012.

<sup>19</sup> The difference between the rates of 2009 and 2010 is statistically significant at a 90% confidence interval. The difference between the 2011 and 2010 rates is not statistically significant at a 90% confidence interval.

<sup>20</sup> Muto, David, “The Brief: Top Texas News for July 9, 2012”, *Texas Tribune*, July 9, 2012, <http://www.texastribune.org/texas-newspaper/texas-news/brief-top-texas-news-july-9-2012/>, accessed July 9, 2012.

<sup>21</sup> This list is not exhaustive.

<sup>22</sup> Texas opted for DHHS oversight of the PPACA’s high-risk pool, citing insufficient federal funds and uncertainty regarding implementation. Texas has a state-based high-risk pool called the Texas Health Insurance Pool [THIP].

<sup>23</sup> Texas Health Insurance Pool, <http://www.txhealthpool.org/>, accessed August 20, 2012.

<sup>24</sup> Keever, Jeannie, “Texans get nearly \$167 million in health insurance rebates”, *Houston Chronicle*, August 14, 2012, [http://www.chron.com/news/houston-texas/article/Texans-get-nearly-167-million-in-health-3785471.php?utm\\_source=CANews+August+15%2C+2012&utm\\_campaign=August+15%2C+2012&utm\\_medium=email](http://www.chron.com/news/houston-texas/article/Texans-get-nearly-167-million-in-health-3785471.php?utm_source=CANews+August+15%2C+2012&utm_campaign=August+15%2C+2012&utm_medium=email), accessed August 16, 2012.

<sup>25</sup> This list is not exhaustive.

<sup>26</sup> Trust for America’s Health, “Texas and the New Prevention Fund: An Investment in the Future Health of America”, <http://healthyamericans.org/reports/prevention-fund/release.php?stateid=TX>, accessed August 21, 2012.

<sup>27</sup> Phone conversation with Selena Munoz, Community Development Specialist, Texas Association of Community Health Centers, August 20, 2012. Smith, Amy, “Then There’s This: Power to the People’s”, *Austin Chronicle*, June 29, 2012, <http://www.austinchronicle.com/news/2012-06-29/then-theres-this-power-to-the-peoples/print/>, accessed August 21, 2012.