



## **Health Reform and the Implications for Cancer Screening**

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Report to the American Cancer Society Cancer Action Network  
and the National Colorectal Cancer Roundtable

Implementation of the Affordable Care Act (ACA) has reduced the number of uninsured Americans and should substantially expand financial access to cancer screening. Census data demonstrates that the number of uninsured Americans fell sharply in 2014, after initiation of the health insurance marketplaces and Medicaid expansions.<sup>1</sup> The ACA also required that most health insurance policies cover key preventive services, including breast, cervical and colorectal cancer screening, without cost-sharing such as deductibles or copayments. These two changes can substantially reduce financial barriers to cancer screening and increase the demand for screening.

In turn, this should increase early detection and treatment of cancers and could trigger improved outcomes. Research based on earlier insurance expansions, including a randomized expansion of Medicaid in Oregon and Massachusetts' state health insurance reform, found increased breast and cervical cancer screening as a result of insurance expansions.<sup>2 3 4</sup> Other research found that cancer patients residing in counties with fewer uninsured had earlier detection and longer survival times.<sup>5</sup>

However, despite the insurance expansions, millions of low-income women and men will remain uninsured and continue to face financial barriers to cancer screening, which could have adverse health consequences. The Congressional Budget Office has estimated that even though the ACA will lower the number of uninsured Americans by 24 million by 2017, 27 million people will remain uninsured three years after insurance expansions started in 2014.<sup>6</sup> Many factors explain why millions will remain uninsured: many states are not expanding Medicaid coverage; many people still find insurance unaffordable; some people do not participate in Medicaid or health insurance marketplace coverage even when they are eligible; and some, such as undocumented immigrants, are not eligible for assistance. Although most Americans are required to have health insurance or pay a tax penalty, many low income people are exempt from the requirement and many others are not even aware of the requirement.<sup>7</sup> Of course, having insurance coverage for cancer screening is no guarantee that people will seek or receive screening on a timely basis: they may still lack awareness of the importance of screening, not receive recommendations or referrals from health professionals, lack transportation, or encounter language barriers.

Other public health programs address unmet needs by providing services for those who continue to face barriers because they are uninsured and low-income. The key federal public health program to improve cancer screening for low-income uninsured women is the Centers for Disease Control and Prevention's (CDC's) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which provides grants to support services to sites across the nation. The program helps support mammography, Pap tests and other screening and diagnostic services for low-income uninsured or underinsured women and related services like outreach, education and navigation that can improve access. The emphasis on screening for the uninsured is particularly relevant since uninsured women are about half as likely to have had a mammogram in the past year as the general population and about 30% less likely to have had a Pap test in the past three years than insured women.<sup>8</sup> Evidence indicates the NBCCEDP contributes to reduced breast cancer death rates,<sup>9</sup> lowers time from cancer diagnosis to Medicaid enrollment, expands women's treatment options,<sup>10</sup> and changes the timing of diagnosis and treatment of cervical cancer.<sup>11 12</sup> CDC's smaller Colorectal Cancer Control Program (CRCCP) seeks to increase colorectal cancer screening among men and women 50 and older. In 2013, the program was available in 25 states and 4 American Indian tribes. In many cases, state or local programs also help support these services.

The purpose of this report is to provide estimates of the number of low-income women and men who gain insurance coverage under the ACA in 2017 and the number who will remain uninsured and remain in the target population for CDC's cancer screening services. Low-income is defined as family income at or below 250 percent of the federal poverty level (FPL) or just under \$40,000 for a family of two in 2015, which is the federal income criterion. Some states use lower levels. The target population for cervical cancer screening is women 21 to 64 and the target population for breast cancer screening is women 40 to 64, with women 50 to 64 a priority population. The target population for CRCCP is men and women 50 to 64. (Note: uninsured or underinsured people 65 or older may also be eligible for cancer screening services, but because of Medicare there are virtually no uninsured senior citizens in the United States. Additionally, they receive preventive services without cost-sharing, so underinsurance should also be rare.)

This report is an update of an earlier paper which estimated health reform-related changes in insurance coverage for women in 2014.<sup>13</sup> A critical difference is that when the prior study was done, we assumed that the federal Medicaid eligibility expansion to 138% of poverty would be implemented in every state, which was the original intent of the law. However, a June 2012 Supreme Court ruling made Medicaid expansion optional for states.<sup>14</sup> As of April 2015, 29 states are expanding Medicaid; the rest were not or were still considering the issue.<sup>15</sup> Although health insurance marketplaces and federal tax credits – the other important ACA insurance expansion -- are available in every state, Medicaid expansions occur in only some of the states, so insurance gains are smaller in non-expanding states.<sup>1</sup>

This update includes estimates of the number of women in every state who would remain uninsured in 2017, both with and without a Medicaid expansion, as well as national totals based on the states currently expanding Medicaid. The insights about changes in insurance coverage under health reform can provide insights into the changes in the demand for cancer screening in the near future and improve policy planning to help ensure that the NBCCEDP is addressing current and future needs.<sup>16</sup>

## Methods

Our basic simulation approach is similar to the methods described in Levy, et al.<sup>13</sup> and August, et al.,<sup>17</sup> although there are some important modifications. A key insight and critical assumption for the model is that the federal ACA was largely modeled on Massachusetts' 2006 health reform law;<sup>18 19</sup> therefore, the federal ACA should have an effect on insurance coverage that is similar to recent coverage for Massachusetts residents.

This model used data from the 2013 American Community Survey Public Use Microdata Sample (ACS PUMS), which samples about 1% of each state's population (about 3 million people in total) and which has a 90% response rate for households and 95% rate for those in group quarters.<sup>20</sup> Our estimation sample consists of women and men 18 to 64 years old. Our models included information about health insurance status, race/ethnicity, marital status, having children, employment status, industry of employment, poverty status, citizenship status, disability and education.

We first constructed weighted multivariate logit models of health insurance status (insured/not insured) in Massachusetts, separately for women and men. We then applied the regression coefficients from Massachusetts to demographic and economic characteristics of the

ACS-PUMS respondents in all 50 states and the District of Columbia and converted the results into individual-level probabilities of being insured under health reform. ACS-PUMS survey weights were modified to account for expected population growth and shifts in the age distribution between 2013 and 2017, based on Census projections.<sup>21</sup>

We recognize, however, that other states vary from Massachusetts because of social, marketplace and policy differences, so that changes in insurance status in Alabama, for example, might not exactly parallel those in Massachusetts, even after controlling for demographic and economic differences of state residents. Accordingly, our model includes a series of adjustments to account for state-specific differences in policies, ACA implementation efforts, market characteristics and other state traits.

Citizenship status has a strong effect on insurance coverage, but states vary in their policies regarding Medicaid eligibility of legal immigrants. Massachusetts is one of six states that provides Medicaid (or similar insurance) coverage to most legal immigrant adults,<sup>22</sup> and we include that policy in our model to adjust for state policy differences.

A more important adjustment for state-specific differences involved calibration of our model estimates with administrative data about enrollment levels in the health insurance exchanges and Medicaid. This adjustment accounts for differences in implementation of expansions in 2014 and 2015, which are related to program implementation, market conditions and state policies. We used data about individuals receiving tax credits in the health insurance marketplaces as of February 2015,<sup>23</sup> corresponding to the end of the second open enrollment period, and about changes in Medicaid enrollment between late 2013 and December 2014.<sup>24</sup> These administrative counts were adjusted to account for the estimated share of marketplace and Medicaid enrollees who were non-elderly adults with incomes below 250 percent of poverty. Another adjustment was to take into account that some who gain insurance through the marketplaces or Medicaid would otherwise have had private health insurance, so the net change in the number of uninsured would be less than the number of new enrollees. A final adjustment accounts for expected growth in the number of marketplace and Medicaid enrollees. Overall, the average calibration adjustment is modest (4.9%), but varies in magnitude by state and increases estimates of the uninsured in some states and lowers them in others. [More details about the methodology and calibrations are available from the authors.]

At the national level, we estimate a scenario for 2017 insurance status assuming that Medicaid is expanded in the 29 states doing so as of April 2015. Because any state could add or drop Medicaid expansion, for every state we estimate scenarios: (1) assuming a Medicaid expansion to 138% of poverty and (2) assuming no expansion, using actual state-specific eligibility levels in the absence of an expansion. (Some expanding states had already raised Medicaid eligibility or had similar state programs serving low-income residents in 2013; the no expansion scenario assumes the 2013 eligibility levels stay in place. If a state has not expanded Medicaid as of April 2015, we use its January 2015 eligibility criteria.<sup>25</sup>) These are based on state income eligibility levels for adults with and without dependent children. All states cover parents with dependent children with varying income eligibility criteria, but many non-expanding states do not cover any childless adults. For scenarios in which a state implements a Medicaid expansion, we use results from the calibrated model. For scenarios without an expansion we modify model results based on the expected changes in the uninsured population from 2013 to 2017, but with no gain in insurance coverage for those whose incomes fall between the state eligibility level and 100% of poverty because they are eligible for neither Medicaid nor the state marketplace. Those with

incomes between 100% and 138% of poverty in a non-expanding state are eligible for premium assistance in the health insurance marketplaces, but we reduce the expected growth in coverage to two-thirds the level because of prior data on the impact of the small premiums they would pay on participation.<sup>26</sup>

Finally, we include the recent numbers of women who received mammograms from NBCCEDP or who received Pap tests and the number of men or women who received colorectal screening under CRCCP, as reported by CDC.

## Results

Our analyses are presented in the following tables, which include both state-by-state tables and national summary tables.

Table 1. Uninsured women 21-64 at or below 250% FPL. Women 21 to 64 are the target population for cervical cancer screening under NBCCEDP. (The age range used to be 18 to 64, but was changed after the U.S. Preventive Health Services Task Force changed the recommendation for screening.)

In 2013, there were 12.4 million low-income uninsured women 21-64 nationally, 32.2% of women with incomes at or below 250% of poverty, as shown in the first row of Table 1. The first row also shows the estimate of the number of uninsured low-income women in 2017, assuming the current distribution of Medicaid expansion decisions: as of April 2015, with 29 states expanding Medicaid, including the District of Columbia.<sup>13</sup> (In the table, the states expanding Medicaid are marked with an asterisk.) If these policies continue in 2017, we estimate there would be 5.7 million low-income uninsured women 21 to 64 (14.6%). That is, there would be 6.7 million fewer uninsured low-income women than in 2013. It is worth noting that insurance coverage grows even in states not expanding Medicaid because of other ACA policies, such as health insurance marketplaces and the requirement that people purchase insurance or pay a tax penalty.

However, there will be a substantial difference in insurance status among residents of Medicaid expanding and non-expanding states (Table 6). In expansion states, the average percent of uninsured low-income women will fall from 28.7% in 2013 to 8.0% in 2017. In non-expanding states, the share of uninsured women will also decline, but less sharply, changing from 36.9% uninsured in 2013 to 23.3% in 2017. Even before the 2014 Medicaid expansions, expanding states already had fewer uninsured women than non-expanding states, but decisions to not expand Medicaid will widen the gaps: in 2013 women in non-expanding states were 29% more likely to be uninsured than women in expanding states, but by 2017 women in non-expanding states will be more than three times as likely to be uninsured as women in states that expand Medicaid.

The second row in Table 1 shows the changes in insurance coverage if every state expanded Medicaid or did not expand. If no state expanded Medicaid, 7.2 million women (18.4% of low-income women) would be uninsured nationally in 2017. In contrast, if all states expanded Medicaid, there would be 3.9 million uninsured women nationally (9.9%). While the expansion of Medicaid is associated with a substantial increase in insurance coverage, a few million women would continue to be uninsured even if all states expanded Medicaid (as originally expected under the ACA prior to the Supreme Court decision).

The remaining rows of Table 1 provide state-specific estimates for the number of low-income women 21-64 who were uninsured in 2013 and who would be uninsured in 2017 if the

state expanded Medicaid or not. In some cases, there is no difference in the estimates in the with and without Medicaid expansion columns; this is because the state had already expanded its Medicaid eligibility prior to 2014 (or had a similar subsidized public health insurance coverage program for low-income adults), so ACA implementation would not affect the number of uninsured women.

Insurance coverage estimates still varies between states, even if we assume they all expand Medicaid. There are underlying differences in socioeconomic characteristics of women in each state (e.g., racial, age or employment differences), marketplace or policy differences across the states and variations in implementation of insurance expansions across the states.

Table 2. Uninsured women 40-64 at or below 250% FPL (for breast cancer screening). Tables 2, 3 and 4 are formatted like Table 1 with estimates for the different target populations for the screening programs. Low-income 40 to 64 year old women are the main target population for the NBCCEDP breast cancer screening. The general direction of results is similar to those shown in Table 1.

In 2013, 31.1% of low-income women 40 to 64 were uninsured (5.8 million nationally). Based on the states expanding Medicaid as of April 2015, we project the uninsurance rate will fall to 13.5% and 2.6 million will remain uninsured. If all states expanded Medicaid, 1.7 million women 40-64 would remain uninsured (8.9%), compared with 3.3 million uninsured (17.5%) if no state expands Medicaid.

Table 3. Uninsured women 50-64 at or below 250% FPL (for breast cancer screening). Women 50 to 64 are the priority population for NBCCEDP breast cancer screening. In 2013, 3.0 million low-income women in this age range (28.7%) were uninsured. By 2017, given current Medicaid expansion policies, the number would fall by more than half to 1.3 million women (12.2%). If no state expanded Medicaid, the percent uninsured would fall to 16.2% by 2017, versus 7.9% uninsured if all states expand Medicaid.

Table 4. Uninsured men and women 50-64 at or below 250% FPL (for colorectal cancer screening). Low-income people of both sexes 50-64 are the target population for CRCCP. The number of uninsured low-income men and women 50 to 64 was 29.4% (5.8 million people) in 2013 and is expected to decline to 13.4% (2.7 million) by 2017 assuming the April 2015 distribution of Medicaid expanding states. If all states expand Medicaid, the number uninsured would fall to 1.9 million (9.2%) by 2017, but would be 3.6 million (17.5%) uninsured if no state expands.

The percent of low-income men and women 50 to 64 who are uninsured is somewhat higher than for women alone; men are more likely to be uninsured than women. The higher rate of uninsurance among men is particularly large in states that are not expanding Medicaid because childless adults are generally excluded from eligibility, while parents eligible for Medicaid are disproportionately mothers. In contrast, the ACA Medicaid expansion includes both parents and childless adults, expanding coverage for single men.

Table 5. National-level changes in the low-income uninsured populations. This table summarizes the national-level changes in the number of low-income uninsured people between 2013 and alternative scenarios for 2017, as presented earlier in Tables 1 through 4.

Table 6. Changes in the low-income uninsured population by Medicaid expansion status.

This compares changes in the aggregate number and percent of low-income people among the 29 states that are expanding Medicaid (as of April 2015) and the 22 states that are not. In general, it shows that states expanding Medicaid had fewer uninsured residents in 2013 than non-expanding states, even before the expansions were implemented. But by 2017, the level of uninsurance will drop much more in expansion states than in non-expansion states, although all states will experience reductions in the number of the uninsured due to other ACA policies. Thus, there will be greater disparities in the percent of low-income people by 2017 based on whether people live in expanding or non-expanding states.

Table 7. Characteristics of low-income uninsured people 21 to 64, 2013 and 2017. As the number of uninsured people falls, characteristics of those who remain uninsured will change, including race, ethnicity, educational attainment, parental status, disability status and English proficiency. This table shows changes in characteristics from 2013 to each of the three Medicaid expansion scenarios. For each characteristic, we present three numbers. For example, in 2013, there were 8.0 million low-income uninsured women 21 to 64. These white women comprised 64.5% of all the uninsured women in 2013, while 31.6% of all white low-income women were uninsured. By 2017, the proportion of uninsured women who are white will decline slightly, while the share who are minority will increase. In a similar fashion, there will be modest increases in the percent of uninsured women who are Hispanic, who are not English proficient (speak English less than very well), who have a high school degree but no college, who are childless, who are not disabled and who are employed.

## **Discussion**

Over the past decade cervical cancer screening rates declined and breast cancer screening rates were flat, although colorectal cancer screening increased.<sup>27</sup> Public health experts have established goals of increasing cancer screening rates in, for example, the Public Health Service's Healthy People 2020 objectives<sup>28</sup> or the "80% by 2018" target established by the National Colorectal Cancer Roundtable.<sup>29</sup> On one hand, health reform policies to bolster insurance coverage and reduce financial barriers create a golden opportunity to increase cancer screening in the coming years. On the other hand, the fact that a large number of states are not expanding Medicaid coverage means that interstate disparities in insurance coverage – and financial access to cancer screening – will grow and will make it harder for residents in the non-expanding states to access cancer screening.

We estimate that under current (April 2015) state policies about Medicaid expansion, the percentage of low-income women 21-64 who are uninsured will decline by more than half from 32.2% in 2013 to 14.6% in 2017, falling from 12.4 million uninsured women to 5.7 million. In states expanding Medicaid, the percentage of uninsured low-income women will decline almost three-quarters from 28.7% in 2013 to 8.0% in 2017, while the share of uninsured women will also decline in non-expanding states, but less sharply, changing from 36.9% uninsured in 2013 to 23.3% in 2017. Although insurance coverage for cancer screening will decline in all states as a result of the ACA, disparities across states will widen because 22 states are not expanding Medicaid. In 2013, the probability that a low-income woman in a non-expanding state was uninsured (36.9%) was about one-third higher than the probability for women in Medicaid expanding states (28.7%). Based on current expansion plans, by 2017, about three times as many

women in non-expanding states will be uninsured (23.3%) compared to women in states that expand Medicaid (8.0%).

The expansion of health insurance coverage under the ACA means financial access to cancer screening will grow, which should increase the demand for services and ultimately increase rates of cancer screening. After the first year of a randomized expansion of Medicaid in Oregon, the percent of women who had a mammogram or Pap test in the past year was about 18-19 percentage points higher than women in the comparison group.<sup>4</sup> Analyses of the effects of Massachusetts health reform also found significant increases in breast and cervical cancer screening, particularly for low-income women. It also found that effects grew and were larger three years after implementation than in the first year.<sup>3</sup>

Both technical and policy limitations to this analysis exist. There are always potential problems projecting into the future based on past experience and this study is no exception. Earlier reports have described some of the technical limitations.<sup>13 17</sup> The core model is based on Census data from 2013, but unanticipated economic or structural changes by 2017 could alter actual outcomes. Our estimates are largely based on analyses of insurance coverage in Massachusetts, which assumes this experience can be used to model effects of the ACA in other states. To account for state differences, the current project incorporates state-specific administrative data about Medicaid and health insurance marketplace enrollments in 2014/15 to adjust for state-specific differences in the implementation of the ACA and marketplace features that affect uptake. Finally, both self-reported data about insurance coverage and other characteristics and administrative data may be subject to reporting error. Nonetheless, our results accord with early 2014 data showing that insurance coverage of non-elderly adults is rising, particularly in states expanding Medicaid.<sup>1</sup>

Some policy aspects of the ACA remain unsettled. States may continue to change their policies about Medicaid expansions, which could modify the effects, although we provide estimates for every state with and without a Medicaid expansion to indicate the potential impact of changes.

A final issue is that CDC bases program eligibility policies on current scientific recommendations, which may change over time. After the U.S. Preventive Services Task Force (USPSTF) changed its recommendations for the age range for cervical cancer screening from 18-64 to 21-64, CDC changed the target ages for NBCCEDP. The USPSTF is considering standards for breast cancer screening and its draft recommendation would recommend screening every two years for women 50 to 64, but not for women under 50.<sup>30</sup> If this becomes the final recommendation, CDC might change the target age range for NBCCEDP.

Although the ACA is reducing the number of uninsured, millions will remain uninsured. The NBCCEDP exists to address the needs of those without coverage. Our analyses indicate the number of women who remain uninsured will continue to outstrip the number who could be served at current funding levels, and the program will continue to fill a critical gap in women's health needs. As health reform proceeds, CDC should consider changes in state insurance patterns and other changes in the rapidly evolving American health system to chart the program's future.



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**Data Tables for**  
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Table 1. Estimated ACA-Related Changes in Uninsured Rates for Women, 21-64, at or Below 250% FPL, 2013 and 2017

State	Women, 21-64, At or Below 250% FPL							
	2013		2017					
	# Uninsured	% Uninsured	Without Medicaid Expansion			With Medicaid Expansion		
			# Uninsured	% Uninsured	Change in Uninsured	# Uninsured	% Uninsured	Change in Uninsured
United States (Based on Expansions in 29 States as of April 2015)						5,699,868	14.6%	6,689,518
United States	12,389,386	32.2%	7,189,971	18.4%	5,199,415	3,880,230	9.9%	8,509,156
Alabama	213,052	31.3%	141,135	20.3%	71,917	66,403	9.6%	146,649
Alaska	25,350	43.5%	16,182	27.4%	9,168	11,570	19.6%	13,780
Arizona*	286,534	33.4%	203,849	23.4%	82,685	116,564	13.4%	169,970
Arkansas*	144,877	34.0%	30,705	7.1%	114,172	30,705	7.1%	114,172
California*	1,725,889	35.7%	435,076	8.8%	1,290,813	435,076	8.8%	1,290,813
Colorado*	176,654	30.8%	96,532	16.5%	80,122	32,717	5.6%	143,937
Connecticut*	71,851	22.7%	30,630	9.5%	41,221	15,346	4.8%	56,505
Delaware*	21,740	21.2%	11,480	11.0%	10,260	10,538	10.1%	11,202
District of Columbia*	7,606	9.2%	5,470	6.5%	2,136	5,470	6.5%	2,136
Florida	1,059,619	40.0%	623,938	23.1%	435,681	280,096	10.4%	779,523
Georgia	564,885	40.5%	357,756	25.2%	207,129	153,019	10.8%	411,866
Hawaii*	23,689	17.9%	13,088	9.7%	10,601	13,088	9.7%	10,601
Idaho	72,941	35.1%	39,918	18.9%	33,023	13,246	6.3%	59,695
Illinois*	419,936	29.0%	305,725	20.7%	114,211	169,331	11.5%	250,605
Indiana*	261,713	31.7%	165,448	19.7%	96,265	91,028	10.8%	170,685
Iowa*	65,758	20.1%	49,487	14.9%	16,271	26,900	8.1%	38,858
Kansas	105,849	32.8%	71,267	21.7%	34,582	40,340	12.3%	65,509
Kentucky*	200,149	32.7%	136,314	21.9%	63,835	21,559	3.5%	178,590
Louisiana	249,717	37.4%	177,242	26.1%	72,475	102,942	15.2%	146,775
Maine	35,127	21.3%	20,090	11.9%	15,037	13,905	8.3%	21,222
Maryland*	130,901	24.7%	83,003	15.4%	47,898	28,416	5.3%	102,485
Massachusetts*	44,413	7.1%	32,400	5.1%	12,013	32,400	5.1%	12,013
Michigan*	313,192	25.2%	241,471	19.1%	71,721	118,352	9.4%	194,840
Minnesota*	97,631	18.8%	8,450	1.6%	89,181	8,450	1.6%	89,181
Mississippi	161,468	33.9%	108,049	22.3%	53,419	40,294	8.3%	121,174
Missouri	233,590	30.6%	162,911	21.0%	70,679	89,848	11.6%	143,742
Montana	40,226	32.7%	24,569	19.6%	15,657	10,279	8.2%	29,947
Nebraska	57,955	29.2%	38,695	19.2%	19,260	26,280	13.0%	31,675
Nevada*	151,452	40.8%	103,022	27.2%	48,430	46,024	12.2%	105,428
New Hampshire*	33,700	28.1%	22,406	18.4%	11,294	10,053	8.3%	23,647
New Jersey*	295,662	35.9%	151,620	18.1%	144,042	93,371	11.1%	202,291
New Mexico*	112,947	38.0%	73,544	24.3%	39,403	30,515	10.1%	82,432
New York*	471,984	20.6%	233,029	10.0%	238,955	204,368	8.8%	267,616
North Carolina	477,344	35.4%	281,510	20.5%	195,834	96,475	7.0%	380,869
North Dakota*	18,260	25.5%	14,835	20.5%	3,425	7,332	10.1%	10,928
Ohio*	355,966	25.3%	247,634	17.3%	108,332	104,842	7.3%	251,124
Oklahoma	192,136	37.3%	137,134	26.2%	55,002	95,490	18.2%	96,646
Oregon*	160,181	31.4%	113,102	21.8%	47,079	19,380	3.7%	140,801
Pennsylvania*	319,721	23.3%	214,044	15.3%	105,677	36,698	2.6%	283,023
Rhode Island*	25,970	23.6%	16,877	15.1%	9,093	3,752	3.4%	22,218
South Carolina	227,518	33.4%	134,479	19.4%	93,039	71,535	10.3%	155,983
South Dakota	33,880	33.5%	24,462	23.8%	9,418	15,091	14.7%	18,789
Tennessee	262,050	29.2%	150,702	16.5%	111,348	81,555	8.9%	180,495
Texas	1,583,490	46.4%	1,095,666	31.6%	487,824	677,747	19.5%	905,743
Utah	93,481	29.5%	59,330	18.5%	34,151	36,969	11.5%	56,512
Vermont*	7,289	10.5%	3,654	5.2%	3,635	3,654	5.2%	3,635
Virginia	273,079	32.3%	181,140	21.0%	91,939	107,965	12.5%	165,114
Washington*	256,820	33.8%	173,669	22.5%	83,151	52,759	6.8%	204,061
West Virginia*	84,783	32.8%	56,502	21.4%	28,281	14,277	5.4%	70,506
Wisconsin	121,829	19.0%	59,319	9.1%	62,510	59,319	9.1%	62,510
Wyoming	17,532	32.1%	11,411	20.6%	6,121	6,902	12.5%	10,630

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.

\* = Medicaid expansion state as of April 2015

Table 2. Estimated ACA-Related Changes in Uninsured Rates for Women, 40-64, at or Below 250% FPL, 2013 and 2017

State	Women, 40-64, At or Below 250% FPL							
	2013		2017					
	# Uninsured	% Uninsured	Without Medicaid Expansion			With Medicaid Expansion		
			# Uninsured	% Uninsured	Change in Uninsured	# Uninsured	% Uninsured	Change in Uninsured
United States (Based on Expansions in 29 States as of April 2015)						2,589,894	13.5%	3,209,255
United States	5,799,149	31.1%	3,349,527	17.5%	2,449,622	1,705,024	8.9%	4,094,125
Alabama	91,063	27.2%	62,205	18.0%	28,858	28,361	8.2%	62,702
Alaska	10,104	47.0%	6,663	30.2%	3,441	4,178	18.9%	5,926
Arizona*	134,437	33.5%	98,562	23.9%	35,875	51,909	12.6%	82,528
Arkansas*	65,506	31.5%	13,069	6.1%	52,437	13,069	6.1%	52,437
California*	806,438	34.8%	194,912	8.2%	611,526	194,912	8.2%	611,526
Colorado*	80,957	32.4%	44,845	17.5%	36,112	11,371	4.4%	69,586
Connecticut*	36,119	23.1%	14,374	9.0%	21,745	5,937	3.7%	30,182
Delaware*	10,401	21.7%	4,776	9.7%	5,625	4,619	9.4%	5,782
District of Columbia*	4,001	11.3%	1,516	4.2%	2,485	1,516	4.2%	2,485
Florida	562,664	39.8%	333,946	23.0%	228,718	141,686	9.8%	420,978
Georgia	258,587	38.6%	165,014	24.0%	93,573	65,266	9.5%	193,321
Hawaii*	12,150	19.6%	5,851	9.2%	6,299	5,851	9.2%	6,299
Idaho	33,352	35.0%	17,198	17.6%	16,154	5,239	5.4%	28,113
Illinois*	210,399	30.8%	152,305	21.7%	58,094	75,415	10.7%	134,984
Indiana*	120,847	31.1%	81,581	20.4%	39,266	39,411	9.9%	81,436
Iowa*	28,541	19.5%	20,881	13.9%	7,660	11,047	7.3%	17,494
Kansas	45,964	32.2%	29,664	20.2%	16,300	17,491	11.9%	28,473
Kentucky*	93,535	29.4%	65,454	20.0%	28,081	9,176	2.8%	84,359
Louisiana	113,443	35.2%	79,612	24.0%	33,831	45,459	13.7%	67,984
Maine	17,986	19.6%	11,089	11.8%	6,897	6,982	7.4%	11,004
Maryland*	59,180	23.1%	35,480	13.5%	23,700	9,945	3.8%	49,235
Massachusetts*	19,835	6.3%	14,526	4.5%	5,309	14,526	4.5%	5,309
Michigan*	155,490	24.9%	115,745	18.0%	39,745	54,882	8.5%	100,608
Minnesota*	39,368	17.2%	3,024	1.3%	36,344	3,024	1.3%	36,344
Mississippi	77,775	32.2%	52,897	21.3%	24,878	18,352	7.4%	59,423
Missouri	110,004	29.6%	74,815	19.6%	35,189	40,585	10.6%	69,419
Montana	18,799	31.6%	12,304	20.0%	6,495	4,573	7.4%	14,226
Nebraska	23,547	28.4%	17,009	19.9%	6,538	10,240	12.0%	13,307
Nevada*	70,703	39.9%	47,304	26.0%	23,399	20,453	11.2%	50,250
New Hampshire*	16,570	26.8%	10,460	16.5%	6,110	4,433	7.0%	12,137
New Jersey*	147,733	34.9%	79,358	18.2%	68,375	43,703	10.0%	104,030
New Mexico*	50,076	34.2%	34,508	22.9%	15,568	13,835	9.2%	36,241
New York*	213,059	18.5%	107,088	9.0%	105,971	92,040	7.8%	121,019
North Carolina	216,273	32.2%	128,696	18.6%	87,577	39,760	5.7%	176,513
North Dakota*	6,750	26.2%	5,037	19.0%	1,713	2,338	8.8%	4,412
Ohio*	191,978	27.9%	130,466	18.5%	61,512	46,748	6.6%	145,230
Oklahoma	85,620	35.9%	61,682	25.1%	23,938	41,480	16.9%	44,140
Oregon*	80,005	33.1%	50,576	20.3%	29,429	5,638	2.3%	74,367
Pennsylvania*	151,923	21.8%	99,652	13.9%	52,271	13,462	1.9%	138,461
Rhode Island*	12,188	23.4%	8,041	15.0%	4,147	1,069	2.0%	11,119
South Carolina	104,948	31.1%	62,806	18.1%	42,142	31,436	9.0%	73,512
South Dakota	15,740	37.2%	10,693	24.6%	5,047	6,695	15.4%	9,045
Tennessee	130,766	28.7%	77,966	16.6%	52,800	37,071	7.9%	93,695
Texas	682,351	43.4%	469,327	29.0%	213,024	292,195	18.1%	390,156
Utah	33,744	29.9%	19,966	17.2%	13,778	12,594	10.8%	21,150
Vermont*	3,338	9.6%	1,731	4.8%	1,607	1,731	4.8%	1,607
Virginia	127,700	31.2%	86,458	20.6%	41,242	48,016	11.4%	79,684
Washington*	106,656	30.3%	71,033	19.6%	35,623	20,935	5.8%	85,721
West Virginia*	42,549	30.6%	26,878	18.8%	15,671	6,406	4.5%	36,143
Wisconsin	60,737	20.6%	25,370	8.3%	35,367	25,370	8.3%	35,367
Wyoming	7,250	32.7%	5,112	22.4%	2,138	2,597	11.4%	4,653

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.

\* = Medicaid expansion state as of April 2015

Table 3. Estimated ACA-Related Changes in Uninsured Rates for Women, 50-64, at or Below 250% FPL, 2013 and 2017

State	Women, 50-64, At or Below 250% FPL							
	2013		2017					
	# Uninsured	% Uninsured	Without Medicaid Expansion			With Medicaid Expansion		
			# Uninsured	% Uninsured	Change in Uninsured	# Uninsured	% Uninsured	Change in Uninsured
United States (Based on Expansions in 29 States as of April 2015)						1,336,631	12.2%	1,692,964
United States	3,029,595	28.7%	1,773,214	16.2%	1,256,381	864,244	7.9%	2,165,351
Alabama	47,389	24.2%	30,734	15.2%	16,655	14,411	7.1%	32,978
Alaska	7,810	59.4%	5,281	38.9%	2,529	3,117	23.0%	4,693
Arizona*	72,489	31.5%	56,153	23.6%	16,336	27,317	11.5%	45,172
Arkansas*	33,376	28.6%	6,353	5.3%	27,023	6,353	5.3%	27,023
California*	415,332	33.0%	96,732	7.4%	318,600	96,732	7.4%	318,600
Colorado*	46,921	32.2%	27,290	18.1%	19,631	5,281	3.5%	41,640
Connecticut*	20,242	22.9%	6,484	7.1%	13,758	1,701	1.9%	18,541
Delaware*	6,056	21.0%	2,991	10.0%	3,065	2,661	8.9%	3,395
District of Columbia*	2,739	13.5%	353	1.7%	2,386	353	1.7%	2,386
Florida	302,999	36.8%	180,609	21.2%	122,390	75,712	8.9%	227,287
Georgia	131,755	35.5%	84,961	22.1%	46,794	32,827	8.5%	98,928
Hawaii*	8,423	22.2%	3,804	9.7%	4,619	3,804	9.7%	4,619
Idaho	19,309	38.4%	10,392	20.0%	8,917	2,616	5.0%	16,693
Illinois*	113,187	29.8%	84,124	21.5%	29,063	37,914	9.7%	75,273
Indiana*	62,333	27.7%	44,891	19.3%	17,442	20,374	8.8%	41,959
Iowa*	13,300	15.7%	10,906	12.5%	2,394	5,443	6.2%	7,857
Kansas	24,294	30.3%	15,261	18.4%	9,033	8,901	10.7%	15,393
Kentucky*	49,461	26.5%	36,085	18.7%	13,376	4,877	2.5%	44,584
Louisiana	59,500	30.7%	42,071	21.0%	17,429	23,789	11.9%	35,711
Maine	8,981	16.9%	5,743	10.4%	3,238	3,601	6.5%	5,380
Maryland*	33,069	22.9%	19,807	13.3%	13,262	4,153	2.8%	28,916
Massachusetts*	10,021	5.9%	8,178	4.7%	1,843	8,178	4.7%	1,843
Michigan*	83,976	23.1%	62,640	16.6%	21,336	28,922	7.7%	55,054
Minnesota*	22,347	16.9%	1,216	0.9%	21,131	1,216	0.9%	21,131
Mississippi	44,850	31.3%	30,795	20.8%	14,055	10,110	6.8%	34,740
Missouri	59,278	27.0%	39,869	17.6%	19,409	21,992	9.7%	37,286
Montana	12,299	32.6%	7,931	20.2%	4,368	2,955	7.5%	9,344
Nebraska	12,466	27.2%	8,867	18.7%	3,599	5,304	11.2%	7,162
Nevada*	34,458	36.6%	23,233	23.9%	11,225	9,370	9.6%	25,088
New Hampshire*	9,253	26.3%	6,106	16.8%	3,147	2,545	7.0%	6,708
New Jersey*	74,260	32.8%	44,877	19.2%	29,383	20,942	9.0%	53,318
New Mexico*	24,791	29.0%	18,472	20.9%	6,319	7,112	8.0%	17,679
New York*	107,333	16.8%	56,270	8.5%	51,063	46,319	7.0%	61,014
North Carolina	112,753	29.3%	68,719	17.2%	44,034	19,601	4.9%	93,152
North Dakota*	3,288	22.5%	3,275	21.7%	13	1,206	8.0%	2,082
Ohio*	105,347	26.3%	73,382	17.7%	31,965	24,434	5.9%	80,913
Oklahoma	42,730	31.7%	31,055	22.3%	11,675	20,466	14.7%	22,264
Oregon*	40,946	29.5%	25,996	18.1%	14,950	2,439	1.7%	38,507
Pennsylvania*	77,101	18.9%	51,386	12.2%	25,715	7,822	1.9%	69,279
Rhode Island*	7,295	24.4%	4,461	14.5%	2,834	146	0.5%	7,149
South Carolina	56,911	29.0%	35,081	17.3%	21,830	16,609	8.2%	40,302
South Dakota	8,964	32.4%	6,518	22.8%	2,446	3,927	13.7%	5,037
Tennessee	71,554	27.0%	43,904	16.0%	27,650	19,608	7.2%	51,946
Texas	327,437	38.4%	224,835	25.5%	102,602	139,635	15.8%	187,802
Utah	16,914	29.0%	9,750	16.1%	7,164	6,041	10.0%	10,873
Vermont*	2,175	9.7%	1,032	4.5%	1,143	1,032	4.5%	1,143
Virginia	65,264	28.4%	44,513	18.7%	20,751	24,374	10.2%	40,890
Washington*	53,105	26.7%	37,443	18.2%	15,662	10,328	5.0%	42,777
West Virginia*	23,377	27.8%	15,085	17.4%	8,292	3,470	4.0%	19,907
Wisconsin	36,210	20.2%	14,819	8.0%	21,391	14,819	8.0%	21,391
Wyoming	3,927	30.2%	2,482	18.4%	1,445	1,386	10.3%	2,541

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.

\* = Medicaid expansion state as of April 2015

Table 4. Estimated ACA-Related Changes in Uninsured Rates for Women &amp; Men, 50-64, at or Below 250% FPL, 2013 and 2017

State	Women & Men, 50-64, At or Below 250% FPL							
	2013		2017					
	# Uninsured	% Uninsured	Without Medicaid Expansion			With Medicaid Expansion		
			# Uninsured	% Uninsured	Change in Uninsured	# Uninsured	% Uninsured	Change in Uninsured
United States (Based on Expansions in 29 States as of April 2015)						2,720,798	13.4%	3,058,599
United States	5,779,397	29.4%	3,562,305	17.5%	2,217,092	1,875,289	9.2%	3,904,108
Alabama	92,159	25.6%	63,549	17.0%	28,610	30,478	8.2%	61,681
Alaska	16,121	53.0%	11,491	36.5%	4,630	7,050	22.4%	9,071
Arizona*	143,090	33.3%	116,665	26.2%	26,425	58,120	13.1%	84,970
Arkansas*	60,358	27.1%	14,191	6.1%	46,167	14,191	6.1%	46,167
California*	803,810	33.6%	224,499	9.1%	579,311	224,499	9.1%	579,311
Colorado*	87,307	31.8%	55,715	19.6%	31,592	13,801	4.8%	73,506
Connecticut*	38,585	23.9%	15,535	9.3%	23,050	5,429	3.2%	33,156
Delaware*	11,631	22.3%	6,321	11.7%	5,310	5,710	10.6%	5,921
District of Columbia*	5,385	13.8%	1,548	3.8%	3,837	1,548	3.8%	3,837
Florida	576,924	37.6%	356,428	22.4%	220,496	165,543	10.4%	411,381
Georgia	235,775	34.8%	157,718	22.5%	78,057	68,084	9.7%	167,691
Hawaii*	14,385	19.9%	7,294	9.7%	7,091	7,294	9.7%	7,091
Idaho	33,419	33.9%	19,478	19.1%	13,941	6,388	6.3%	27,031
Illinois*	214,235	30.6%	165,637	22.9%	48,598	79,876	11.0%	134,359
Indiana*	112,243	27.5%	84,223	19.9%	28,020	39,926	9.4%	72,317
Iowa*	29,439	19.0%	24,795	15.4%	4,644	12,367	7.7%	17,072
Kansas	45,952	29.9%	30,122	18.9%	15,830	18,479	11.6%	27,473
Kentucky*	88,885	26.2%	64,190	18.2%	24,695	10,752	3.1%	78,133
Louisiana	107,592	30.7%	76,406	21.0%	31,186	45,960	12.6%	61,632
Maine	22,720	21.6%	13,894	12.7%	8,826	8,785	8.0%	13,935
Maryland*	65,665	24.7%	40,910	14.9%	24,755	10,925	4.0%	54,740
Massachusetts*	23,049	7.2%	31,616	9.5%	(8,567)	31,616	9.5%	(8,567)
Michigan*	164,772	23.8%	133,249	18.6%	31,523	62,559	8.7%	102,213
Minnesota*	41,815	16.6%	6,762	2.6%	35,053	6,762	2.6%	35,053
Mississippi	82,521	31.8%	57,312	21.3%	25,209	20,862	7.7%	61,659
Missouri	107,394	26.0%	75,615	17.7%	31,779	43,489	10.2%	63,905
Montana	21,466	30.5%	14,055	19.2%	7,411	5,926	8.1%	15,540
Nebraska	21,164	25.2%	15,924	18.3%	5,240	10,320	11.8%	10,844
Nevada*	69,264	37.4%	51,207	26.7%	18,057	22,182	11.5%	47,082
New Hampshire*	18,710	29.3%	12,160	18.4%	6,550	5,053	7.7%	13,657
New Jersey*	135,895	32.9%	81,124	19.0%	54,771	43,189	10.1%	92,706
New Mexico*	48,309	30.4%	39,949	24.2%	8,360	15,809	9.6%	32,500
New York*	229,137	19.2%	126,290	10.2%	102,847	105,967	8.6%	123,170
North Carolina	211,383	30.5%	132,373	18.4%	79,010	44,050	6.1%	167,333
North Dakota*	7,522	25.3%	6,906	22.4%	616	2,863	9.3%	4,659
Ohio*	199,899	26.4%	149,578	19.0%	50,321	55,042	7.0%	144,857
Oklahoma	81,864	33.0%	59,286	23.1%	22,578	40,447	15.7%	41,417
Oregon*	77,230	29.3%	51,613	18.9%	25,617	7,793	2.8%	69,437
Pennsylvania*	160,320	21.1%	113,376	14.4%	46,944	21,956	2.8%	138,364
Rhode Island*	15,861	28.1%	9,378	16.1%	6,483	1,001	1.7%	14,860
South Carolina	113,055	31.1%	73,845	19.6%	39,210	36,873	9.8%	76,182
South Dakota	13,893	27.0%	10,625	19.9%	3,268	6,637	12.4%	7,256
Tennessee	134,963	27.8%	86,596	17.2%	48,367	41,701	8.3%	93,262
Texas	612,328	39.2%	428,472	26.5%	183,856	281,239	17.4%	331,089
Utah	31,160	28.2%	19,589	17.1%	11,571	11,956	10.4%	19,204
Vermont*	5,576	13.9%	2,138	5.1%	3,438	2,138	5.1%	3,438
Virginia	120,334	29.1%	83,260	19.4%	37,074	47,914	11.2%	72,420
Washington*	107,290	28.9%	77,341	20.1%	29,949	23,537	6.1%	83,753
West Virginia*	38,616	24.4%	26,571	16.2%	12,045	7,368	4.5%	31,248
Wisconsin	70,983	21.5%	30,915	9.0%	40,068	30,915	9.0%	40,068
Wyoming	7,944	31.1%	4,573	17.2%	3,371	2,918	11.0%	5,026

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.

\* = Medicaid expansion state as of April 2015



**Table 5. Changes in the Low Income Uninsured Population, 2013 to 2017**

Target Population (At or Below 250% FPL)	Actual Uninsured 2013	Estimated Uninsured 2017		
		All States Expanding Medicaid	No States Expanding Medicaid	29 States Expanding (As of April 2015)
<b><u>Women 21-64:</u></b>				
Thousands Uninsured	12,389.4	3,880.2	7,190.0	5,699.9
Uninsured as % of Low-income*	32.2%	9.9%	18.4%	14.6%
<b><u>Women 40-64:</u></b>				
Thousands Uninsured	5,799.1	1,705.0	3,349.5	2,584.8
Uninsured as % of Low-income*	31.1%	8.9%	17.5%	13.5%
<b><u>Women 50-64:</u></b>				
Thousands Uninsured	3,029.6	864.2	1,773.2	1,336.6
Uninsured as % of Low-income*	28.7%	7.9%	16.2%	12.2%
<b><u>Women &amp; Men 50-64:</u></b>				
Thousands Uninsured	5,779.4	1,875.3	3,562.3	2,716.2
Uninsured as % of Low-income*	29.4%	9.2%	17.5%	13.3%

\* State specific age-group population at or below 250% FPL

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.

**Table 6. Changes in the Low-Income Population by Medicaid Expansion Status as of April 2015**

Target Population (At or Below 250% FPL)	29 States (including DC) Expanding Medicaid		22 States Not Expanding Medicaid	
	Uninsured 2013	Uninsured 2017	Uninsured 2013	Uninsured 2017
<b><u>Women 21-64:</u></b>				
Thousands Uninsured	6,287.3	1,783.0	6,102.1	3,916.9
Uninsured as % of Low-income*	28.7%	8.0%	36.9%	23.3%
<b><u>Women 40-64:</u></b>				
Thousands Uninsured	2,970.7	779.4	2,828.4	1,810.5
Uninsured as % of Low-income*	27.9%	7.1%	35.3%	22.0%
<b><u>Women 50-64:</u></b>				
Thousands Uninsured	1,556.0	392.4	1,473.6	944.2
Uninsured as % of Low-income*	26.0%	6.3%	32.2%	20.0%
<b><u>Women &amp; Men 50-64:</u></b>				
Thousands Uninsured	3,018.3	899.3	2,761.1	1,821.5
Uninsured as % of Low-income*	26.9%	8.0%	32.8%	20.9%

\* State specific age-group population at or below 250% FPL

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.

Table 7. Characteristics of Low-income Uninsured U.S. Women by Expansion Scenario, 21-64, 2013 and 2017

Characteristic (At or Below 250% FPL)	Uninsured Women, 2013 Thousands Actual	% of Uninsured *	% in Group**	Uninsured Women, 2017 Thousands All States Expanding	% of Uninsured, Expansion*	% in Group**	Uninsured Women, 2017 Thousands No States Expanding	% of Uninsured, No Expansion*	% in Group**	Uninsured Women, Thousands April 2015 Expansion	% of Uninsured, April 2015 Expansion*	% in Group**
<b>Race</b>												
White	7,990.4	64.5%	31.6%	2,425.8	62.5%	8.0%	4,567.2	63.5%	7.9%	3,561.8	62.5%	8.1%
African American	2,047.2	16.5%	28.6%	675.6	17.4%	7.7%	1,319.7	18.4%	7.7%	1,105.7	19.4%	7.7%
Asian or Pacific Islander	603.5	4.9%	32.2%	229.4	5.9%	10.9%	385.1	5.4%	11.5%	299.2	5.2%	11.3%
Other or Multiracial	1,748.3	14.1%	42.2%	549.5	14.2%	11.2%	917.9	12.8%	11.4%	733.3	12.9%	11.4%
<b>Ethnicity</b>												
Hispanic	4,227.9	34.1%	47.3%	1,395.3	36.0%	12.5%	2,368.9	32.9%	13.0%	1,996.3	35.0%	12.9%
Non-Hispanic	8,161.4	65.9%	27.7%	2,485.0	64.0%	7.1%	4,821.0	67.1%	7.1%	3,703.6	65.0%	7.1%
<b>English Proficiency</b>												
Not Limited	9,201.4	74.3%	28.4%	2,781.7	71.7%	7.2%	5,302.7	73.8%	7.1%	4,127.8	72.4%	7.2%
Limited	3,188.0	25.7%	52.9%	1,098.5	28.3%	15.2%	1,887.3	26.2%	15.9%	1,572.0	27.6%	15.9%
<b>Education</b>												
No High School degree or GED	3,187.2	25.7%	43.8%	940.8	24.2%	10.5%	1,673.4	23.3%	10.4%	1,372.5	24.1%	10.6%
High School/Some College	7,104.7	57.3%	31.9%	2,287.5	59.0%	8.5%	4,298.3	59.8%	8.5%	3,378.8	59.3%	8.6%
Bachelor's /Associate's degree	1,832.9	14.8%	24.1%	570.3	14.7%	6.4%	1,066.5	14.8%	6.4%	832.3	14.6%	6.4%
Master's/Doctorate degree	264.7	2.1%	20.4%	81.7	2.1%	5.5%	151.8	2.1%	5.5%	116.3	2.0%	5.4%
<b>Children</b>												
Children present	4,749.6	38.3%	30.0%	1,290.8	33.3%	6.7%	2,382.0	33.1%	6.7%	1,899.9	33.3%	4.8%
No Children present	7,639.8	61.7%	33.8%	2,589.4	66.7%	9.6%	4,807.9	66.9%	9.5%	3,800.0	66.7%	13.5%
<b>Disability Status</b>												
Disabled	1,271.7	10.3%	20.5%	361.6	9.3%	4.9%	695.9	9.7%	4.8%	539.2	9.5%	4.9%
Not Disabled	11,117.7	89.7%	34.5%	3,518.6	90.7%	9.1%	6,494.0	90.3%	9.0%	5,160.6	90.5%	9.1%
<b>Employment Status</b>												
Employed	6,308.8	50.9%	31.2%	1,978.1	51.0%	8.2%	3,672.3	51.1%	8.1%	2,900.0	50.9%	8.2%
Not Employed	6,080.6	49.1%	33.4%	1,902.1	49.0%	8.7%	3,517.6	48.9%	8.6%	2,799.8	49.1%	8.7%

\* % of Uninsured are column percentages. For example, of all the uninsured by race category, what percent are white, etc. The sum of percentages across racial groups is 100%.

\*\*% of Group means the percent of that type of person who is uninsured in the year and scenario.

Source: 2013 American Community Survey 1-Year Public Use Microdata Sample (PUMS) and 2017 GW simulation estimates.