

PENNSYLVANIA

Budget and Policy Center

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Who benefits from the ACA in Pennsylvania? Everyone

Introduction

A recent [report](#) from the Pennsylvania Budget and Policy Center, [Death, Devastation and Deficits](#), estimates that 1.1 million Pennsylvanians would lose health insurance if the Affordable Care Act (ACA) were repealed.

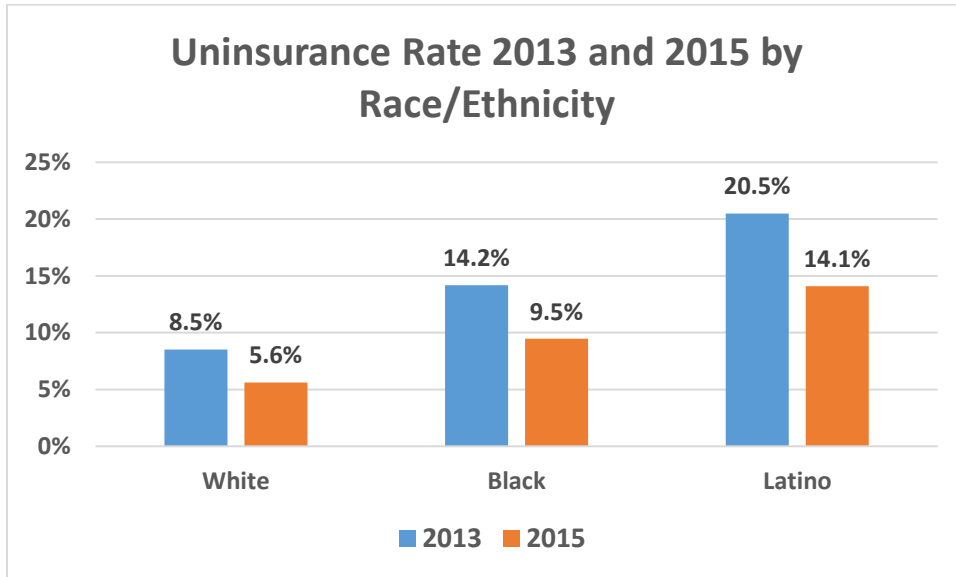
Who are these people? Too often, and among too many critics of it, the ACA is looked at as a program for other people—not for mainstream, working Americans, but for low-income people of color, as this addendum to the report lays out.

But a look at the data on who has secured health insurance between 2013 and 2015 shows that Pennsylvanians of all kinds have secured health insurance and benefited from the Affordable Care Act—and are likely to lose coverage if the law is repealed.¹ And, as our earlier paper showed, not only have about 1.1 million people secured health insurance through the ACA, millions more have better insurance than they had in the past—insurance that covers all essential health care, that has no deductible or co-pays for preventive care, that has no annual or lifetime limits on care, and that is always available at reasonable cost even if one has developed severe medical conditions.

¹ The data reported in this paper is drawn from the United States Census, American Community Survey (ACS), 1-Year Estimates for 2013 and 2015. A few caveats about the data. These are estimates of how many people have health insurance or do not. They don't tell us how many people secured health insurance through one or another program of the Affordable Care Act. The estimates in our previous paper of how many people have health insurance through the ACA are larger, in part because we are using more recent 2016 data and in part because some people may have switched from employer based or individually purchased to insurance under one of the ACA programs. In addition, ACS data is, as the name suggests, survey data drawn from a sample of the population. Our earlier paper reports data from federal and state administrative agencies that track the actual numbers of people who are taking part in an ACA program. It is reasonable to assume that much of the substantial decline between 2013 and 2015 in the rate at which people are uninsured is due to the Affordable Care Act but there are other reasons why the uninsurance rate dropped in this period, in particular the improving economy between 2013 and 2015. What this data shows us, therefore, is not so much the impact of the ACA as a whole, which is best examined through the administrative data we presented in our earlier paper, but the impact of the ACA on particular groups or sub-populations in Pennsylvania.

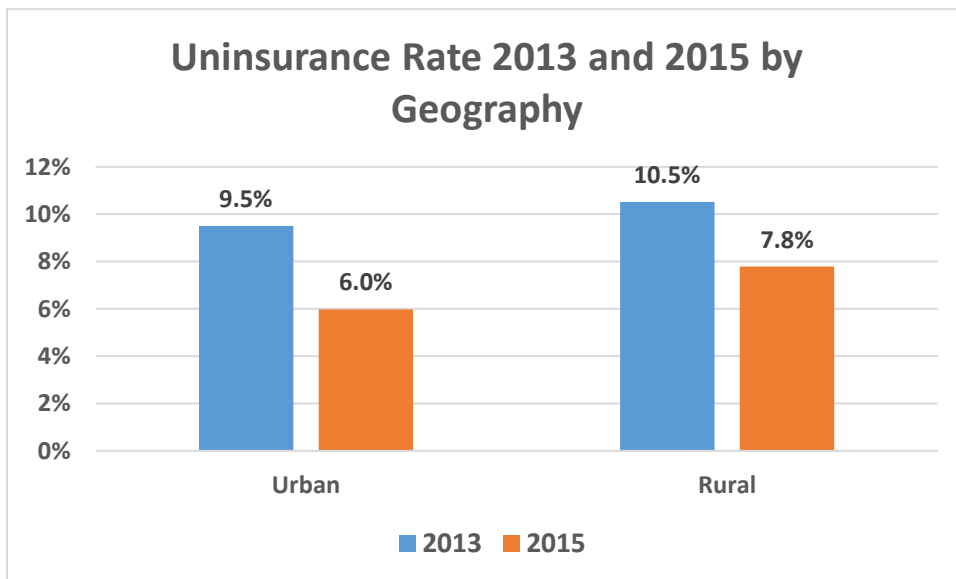
Race and Ethnicity

Those who benefit from the ACA are of all races. Between 2010 and 2013, the rate at which white Pennsylvanians are uninsured (what we call the uninsurance rate) dropped from 8.5% to 5.6%. The rate for Black Pennsylvanians dropped from 14.2% to 9.5% and for Latinos it dropped from 20.5% to 14.1%. Far more white people (299,480) gained health insurance than black people (62,880) or Latino people (41,670).



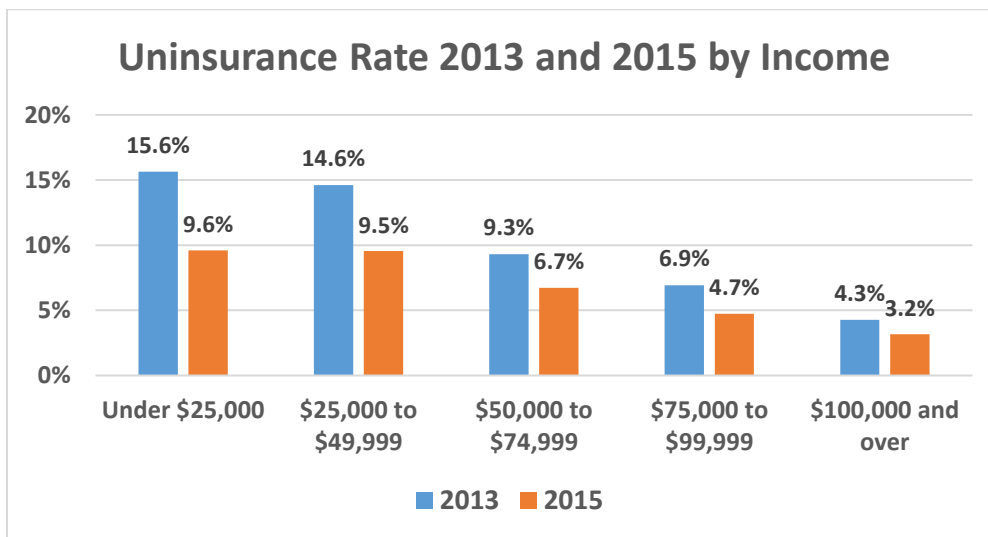
Geography

They are more likely to live in rural than urban areas. The uninsurance rate for rural folks dropped from 10.5% to 7.8%. For urban folks it dropped from 9.5% to 6.0%. Over 72,580 rural dwellers gained health insurance in this period.



Income

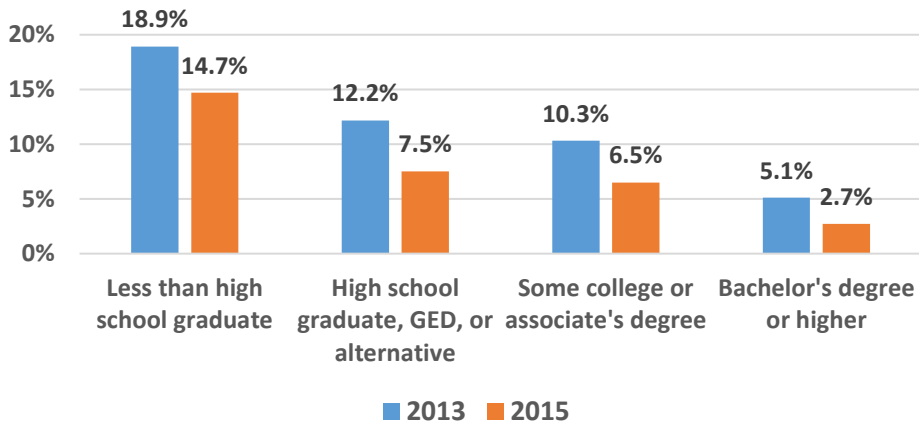
They are more likely to have low than high incomes. However 27,750 more people with an income over \$100,000 secured insurance in the state in 2015 than 2013, and the uninsurance rate declined by from 4.3% to 3.2% in that income group. Still, the biggest decline is in lower income groups. The uninsurance rate for people with an income under \$25,000 declined from 15.6% to 9.6%, and 141,460 more people in this group are insured. The rate for people with an income between \$25,000 and \$49,900 went down from 14.6% to 9.5%, and 151,150 more in this group have secured insurance. In the next income group, from \$50,000 to \$74,999, the uninsurance rate has dropped from 9.3% to 6.7%, and 62,320 more people were insured. About 37,320 more people in the \$75,000 to \$99,999 group have insurance and the uninsurance rate for them dropped from 6.9% to 4.7%.



Education

The uninsurance rate has dropped more between 2013 and 2015 for those with less education than those with more education. But people at all education levels have gained health insurance. Among those 25 years old or older, the uninsurance rate for those who have not graduated from high school declined from 18.6% to 14.7% as 42,580 people gained insurance. The uninsurance rate for those with only a high school degree or the equivalent declined from 12.2% to 7.5% as 148,840 more people were insured. Among those who have some college education but did not graduate, the uninsurance rate went down from 10.3% to 6.5% as 76,550 more people were insured. And among college graduates, the uninsurance rate has declined from 5.1% to 2.7% and 56,680 more people were insured.

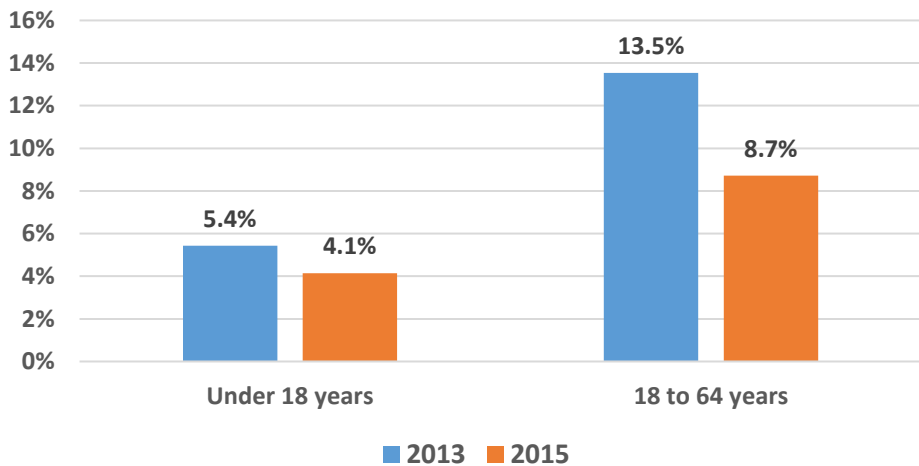
Uninsurance Rate 2013 and 2015 by Education



Age

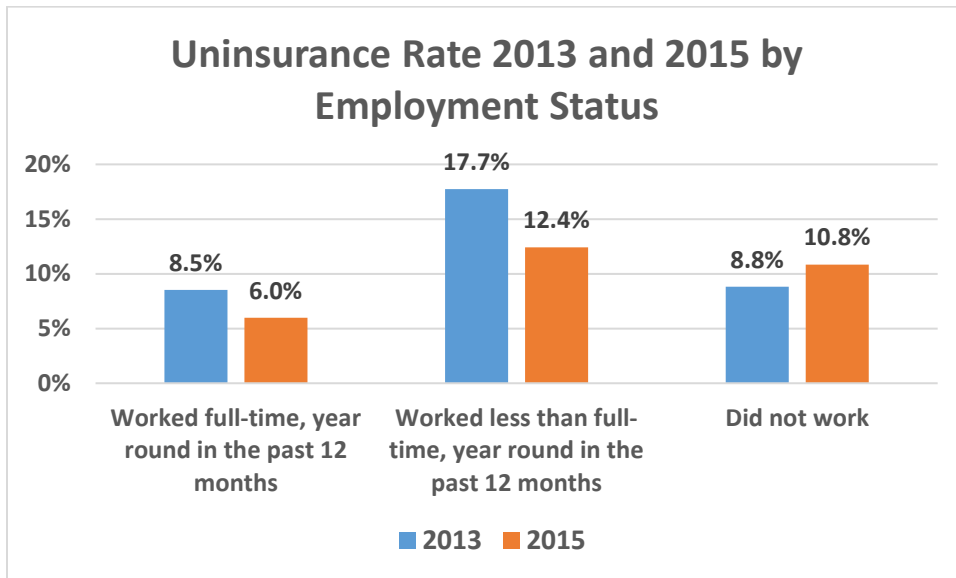
Young and middle-aged people have secured insurance as a result of the ACA. The uninsurance rate for people under 18 declined from 5.4% to 4.1% as an additional 35,940 people are insured in this group. And for those 18 to 64, the uninsurance rate has dropped from 13.5% to 8.7%. The number of uninsured people in this group has dropped by 382,370. Seniors have, as we reported, benefitted from the ACA because it is closing the donut hole in Medicare's prescription benefit. But almost all seniors were insured through Medicare before the ACA was enacted.

Uninsurance Rate in 2013 and 2015 By Age



Employment Status

Finally, the ACA appears to have helped those who work full-time, those who work part-time, and those who do not work. The uninsurance rate among those who work full-time dropped from 8.5% to 6.0%, and among those who work part-time from 17.7% to 12.4%. But among those who do not work, the uninsurance rate crept up a bit from 8.8 to 10.8%. That's most likely because the number of people in the state who do not work dropped from 3.2 million to 1.6 million as the economy recovered from the great recession, and some of those who had lost jobs had retained insurance after leaving them. Over 70% of the increase in the number insured (278,580 people) are those who work full-time or part-time.



Political Geography

We complete the data on the number of people who have benefitted from the ACA in different political districts. Survey data on the number of those who have gained insurance between 2013 and 2015 is not available, nor is administrative data on the number who have secured insurance through the health care exchanges / marketplaces either with or without a tax credit.

But we do know the number of people who are newly eligible for Medicaid due to the Medicaid expansion by political geography and report that here.

U.S. Congressional District

Data by congressional districts shows that Pennsylvanians in every corner of the state and in both urban and rural districts benefit from this program.

Individuals Newly Eligible for Medicaid Due to Medicaid Expansion by Congressional District		
District	Member of Congress	Number
1	Brady	72,218
2	Evans	70,463
3	Kelly	37,965
4	Perry	31,678
5	Thompson	32,214
6	Costello	21,001
7	Meehan	31,712
8	Fitzpatrick	21,676
9	Shuster	40,333
10	Marino	34,016
11	Barletta	35,432
12	Rothfus	34,904
13	Boyle	42,738
14	Doyle	38,137
15	Dent	34,775
16	Smucker	29,948
17	Cartwright	39,701
18	Murphy	23,816
Total		672,727
<i>Source.</i> Pennsylvania Department of Human Services, November 2016		

Conclusion

The Affordable Care Act has had a dramatic effect on health care in the Pennsylvania. And almost everyone has benefitted in one way or another from its provisions. Most importantly, 1.1 million people have secured health insurance through one of the provisions of the ACA. And in its efforts to make quality health care affordable and available to all, it has benefited people in every corner of the state and from every demographic group. The rich as well as the poor, the well-educated as well as less well-educated, white as well as black and Latino people, and rural as well as urban dwellers have secured insurance and other benefits from the program. While it may have flaws that need repair, given these broad benefits, it would be not only foolish, but disastrous to repeal it without a replacement that is as good or better.