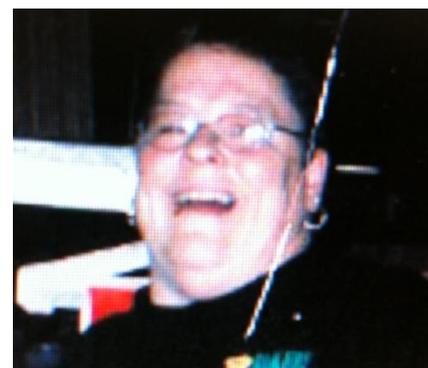
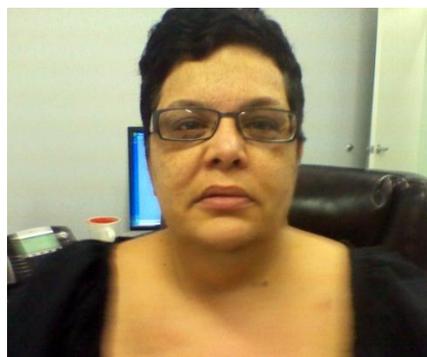
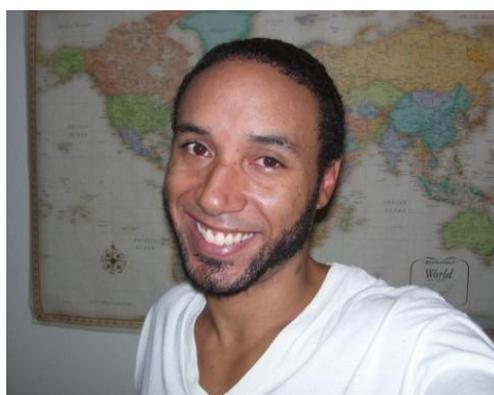


November 2012

## FACES OF THE MEDICAID EXPANSION: Profiles of Uninsured Adults Who Could Gain Coverage



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.

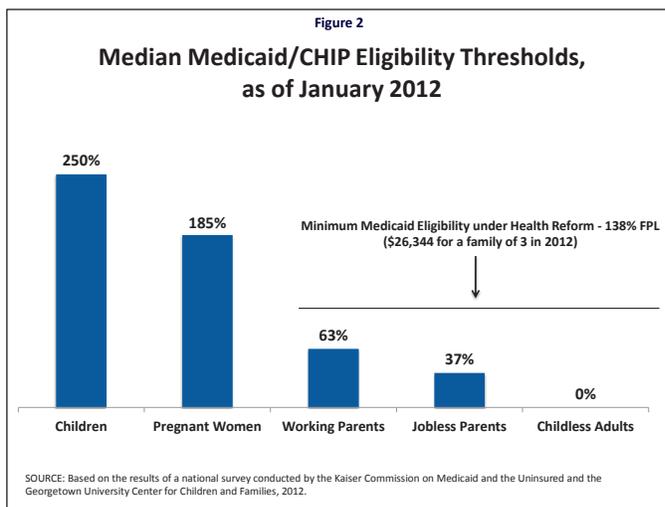
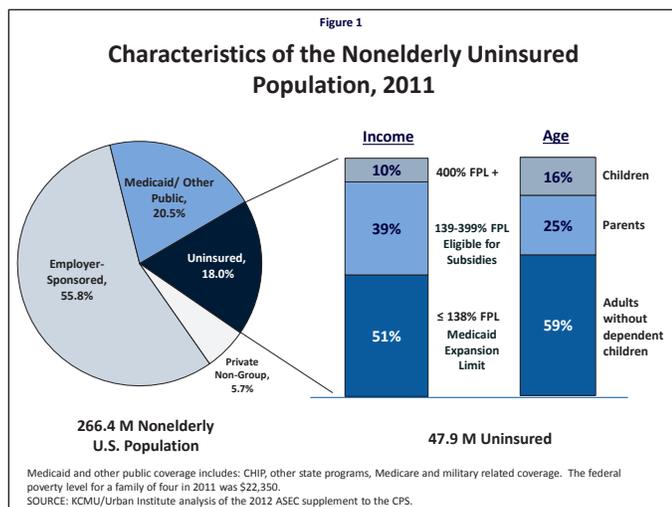
## Introduction

Beginning in 2014, the Affordable Care Act (ACA) provides for the expansion of Medicaid to a national eligibility floor of 138% FPL (\$15,415 for an individual or \$26,344 for family of three in 2012), which would make millions of uninsured adults newly eligible for the program. The Supreme Court ruling on the ACA maintains the Medicaid expansion, but limits the Secretary’s authority to enforce it, which may impact state decisions to implement it. If a state does not expand Medicaid, poor adults in that state will not have any new coverage options and likely remain uninsured.

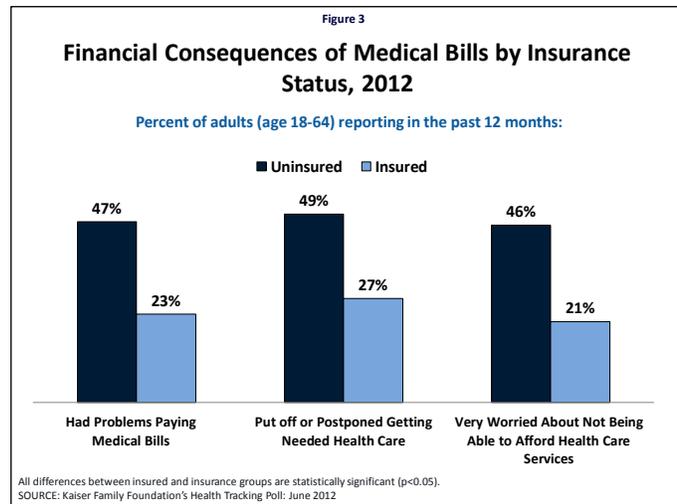
To provide insight into the potential impact of expanding Medicaid, this report presents individual profiles of currently uninsured adults who could gain coverage under the Medicaid expansion, including the impacts being uninsured has had on their lives and their perspectives on potentially gaining Medicaid coverage. It is based on a combination of focus groups and follow-up telephone interviews with selected focus group participants conducted by the Kaiser Commission on Medicaid and the Uninsured and Lake Research Partners in late summer and fall 2012 with uninsured adults in Florida, Ohio, Nevada, and Texas who could be eligible for the Medicaid expansion. Findings on key themes from the focus groups are available in the companion report, “Faces of the Medicaid Expansion: Experiences of Uninsured Adults Who Could Gain Coverage,” available at <http://www.kff.org/medicaid/8385.cfm>.

## Background

As of 2011, approximately 48 million nonelderly individuals in the United States (nearly 1 in 5) were uninsured (Figure 1). More than eight in ten of these uninsured individuals were in low-or moderate-income families, and about two-thirds, or 40 million, were adults. One key reason for the large number of uninsured low-income adults is their limited eligibility for Medicaid today. While states have expanded Medicaid and CHIP eligibility for children and pregnant women, Medicaid eligibility levels for parents remain low in most states. In addition, other “childless adults,” who do not have a child in the home or qualify as having a disability, historically have been excluded from Medicaid no matter how low their income. As such, the ACA Medicaid expansion would significantly increase eligibility for low-income adults in many states, which would provide a new affordable coverage option for millions of currently uninsured adults (Figure 2 and Appendix A).



Research suggests that being uninsured affects individuals' access to care and their financial security. Uninsured individuals are less likely to receive preventive care, are more likely to be hospitalized for preventable medical conditions, and are more likely than those with insurance to die in the hospital.<sup>1</sup> The financial impact of being uninsured also is significant. Uninsured adults are about twice as likely as insured adults to report difficulty paying medical bills, postponing needed health care, and to be very worried about being able to afford health services (Figure 3).



Moreover, beyond these facts and figures, there are the personal experiences of being uninsured and the broad impacts being uninsured has on people's lives. These impacts extend beyond health care and finances, affecting individuals' stress and worries; ability to work; daily lives, activities, and relationships; as well as overall well-being and health. The individual profiles presented here illustrate these personal experiences and variety of ways being uninsured can affect individuals' lives. For these individuals, being uninsured means:

- **Martha:** Living with the worry that she might have cancer but being unable to afford the services recommended by her doctor to get diagnosed or treated.
- **Judy:** Not being able to afford her diabetes medications and making tough trade-offs between paying for health care or basic needs.
- **Eric:** Worrying about undiagnosed symptoms.
- **Roosevelt:** Living with significant pain that interferes with his ability to work.
- **Kelly:** Suffering from untreated anxiety that interferes with her ability to work and her daily life and activities.
- **Maya:** Being left to try to manage her high blood pressure on her own.
- **Cynthia:** She cannot get care for her seizures and can no longer live independently.
- **Gary:** Experiencing gaps in care for his high blood pressure and anxiety.
- **Lori:** She cannot afford to see the doctor to obtain primary care or screenings to check for conditions that run in her family.
- **Denise:** Dealing with unexpected costs from a car accident.

<sup>1</sup> KCMU. The Uninsured: A Primer. October 2012. <http://www.kff.org/uninsured/7451.cfm>



## Martha

Age 61. Houston, TX

**Being uninsured means living with the worry that she might have cancer, but being unable to afford the services recommended by her doctor to get diagnosed or treated.**

Martha is a retired teacher’s assistant. Her husband lost his job two years ago, and they now live on a small, fixed income. With no savings, Martha worries a lot about her finances and whether she and her husband will be able to afford to eat. “We pay everything on time, even when we don’t have anything to buy groceries,” she says. Martha worries about unexpected costs, too, saying, “If there is any little emergency, you’re out of it.”

Martha lost her employer-sponsored health insurance when she retired. In the initial months after retirement, she paid for continuing coverage through COBRA because she was concerned about obtaining ongoing care for her many health conditions, including diabetes, high blood pressure, and cholesterol. After only three months, however, Martha found that she could no longer afford the \$550 monthly premiums and dropped the COBRA coverage.

For the first time in her life, Martha is uninsured. She says, “It’s horrible not to have insurance.... it’s just like when you most need it that’s when you don’t have it. I had heard about people going through this, but I never imagined how it felt...” Without insurance, Martha no longer is able to get the care she needs when she needs it. “I never had trouble in my life with being sick and not being able to go to the doctor until now,” she notes. Martha no longer sees her regular doctor. Instead, she obtains care through the county hospital system, which charges on a sliding scale based on income, and at a local clinic. During a clinic visit a few months ago, a doctor recommended she obtain an MRI to rule out thyroid cancer. However, Martha cannot afford the MRI, which would cost about \$1,000—nearly their entire monthly income. To obtain the MRI at a lower cost through the county hospital, she will need to wait five months. “By that time, if it’s cancer, it’ll kill me,” she laments, and notes, “You feel helpless. Changes are going on inside your body...you feel like it’s giving a chance for sickness to attack you because you don’t have the money to go to a doctor...it’s giving a chance for the sickness to get bigger.”

**“I feel abandoned... because I don’t know what’s going on with me and I can’t find out because I don’t have insurance.”**

Martha now feels scared and uneasy. “I feel abandoned... because I don’t know what’s going on with me and I can’t find out because I don’t have insurance.” She says that getting health insurance would, “mean the world” to her and be a big relief. “I would go get my MRI and see if I have cancer or not.”



## Judy

Age 63. Cincinnati, OH

**Being uninsured means not being able to afford her diabetes medications and making tough trade-offs between paying for health care or basic needs.**

Judy, a recent widow and a retired warehouse order puller, lives alone in Hamilton, Ohio. While Judy is often visited by her daughter and grandchildren, she is still getting used to living on her own. “It takes a while to get used to being by yourself...and doing things totally different from when he was with me,” she notes. Judy lives on a strict budget and has very little in savings. Since she retired, she receives a small monthly income, and she says, “I have to be really careful” about spending money. She makes sure to pay her mortgage and monthly utilities, but that leaves little money for other costs, including health insurance and care. “It’s hard to get insurance when you know you’re on a budget,” she says.

Judy lost her employer-sponsored health insurance when she retired from her job a little over a year ago. She has looked for coverage on the private market but cannot afford the \$1,000 monthly premiums for the plans she has been offered. She says being uninsured is scary, and she fears what will happen if she has to go to the hospital. “If you get sick and if you have to call the squad or something and go to the hospital, there you got bills,” she says.

Now that she is uninsured, Judy struggles to pay for medication to treat her diabetes, arthritis, and high blood pressure. Judy takes six different drugs to control her blood sugar, but often has to manage without them because she cannot afford them. “I’m a diabetic and cannot afford a lot of my medicine... I just go from day to day... you pay all your bills and you don’t have anything left for anything else.” Judy also has difficulty saving up to see her doctor, who charges \$65 for an office visit. “You just have to hope and pray you can come up with the money before you go,” she says. “I haven’t seen my primary physician in six months. I haven’t had money since then...” She feels like she risks her health when she does not take her medication or get regular check-ups, but does not feel she has any other options. “I just try to keep up,” she remarks. “You just cope with it. That’s all you can do.”

**“I’m a diabetic and cannot afford a lot of my medicine... I just go from day to day... you pay all your bills and you don’t have anything left for anything else.”**

For Judy, getting Medicaid would mean peace of mind and the ability to get the care she needs. “Well I could go to the doctor and I could have my blood work and everything checked and you know maybe I could get my medicines a lot easier with that Medicaid.”

# Eric

Age 33. Las Vegas, NV

Being uninsured means worrying about undiagnosed symptoms.



Eric moved to Las Vegas from California about ten years ago and is currently sharing a house with his brother. Although formerly employed as a warehouse worker, he currently is unemployed and actively looking for work. He says the job market is tough with so many people unemployed. He notes, “You put in...a bunch of applications and a bunch of resumes and you’re still not getting calls back...” Money is very tight for Eric, who receives help affording food from the Supplemental Nutrition Assistance Program as well as some help from his mother and brother with living expenses. Although he wishes he did not need this assistance, he says, “It is a life saver. I wouldn’t have food without it.”

Eric currently lacks access to any affordable health coverage and, as such, is uninsured. Recently, he started experiencing some numbness and tingling, fatigue, and other issues, which led him to worry that these may be symptoms of diabetes, especially given a family history of the condition, including an uncle who died from diabetes-related complications. However, he cannot afford to see a doctor and says he would not be able to pay for insulin if he were diagnosed with diabetes.

“I would feel happiness and relief [if I had coverage], relief knowing whether I have diabetes, and knowing I could get the care I need to treat it.”

Eric feels being able to enroll in Medicaid would have a big impact on his life by enabling him to get a diagnosis and treatment for his symptoms and helping to relieve some of his worries. He says, “I would feel happiness and relief [if I had coverage], relief knowing whether I have diabetes, and knowing I could get the care I need to treat it.”

# Roosevelt

Age 54. Houston, TX

**Being uninsured means living with significant pain that interferes with his ability to work.**

Roosevelt lives in Houston, Texas with his fiancée. Until recently, he worked full-time as auto technician, but a number of health problems, including chronic pain from shoulder surgery and bad knees have limited his mobility and prevented him from working. He now does property work part time, earning only \$600 a month. Roosevelt finds himself in a difficult situation. On the one hand, he needs health insurance to get medical care so he can go back to work, but, on the other hand, he cannot get health insurance until he is well enough to work a full-time job with benefits. Roosevelt describes his situation as frustrating and confusing. “If I had healthcare,” he says, “this could be done professionally and in a year’s time I could be physically fit; not need no help from anyone and I can go find the kind of job that would have insurance.”

With a small income, no savings, and medical debt, Roosevelt has no money left over to buy insurance, pay for physical therapy, or get enough medication to manage chronic pain from his surgery. He suffers in pain, often skipping doses of his pain medication or taking fewer pills than prescribed to stretch out his supply. He notes, “It just makes me cry, when I’m sitting on the side of the bed at 3:00 in the morning...[the prescription] says take two every six hours for pain, but I don’t have enough...I take one instead. It subsides the pain a little but, yet I’m in pain—severe pain. I’m crying and hurting, but I’m going to make it stretch until the next time.”

**“It just makes me cry, when I’m sitting on the side of the bed at 3:00 in the morning...[the prescription] says take two every six hours for pain, but I don’t have enough...I take one instead. It subsides the pain a little but, yet I’m in pain—severe pain. I’m crying and hurting, but I’m going to make it stretch until the next time.”**

Roosevelt has been uninsured his whole life but would be grateful for coverage to help get back to work, manage the pain in his shoulder and knees, and get care for several other health conditions, including anxiety, two leaky heart valves, arthritis, and high blood pressure.

# Kelly

Age 49. Las Vegas, NV

**Being uninsured means suffering from untreated anxiety that interferes with her ability to work and her daily life.**



Kelly currently lives in Las Vegas with two roommates. She has two grown children—her daughter, age 23, just moved out of the house and recently had a baby. Her son, age 32, lives in Chicago. For the past couple of years she has been working part time with a non-profit organization. She is thankful for the job and says, “It’s making me gain more skills, because it’s something I’ve never done before, and...I’m always learning something new so it keeps me happy.”

Because Kelly is working part time, she is not offered health coverage from her employer and remains uninsured. Her finances are very tight and she often takes on additional jobs, like presenting food demonstrations at grocery stores. Most of her money goes to cover her basic necessities. She has no savings, other than the \$100 required to maintain her checking account. The lack of savings worries her because she feels like she doesn’t have any resources to fall back on to deal with unexpected expenses or an emergency.

About five years ago, Kelly had a brain aneurism that required emergency surgery. While she qualified for Medicaid at the time she had the surgery, she has since lost her Medicaid coverage and no longer qualifies. Now that she is uninsured, she is unable to get follow-up care recommended by her doctors or treatment or medications for her problems with anxiety. She says that her untreated anxiety has real negative impacts on her life and prevents her from working a full-time job and spending as much time as she would like to caring for her new granddaughter. She says, “There’s days that I...can’t get out of bed, because I’m not taking my medication and I can’t, I just can’t get up.” Knowing that she cannot afford her medication when she needs it causes Kelly additional anxiety. “I don’t like to take medication if I don’t have to,” she says. “But the fact that I don’t...have any, when that stressful time come up, it stresses me out throughout the day.”

“There’s days that I...can’t get out of bed, because I’m not taking my medication and I can’t, I just can’t get up.”

If Kelly were able to get Medicaid now, she says “it would put a smile on my face... and get rid of a lot of stress.” She would be grateful to “just have a doctor to call to ask questions.” Once she is able to address her health issues, Kelly has hopes for the future, saying, “I would be able to get a full time job, be able to get all my chores, and get things [around the house] done.”



# Maya

Age 33. Lakeland, FL

**Being uninsured means being left trying to manage her high blood pressure on her own.**

Maya lives alone in a small rented apartment in Lakeland, Florida. Maya has always worked full-time, but when she was laid off in April, she went back to school while she searched for a new position. Finding work has been difficult, though, and Maya recently switched to online classes so she could spend more time looking for a job. She currently relies on her student loans and financial assistance and feels financially strapped. She recently lost her car because she could no longer keep up with payments. Maya has been uninsured for about nine months since she lost insurance through her previous employer. She looked into buying insurance on her own, but says the premiums were just too high.

Maya has high blood pressure and the stress and financial pressure in her life contribute to problems managing it. She feels a pounding in her head when her blood pressure is out of control. She currently does not have a medical professional helping to manage or monitor her high blood pressure. It runs in her family and, while her parents and younger brother take medication, Maya does not because she cannot afford it and has no doctor to prescribe it. Maya tries to manage her high blood pressure on her own by changing her lifestyle and eating healthier, but she is still worried. “My blood pressure went up and it scared me so I’m like, okay, no, I’m not going to let it get up [again]... I started losing weight and was drinking water all the time; that’s all I drink now because I’m so scared that it’ll go back up again, way back.”

“My blood pressure went up and it scared me so I’m like, okay, no, I’m not going to let it get up [again]... I started losing weight and was drinking water all the time”

Maya’s health issues have led her to the emergency room twice in the past year and left her with nearly \$7,000 in medical debt. Most recently, she went to the ER after a sinus infection caused her face to swell. “It scared me,” she says. She remarks that if she had known it was a sinus infection, “I would’ve tried to just deal with some home remedies. I don’t want to deal with...the cost of going to the ER...”

Maya says she would jump through hoops for affordable health insurance to treat her high blood pressure and get preventive care. Maya wants to get mammograms because “breast cancer runs in my family.” She notes, “My mom’s had it three times herself, so I want to get checked and I have yet to get checked.” If she could find affordable health insurance or qualify for Medicaid, Maya says she would enroll right away. She says having insurance would make her feel “more secure, more relaxed” knowing she could get the care she needs.

# Cynthia

Age 50. St. Petersburg, FL

**Being uninsured means that she cannot get care for her seizures and can no longer live independently.**

Cynthia has always been an independent woman used to caring for herself and others. However, in the next month, she will be forced to give up her driver's license, quit her job, and move in with her sister's family so they can help care for her. Cynthia has non-epileptic seizures, and without health insurance, she cannot afford the specialty care needed to manage her symptoms and will no longer be allowed to drive. With no family in the St. Petersburg area, she must move to South Carolina with her sister's family so that they can care for her and help her get around. She says, "Just everything you can imagine is going the opposite of what it should."

Cynthia's struggles began two years ago, when she was laid off from a job and lost the health insurance she had through her employer. While she was out of work, Cynthia relied on churches and friends to get by as well as small amounts of unemployment assistance and the Supplemental Nutrition Assistance Program. She was able to cover her rent, but unable to purchase health insurance. She took the first job she was offered, but cannot afford the health coverage offered by her new company, and, as such, remains uninsured. "It's a great plan but I just can't take it," she says.

**"Now here I am moving...because of it and because of the lack of being able to medicate it through the proper doctors."**

Cynthia has tried to get care for her seizures but cannot afford ongoing treatment from specialists without health coverage. "It's just affected my whole life," she says. "Now here I am moving...because of it and because of the lack of being able to medicate it through the proper doctors." Cynthia says she would do "anything necessary" to enroll in Medicaid if she found out she were eligible. "It would be a lot of stress and worry out from your life," she admits. "I can concentrate on bigger and better things."



## Gary

Age 35. Cincinnati, OH

**Being uninsured means experiencing gaps in care for his high blood pressure and anxiety.**

Gary is a full-time student enrolled in a program to become an automotive technician. When he graduates, he hopes to get a job as an auto mechanic at a local dealership, which will provide a good salary and offer health insurance. While this is good news for Gary's future, he has spent many years without health insurance and has significant debt for student loans and emergency room visits. Currently, he relies on his student loans and grants and stays with his mother and stepfather to save money.

While in generally good health, Gary suffers from high blood pressure and anxiety. He participates in a discount medication plan at his local pharmacy that charges a \$4 dollar copay for his medications. However, to get his refills, Gary must visit a doctor, which costs \$140-\$150. Gary says that he often puts off these visits because he cannot afford them, which leads to gaps in his medication and worsening of his conditions. Gary says, "I can just tell when my pressure is up... my heart will race."

Moreover, without his anxiety medication he says, "I can't work through the stressful periods of my life... I focus on the little things and I can't sleep." He also suffers panic attacks without his medication. Gary tries to time his visits so that the same doctor can refill both his blood pressure and anxiety medications, but notes that some doctors will refer him to a psychiatrist for his anxiety prescription, which means a longer delay, since he is unable to afford a psychiatrist visit.

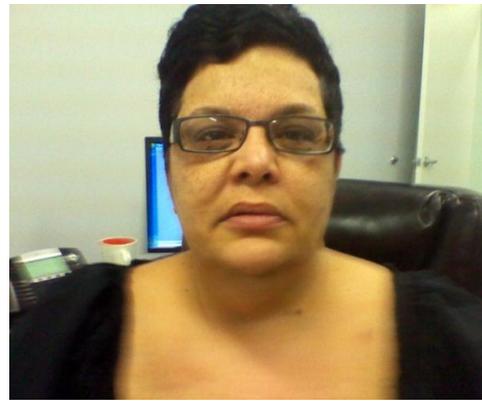
**"It would be nice to be able to...keep track of what's going on right now and to know that, you know this month, that I can actually get my medicine...I don't have to go without it."**

Gary says he wants health insurance to manage his health and help him afford prescriptions for his anxiety. He says, "It would be nice to be able to...keep track of what's going on right now and to know that, you know this month, that I can actually get my medicine...I don't have to go without it." He says he would find a primary care doctor to help him manage his high blood pressure and a psychiatrist to help him deal with his anxiety. Until then, Gary will just cope with his conditions as best he can.

# Lori

Age 42. Houston, TX

**Being uninsured means she cannot afford to see the doctor to obtain primary care or screenings to check for conditions that run in her family.**



Lori lives with her fiancé in a rented home in Houston, Texas. After struggling through a year of unemployment, Lori found a job she loves, working as an office manager. “I’m really blessed” she says. “I finally found a job with a wonderful company.” However, Lori’s salary is low, which makes it hard for her to pay her bills each month or to put anything away in savings.

Lori became uninsured when her employer stopped offering health insurance six months ago. Her fiancé is self-employed and also lacks health insurance. Lori looked into buying health insurance on her own but could not afford the premiums and feels her hands are tied because paying for insurance would mean sacrificing her ability to pay bills. “We’re kind of forced whether should we pay for this insurance that we may need this month or do we buy groceries?” she says.

“I only go to the doctor when I'm extremely, extremely sick and I just can't stand the pain anymore...The cost is the main issue because I just can't afford it.”

Lori has not been feeling well lately and worries that she might have high blood pressure and possibly other conditions given her family history. She says, “My family has diabetes, I’ve had three or four family members pass away from cancer...It worries me.” However, without coverage, Lori cannot afford to see a doctor and notes, “I only go to the doctor when I'm extremely, extremely sick and I just can't stand the pain anymore...The cost is the main issue because I just can't afford it.” Having so many unanswered questions about her health weighs heavily on Lori’s mind.

For Lori, getting health insurance would be a big relief. She says, “I would actually feel a big burden lifted off of my shoulders; health is very important. Like I said, in my family we have high blood pressure diabetes, cancer, things like that so that’s a contributing factor. So if I could have something, that I know I would be covered, I would be able to rest my mind if I needed to go to the emergency room or the doctor for anything; I knew I would be covered.”



## Denise

Age 23. Las Vegas, NV

**Being uninsured means dealing with unexpected costs from a car accident.**

Denise is a young, single woman living in Las Vegas with her parents. She works part time at a daycare and just completed her cosmetology license, and is now actively looking for a hairdressing job at a salon. Denise has very little in savings and sometimes struggles to pay bills. She also has nearly \$9,000 in debt, which is primarily for doctor bills that she is paying off in installments. Despite a small income, Denise is financially independent from her parents and does not receive much help from them. She notes, “I don’t really like to ask [my parents] for anything, because they’re dealing with their own problems.”

Denise does not work enough hours to qualify for health insurance through her daycare job and has been uninsured for about six months. “You have to have so many hours to get insurance,” she says, “and that’s if they give you the hours.” Living without health insurance is hard for Denise. “...I like getting check-ups and knowing what is going on and it is stressful without insurance,” she says.

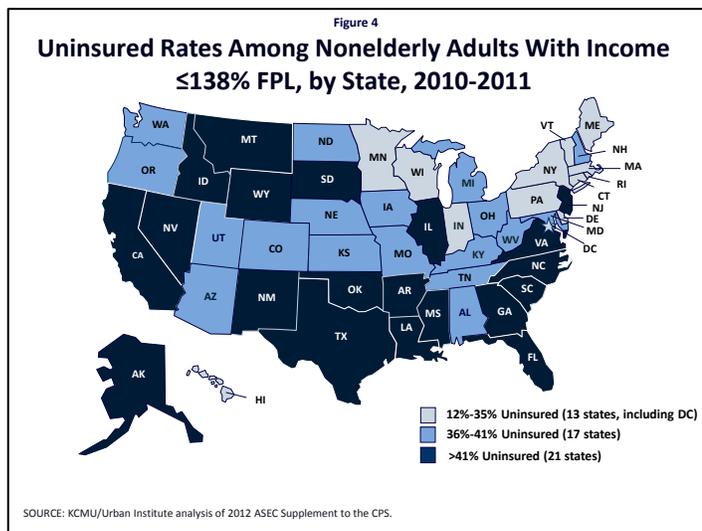
Adding to her stress is a recent car accident that sent her to the emergency room. Even when the police officer urged her to go to the emergency room, she hesitated because she worried about the cost. She says, “They did tell me I should go to the emergency room, but I was only going to go if...it wasn’t my fault because I don’t have insurance and emergency bills, I’m pretty sure they’re a lot.” However, she eventually went and now is facing bills from the visit. So far, her bills are over \$2,000 and she anticipates one more bill.

“They did tell me I should go to the emergency room, but I was only going to go if...it wasn’t my fault because I don’t have insurance and emergency bills, I’m pretty sure they’re a lot”

Denise wants health insurance to help her deal with her ongoing needs as well as to protect her when accidents happen. She says that “life would be great” with insurance coverage, “I won’t always have to be worried about stuff. I like to get checkups...so not having insurance...it puts a lot of stress on me.”

## Conclusion

The Medicaid expansion has the potential to expand coverage for millions of currently uninsured adults, although the impact would vary widely across states (Figure 4 and Appendix A). The stories presented here highlight the experiences of individuals who will be directly impacted by state decisions to expand their Medicaid programs. They illustrate the broad ways in which being uninsured affects their health and health care as well as their ability to work and their daily lives and relationships. These individuals say that gaining coverage would provide them a sense of relief and added security, as well as access to needed care, which would help improve their ability to manage ongoing health conditions and enable them to obtain preventive care and screenings. As such, they have much at stake in state decisions to expand Medicaid.



This brief was prepared by Michael Perry and Naomi Mulligan with Lake Research Partners and Samantha Artiga and Jessica Stephens with the Kaiser Commission on Medicaid and the Uninsured. The authors extend their deep appreciation to the individuals and organizations who so generously shared their time and efforts to help coordinate the focus groups and participate in the focus group discussions.

**Appendix A**  
**Nonelderly Uninsured Adults with Incomes ≤ 138% FPL, by State, 2010-2011**

	Number of Uninsured Adults	Uninsured Rate
<b>UNITED STATES</b>	<b>20,191,745</b>	<b>42%</b>
Alabama	331,871	41%
Alaska	49,390	44%
Arizona	460,286	40%
Arkansas	232,918	47%
California	3,201,040	46%
Colorado	283,033	44%
Connecticut	117,117	30%
Delaware	35,931	29%
District of Columbia	28,537	25%
Florida	1,601,135	53%
Georgia	842,838	49%
Hawaii	50,385	23%
Idaho	116,147	50%
Illinois	845,616	44%
Indiana	330,771	35%
Iowa	131,715	36%
Kansas	148,936	41%
Kentucky	305,299	41%
Louisiana	419,657	50%
Maine	42,925	25%
Maryland	259,026	37%
Massachusetts	101,631	12%
Michigan	576,585	38%
Minnesota	166,517	31%
Mississippi	246,872	46%
Missouri	353,186	40%
Montana	72,503	50%
Nebraska	78,630	38%
Nevada	241,969	53%
New Hampshire	44,696	37%
New Jersey	499,956	44%
New Mexico	181,262	46%
New York	1,019,699	31%
North Carolina	671,010	47%
North Dakota	27,548	39%
Ohio	655,592	38%
Oklahoma	253,268	47%
Oregon	238,522	41%
Pennsylvania	547,746	32%
Rhode Island	54,614	17%
South Carolina	383,896	47%
South Dakota	44,664	42%
Tennessee	400,325	39%
Texas	2,531,578	58%
Utah	124,968	38%
Vermont	16,754	22%
Virginia	412,544	43%
Washington	385,981	41%
West Virginia	117,188	36%
Wisconsin	225,910	33%
Wyoming	30,716	47%

SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2011 and 2012 Current Population Survey



THE KAISER COMMISSION ON  
**Medicaid and the Uninsured**

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