

9 out of 10 non-elderly Californians will be covered under Affordable Care Act: study

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Nine out of 10 Californians under the age of 65 will be enrolled in health insurance programs as a result of the Patient Protection and Affordable Care Act (ACA), according to a joint study by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research.

Between 1.8 million and 2.7 million previously uninsured [Californians](#) will gain [coverage](#) by 2019, when the law's effect is fully realized, the researchers said.

The report, which uses a sophisticated [computer simulation model](#) to project the ACA's impact on insurance coverage, comes as the U.S. Supreme Court prepares to issue its ruling this month on the constitutionality of the law.

Under the ACA, more than a million Californians with the lowest incomes are set to become eligible as of 2014 for affordable [health coverage](#) through an expansion of Medi-Cal (the state's [Medicaid program](#)), while several million more residents from low- and middle-income families will be eligible for subsidies through the new California Health Benefit Exchange, making their coverage more affordable.

Specifically, the researchers project that an expansion of Medi-Cal will result in between 1.2 and 1.6 million new enrollees, while between 1.8 million and 2.1 million state residents will enroll in subsidized coverage through the exchange.

"If the [Affordable Care](#) Act is upheld by the Supreme Court and fully implemented, it will significantly expand access to affordable health coverage," said Ken Jacobs, chair of the UC Berkeley Center for Labor Research and Education and the study's lead author. "Based on our simulation, millions of Californians stand to gain, either through insurance they wouldn't otherwise have or from more affordable premiums and increased benefit standards."

The UC Berkeley and UCLA researchers project that by the time the ACA is fully implemented in 2019, between 89 and 92 percent of Californians under the age of 65 will have health coverage, versus 84 percent without the law. As many as 3.7 million uninsured or underinsured Californians will gain access to insurance or switch to better, more affordable policies as a result of the expansion of Medi-Cal and the exchange.

The study underlines the importance of outreach in maximizing the ACA's benefits. Specifically, the authors note that greater coverage would be achieved by factors such as simplified enrollment and retention systems, aggressive outreach, and language accessibility.

"Outreach is the key to coverage," said Gerald Kominski, director of the UCLA Center for [Health Policy Research](#) and a co-author on the study. "Helping California's diverse population understand the different types of coverage available and the enrollment process should significantly boost enrollment rates and broaden the risk pool, which is essential to keeping down costs."

All of California's counties will see increased coverage under the law, according to the study. Los Angeles County will account for 30 percent of new Medi-Cal enrollees and 31 percent of subsidized enrollees in the California Health Benefit Exchange. While Angelenos make up 27 percent of the state's population, they accounted for 32 percent of the

uninsured in 2009. Likewise, the San Joaquin Valley has 10 percent of the state's population but will account for 14 percent of new Medi-Cal enrollees.

Even with the increase in coverage, California will still have between 3 million and 4 million people without insurance by the time the ACA is fully implemented in 2019, the UC Berkeley and UCLA researchers project. Of these, slightly more than 1 million will be ineligible for coverage due to their immigration status.

The projections were made with the California Simulation of Insurance Markets (CalSIM) model, a micro-simulation developed by researchers at the two centers with support from The California Endowment. CalSIM uses a range of official data sources, including the California Health Interview Survey, to estimate the impact of various elements of the ACA on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. The range of predictions results from two scenarios: one based on typical responses to expanded coverage, and another based on the more robust enrollment and retention strategy.

Expanded eligibility for Medi-Cal under the ACA will enable families with incomes up to 138 percent of the federal poverty level (\$14,856 for an individual, \$31,809 for a family of four in 2012) to enroll; make childless adults eligible based on income alone for the first time; eliminate asset tests; and simplify enrollment and retention rules, among other changes.

The establishment of the California [Health Benefit](#) Exchange as part of the new law will assist consumers in making informed choices among private [health](#) plans while providing subsidies for individuals with incomes up to 400 percent of the federal poverty level (\$44,680 for an individual and \$92,200 for a family of four in 2012) who don't qualify

for Medi-Cal and have no family members with an offer of affordable job-based coverage.

Provided by University of California, Los Angeles

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